

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

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

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization INSPIRA MEDICAL CENTERS INC</p> <p>% THOMAS P BALDOSARO CPA Doing business as</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 333 IRVING AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code BRIDGETON, NJ 08302</p> <p>F Name and address of principal officer JOHN A DIANGELO 165 BRIDGETON PIKE MULLICA HILL, NJ 08062</p>	<p>D Employer identification number 21-0634484</p> <p>E Telephone number (856) 641-6605</p> <p>G Gross receipts \$ 537,063,971</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>J Website: ▶ WWW.INSPIRAHEALTHNETWORK.ORG</p>		<p>L Year of formation 1913 M State of legal domicile NJ</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE MISSION OF INSPIRA MEDICAL CENTERS, INC IS TO PROVIDE QUALITY HEALTHCARE SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE		
<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>			
3	Number of voting members of the governing body (Part VI, line 1a)	13	
4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7,009	
6	Total number of volunteers (estimate if necessary)	592	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	75,569	
7b	Net unrelated business taxable income from Form 990-T, line 39	-11,552	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,589,901	4,196,189
	9 Program service revenue (Part VIII, line 2g)	475,565,471	512,654,273
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,567,630	16,824,554
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,603,242	2,559,982
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	511,326,244	536,234,998
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	146,261
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		246,759,472	266,753,192
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		181,886,774	203,358,729
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	428,792,507	470,276,389	
19 Revenue less expenses Subtract line 18 from line 12	82,533,737	65,958,609	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	992,408,000	1,778,232,000
	21 Total liabilities (Part X, line 26)	365,713,198	803,107,680
	22 Net assets or fund balances Subtract line 21 from line 20	626,694,802	975,124,320

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 Date 2020-08-27 THOMAS P BALDOSARO CPA CFO Type or print name and title
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486	
	Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶		
	Firm's address ▶ 200 Jefferson Park Suite 400 Whippany, NJ 079811070			Phone no (973) 898-9494		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE QUALITY HEALTHCARE SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 \$ 423,265,196 including grants of \$ 164,468) (Revenue \$ 512,654,273) 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 423,265,196

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
25b	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? If "Yes," complete Schedule L, Part I		No
26	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? If "Yes," complete Schedule L, Part II	Yes	
27	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? If "Yes," complete Schedule L, Part III		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	Yes	
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7,009
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
b If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 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? Note. If "Yes," see instructions and file Form 4720, Schedule N 15
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O 16

Table with 3 columns: Question ID, Yes/No, and a blank column. Rows correspond to questions 2a through 16.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS P BALDOSARO CPA 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 (856) 641-6605

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total ▶			
1c Total from continuation sheets to Part VII, Section A ▶			
1d Total (add lines 1b and 1c) ▶	9,706,845	708,765	1,612,610

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 ▶ 529

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST DIAGNOSTICS, PO BOX 828669 PHILADELPHIA, PA 19182	LABORATORY	8,658,519
REGIONAL DIAGNOSTIC IMAGING LLC, PO BOX 2089 VINELAND, NJ 08360	RADIOLOGY	7,328,442
PHILIPS HEALTHCARE, PO Box 100355 ATLANTA, GA 303840355	IT	6,615,668
REHAB CARE GROUP INC, PO BOX 502096 ST LOUIS, MO 631502096	REHABILITATION	5,874,917
COOPER UNIVERSITY PHYSICIANS, 1 FEDERAL STREET SUITE NW-400A PHILADELPHIA, PA 19182	MEDICAL	5,860,166

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 ▶ 145

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	904,103		
	e Government grants (contributions)	1e	3,292,086		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$	1g			
	h Total. Add lines 1a-1f		4,196,189		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICE REVENUE		622110	504,044,287	504,044,287		
b OTHER HEALTHCARE RELATED REVENUE		622110	8,068,236	7,992,667	75,569	
c RENTAL INCOME FROM TAX-EXEMPT AFFILIATES		531190	541,750	541,750		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			512,654,273			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,761,825			15,761,825	
	4 Income from investment of tax-exempt bond proceeds			370,585			370,585	
	5 Royalties			0				
	6a Gross rents	6a	(i) Real	1,018,351				
			(ii) Personal					
		b Less rental expenses	6b		560,483			
		c Rental income or (loss)	6c		457,868	0		
	d Net rental income or (loss)			457,868			457,868	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	692,144				
			(ii) Other					
		b Less cost or other basis and sales expenses	7b					
		c Gain or (loss)	7c		692,144			
	d Net gain or (loss)			692,144			692,144	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a			0			
			8b		0			
		c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	9a			0			
			9b		0			
		c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	10a		464,318				
10b				268,490				
c Net income or (loss) from sales of inventory				195,828			195,828	
Miscellaneous Revenue		Business Code						
11a CAFETERIA/DIETARY		900099	1,906,286			1,906,286		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			1,906,286					
12 Total revenue. See instructions			536,234,998	512,578,704	75,569	19,384,536		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	156,468	156,468		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,000	8,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,955,252	8,059,727	895,525	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	194,659,339	175,193,405	19,465,934	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,985,779	15,287,201	1,698,578	
9 Other employee benefits	16,509,142	14,858,228	1,650,914	
10 Payroll taxes	29,643,680	26,679,312	2,964,368	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,167,688	1,050,919	116,769	
c Accounting	0			
d Lobbying	157,890	142,101	15,789	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,171,442	1,054,298	117,144	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,658,087	32,092,279	3,565,808	
12 Advertising and promotion	33,842	30,458	3,384	
13 Office expenses	6,650,160	5,985,144	665,016	
14 Information technology	257,622	231,860	25,762	
15 Royalties	0			
16 Occupancy	11,414,359	10,272,923	1,141,436	
17 Travel	1,219,758	1,097,782	121,976	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	123,179	110,861	12,318	
20 Interest	6,323,319	5,690,987	632,332	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	33,184,195	29,865,775	3,318,420	
23 Insurance	1,892,391	1,703,152	189,239	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	48,083,111	43,274,800	4,808,311	
b ALLOCATED CORPORATE SERVICES	33,897,867	30,508,080	3,389,787	
c OUTSIDE SERVICES	7,713,432	6,942,088	771,344	
d REHAB & SLEEP CARE EXPENSES	7,213,346	6,492,011	721,335	
e All other expenses	7,197,041	6,477,337	719,704	
25 Total functional expenses. Add lines 1 through 24e	470,276,389	423,265,196	47,011,193	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,934	1	19,309
	2 Savings and temporary cash investments	81,317,670	2	74,953,791
	3 Pledges and grants receivable, net	1,179,296	3	3,652,619
	4 Accounts receivable, net	48,577,480	4	74,360,469
	5 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	55,293	5	56,145
	6 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	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	5,052,717	8	7,389,915
	9 Prepaid expenses and deferred charges	11,350,152	9	16,045,622
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 1,341,452,065		
	b Less accumulated depreciation	10b 555,598,063	272,762,234	10c 785,854,002
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities—See Part IV, line 11	0	12	0
	13 Investments—program-related—See Part IV, line 11	466,380,811	13	709,062,406
	14 Intangible assets	0	14	0
	15 Other assets—See Part IV, line 11	105,719,413	15	106,837,722
16 Total assets. Add lines 1 through 15 (must equal line 34)	992,408,000	16	1,778,232,000	
Liabilities	17 Accounts payable and accrued expenses	97,276,210	17	153,966,003
	18 Grants payable	0	18	0
	19 Deferred revenue	3,965,815	19	4,840,216
	20 Tax-exempt bond liabilities	179,705,264	20	510,257,016
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	3,154,707	23	3,028,897
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	81,611,202	25	131,015,548
	26 Total liabilities. Add lines 17 through 25	365,713,198	26	803,107,680
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	621,920,226	27	966,023,821
	28 Net assets with donor restrictions	4,774,576	28	9,100,499
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	626,694,802	32	975,124,320	
33 Total liabilities and net assets/fund balances	992,408,000	33	1,778,232,000	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	536,234,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	470,276,389
3	Revenue less expenses Subtract line 2 from line 1	3	65,958,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	626,694,802
5	Net unrealized gains (losses) on investments	5	40,666,848
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	241,804,061
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	975,124,320

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 21-0634484

Name: INSPIRA MEDICAL CENTERS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT AND EMERGENCY MEDICALLY NECESSARY 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 (STATEMENT OF PROGRAM SERVICES) WHICH INCLUDES DETAILED INFORMATION REGARDING THE VARIOUS SERVICES PROVIDED BY THIS ORGANIZATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A DIANGELO TRUSTEE, PRESIDENT/CEO - IHN	55 0 0 0	X		X				1,872,686	0	268,519
ROBERT E FLORENTINE SVP/CHIEF PEOPLE OFFICER	55 0 0 0				X			804,432	0	62,665
MARVIN T WAY EVP OPERATIONS	55 0 0 0			X				649,717	0	152,067
ALKA KOHLI MD MBA EVP/CHIEF POP HEALTH OFFICER	55 0 0 0				X			607,330	0	134,433
KURT W KAULBACK MD TRUSTEE (TERMED 04/2019)	55 0 0 0	X						0	708,765	21,867
THOMAS P BALDOSARO C EVP/CHIEF FINANCIAL OFFICER	55 0 0 0			X				543,113	0	127,795
ELIZABETH A SHERIDAN COO - IMC ELMER & VINELAND	55 0 0 0				X			521,603	0	68,725
STEVEN C LINN MD CMO - ELMER & VINELAND	55 0 0 0				X			484,381	0	97,351
CHRISTOPHER TROTZ MD EXECUTIVE MEDICAL DIRECTOR	55 0 0 0					X		456,526	0	72,062
THOMAS PACEK VP/CHIEF INFORMATION OFFICER	55 0 0 0				X			390,295	0	81,525

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT WAGNER MD MB CMO - WOODBURY/MULLICA HILL	55 0 0 0				X			393,087	0	77,028
MATTHEW DOONAN ESQ GENERAL COUNSEL	55 0 0 0				X			388,254	0	80,035
DAVID YHLEN COO-IMC BRIDGETON/VP AMB svcs	55 0 0 0				X			316,801	0	71,411
PATRICK NOLAN COO - WOODBURY/MULLICA HILL	55 0 0 0				X			320,763	0	66,770
GREGORY HERMAN CHIEF MED INFORMATION OFFICER	55 0 0 0					X		351,664	0	33,786
CLARE SAPIENZA-ECK VP BUSINESS DEV & PLANNING	55 0 0 0					X		291,472	0	91,698
KATHLEEN SCULLIN VP MARKETING&PUBLIC RELATIONS	55 0 0 0				X			343,675	0	30,791
EILEEN CARDILE FORMER OFFICER	55 0 0 0						X	364,907	0	0
BRANDON BARDOWSKY VP FACILITIES & CONSTRUCTION	55 0 0 0					X		291,169	0	34,911
DAVID MURRAY VP FINANCE	55 0 0 0					X		284,930	0	39,171

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK M SHIELDS MD TRUSTEE (TERMED 04/2019)	2 0 0 0	X						25,140	0	0
JOHN B CATALANO MD TRUSTEE (TERMED 04/2019)	1 0 0 0	X						4,900	0	0
EDGAR G GALLOWAY III CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
BENJAMIN T GRIFFITH VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
EDWARD BETHEA SECRETARY/TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
LAWRENCE M DIVIETRO TRUSTEE	1 0 0 0	X						0	0	0
MATTHEW FISHER MD TRUSTEE	1 0 0 0	X						0	0	0
ROBERTA S FREITAG TRUSTEE	1 0 0 0	X						0	0	0
JAMES E GEORGE MD TRUSTEE	1 0 0 0	X						0	0	0
LAWRENCE A PEPPER JR TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JORGE A PRIETO MD TRUSTEE	1 0 0 0	X						0	0	0
PAUL J RITTER III TRUSTEE	1 0 0 0	X						0	0	0
ALBERT A RUNDIO JR TRUSTEE	1 0 0 0	X						0	0	0
KIMBERLY E WOOD TRUSTEE	1 0 0 0	X						0	0	0
JAMES M BONNER DO TRUSTEE (TERMED 04/2019)	1 0 0 0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

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 _____

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		
Total						

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 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	Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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 **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

Additional Data

Software ID:

Software Version:

EIN: 21-0634484

Name: INSPIRA MEDICAL CENTERS INC

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization INSPIRA MEDICAL CENTERS INC	Employer identification number 21-0634484
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52,500
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		105,390
j Total Add lines 1c through 1i			157,890
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 11	THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO THE VP OF GOVERNMENT & EXTERNAL RELATIONS TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO \$52,500 DURING 2019 IN ADDITION, DURING 2019 THE ORGANIZATION PAID AN INDEPENDENT OUTSIDE LOBBYING FIRM A TOTAL OF \$63,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICAID, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION, AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS (INSPIRA MEDICAL CENTER VINELAND, INSPIRA MEDICAL CENTER ELMER, INSPIRA MEDICAL CENTER WOODBURY AND INSPIRA MEDICAL CENTER MULLICA HILL) A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$42,390 DURING 2019 THIS ORGANIZATION IS ALSO A MEMBER OF FAIR SHARE HOSPITALS COLLABORATIVE, INC TO WHICH IT PAID DUES IN THE AMOUNT OF \$22,500 IN 2019 ONE OF THE FUNCTIONS OF FAIR SHARE HOSPITALS COLLABORATIVE, INC IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBER HOSPITALS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization INSPIRA MEDICAL CENTERS INC

Employer identification number 21-0634484

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	4,774,576	8,145,527	5,899,000	5,950,914	6,581,000
b Contributions	5,628,129	687,578	2,154,773	10,597	-103,045
c Net investment earnings, gains, and losses	228,853	-407,441	325,454	66,707	-100,514
d Grants or scholarships					
e Other expenditures for facilities and programs	1,531,059	3,651,088	233,700	129,218	426,527
f Administrative expenses					
g End of year balance	9,100,499	4,774,576	8,145,527	5,899,000	5,950,914

- 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 ▶ 100 000 %
- 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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

- 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		24,429,772		24,429,772
b Buildings		627,259,233	138,689,534	488,569,699
c Leasehold improvements		2,336,098	1,917,976	418,122
d Equipment		588,602,038	411,265,667	177,336,371
e Other		98,824,924	3,724,886	95,100,038
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				785,854,002

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) PERPETUAL TRUSTS	8,745,068	F
(2) CAMPAIGN	12,134,175	F
(3) INVESTMENTS IN OTHER ENTITIES	13,523,228	F
(4) TRUSTEE HELD INVESTMENTS	15,943,359	F
(5) ASSETS LIMITED AS TO USE	658,716,576	F
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	709,062,406	

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) ORGANIZATIONS	74,062,957
(2) RECEIVABLE	19,260,184
(3) OTHER RECEIVABLES	1,975,188
(4) LEASING ARRANGEMENTS	6,496,692
(5) PENSION ASSET	4,035,269
(6) OTHER ASSETS	1,007,432
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	106,837,722

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
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	131,015,548

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 21-0634484

Name: INSPIRA MEDICAL CENTERS INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FUTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE ORGANIZATION IS AN AFFILIATE WITHIN 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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number
21-0634484

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
Central America and the Caribbean	0	0	Program Services	FINANCIAL VEHICLE	7,795,000
3a Sub-total	0	0			7,795,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			7,795,000

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.

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	DURING 2019, THIS ORGANIZATION REMITTED \$4,983,911 TO JUNO ASSURANCE, LTD ("JUNO"), A FINANCIAL VEHICLE, ON BEHALF OF AND FOR THE BENEFIT OF THIS ORGANIZATION IN ADDITION, DURING 2019 THE ORGANIZATION REMITTED \$2,811,089 TO JUNO ON BEHALF OF AND FOR THE BENEFIT OF THE FOLLOWING RELATED ORGANIZATIONS INSPIRA HEALTH NETWORK LIFE, INC - \$21,796, INSPIRA HEALTH CONNECTIONS, P C - \$7,951, INSPIRA HEALTH NETWORK MEDICAL GROUP, P C - \$2,426,083, AND INSPIRA HEALTH NETWORK URGENT CARE, P C - \$355,259 THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO EACH AFFILIATE VIA AN INTERCOMPANY ACCOUNT

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 INSPIRA MEDICAL CENTERS INC

Employer identification number
 21-0634484

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 550 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5,937,157	839,290	5,097,867	1 080 %
b Medicaid (from Worksheet 3, column a)			31,485,674	20,560,853	10,924,821	2 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			10,420,912	1,609,519	8,811,393	1 870 %
d Total Financial Assistance and Means-Tested Government Programs			47,843,743	23,009,662	24,834,081	5 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,346,911	977,256	3,369,655	0 720 %
f Health professions education (from Worksheet 5)			25,304,183	20,556,465	4,747,718	1 010 %
g Subsidized health services (from Worksheet 6)			15,241,876	902,059	14,339,817	3 050 %
h Research (from Worksheet 7)			102,231		102,231	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			118,652		118,652	0 030 %
j Total. Other Benefits			45,113,853	22,435,780	22,678,073	4 830 %
k Total. Add lines 7d and 7j			92,957,596	45,445,442	47,512,154	10 100 %

Part III Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			34,844		34,844	0.010 %
3 Community support			1,988,646	3,239,760		
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			80,108		80,108	0.020 %
7 Community health improvement advocacy			234,207		234,207	0.050 %
8 Workforce development						
9 Other						
10 Total			2,337,805	3,239,760	349,159	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	116,991,587
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	113,336,131
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	3,655,456
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 OAK & MAIN				
2 SURGICENTER LLC	MEDICAL SERVICES	85 %		15 %
3 ELLMAC DIALYSIS LLC	MEDICAL SERVICES	30 %		10 %
4 CLAYMOUNT				
5 DIALYSIS LLC	MEDICAL SERVICES	30 %		15 %
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **14**

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.inspirahealthnetwork.org</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.inspirahealthnetwork.org</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>550</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.inspirahealthnetwork.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.inspirahealthnetwork.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.inspirahealthnetwork.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
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SCHEDULE H, PART I, LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE ORGANIZATION USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE AS OUTLINED IN PART V, SECTION B, QUESTION 13, OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE - ASSET LEVEL, - MEDICAL INDIGENCY, - INSURANCE STATUS, - UNDERINSURANCE STATUS, AND - RESIDENCY ADDITIONAL INFORMATION WITH RESPECT TO THE ORGANIZATION'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW NEW JERSEY HOSPITAL CHARITY CARE PAYMENT ASSISTANCE PROGRAM ("CHARITY CARE") -----

----- CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY HOSPITAL ASSISTANCE AND REDUCED CHARGE CARE ARE ONLY AVAILABLE FOR NECESSARY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE PATIENTS MAY BE ELIGIBLE FOR CHARITY CARE IF THEY ARE NEW JERSEY RESIDENTS WHO 1) HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE HOSPITAL BILL (UNINSURED OR UNDERINSURED), 2) ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE (SUCH AS MEDICAID), AND 3) MEET THE FOLLOWING INCOME AND ASSET ELIGIBILITY CRITERIA DESCRIBED BELOW INCOME CRITERIA PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF FEDERAL POVERTY GUIDELINES ("FPG") ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% AND LESS THAN OR EQUAL TO 300% OF FPG ARE ELIGIBLE FOR DISCOUNTED CARE FREE CARE OR PARTIALLY COVERED CHARGES WILL BE DETERMINED BY USE OF THE NEW JERSEY DEPARTMENT OF HEALTH FEE SCHEDULE IF PATIENTS ON THE 20% TO 80% SLIDING FEE SCALE ARE RESPONSIBLE FOR QUALIFIED OUT-OF-POCKET PAID MEDICAL EXPENSES IN EXCESS OF 30% OF THEIR GROSS ANNUAL INCOME (IE BILLS UNPAID BY OTHER PARTIES), THEN THE AMOUNT IN EXCESS OF 30% IS CONSIDERED HOSPITAL CARE PAYMENT ASSISTANCE ASSET CRITERIA CHARITY CARE INCLUDES ASSET ELIGIBILITY THRESHOLDS WHICH STATES THAT INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED \$15,000 AS OF THE DATE OF SERVICE CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, REQUIRING IMMEDIATE MEDICAL ATTENTION FOR AN EMERGENCY MEDICAL CONDITION NEW JERSEY UNINSURED DISCOUNT (PUBLIC LAW 2008, C 60) -----

----- UNINSURED PATIENTS WITH FAMILY GROSS INCOME LESS THAN 500% OF FPG MAY BE ELIGIBLE FOR DISCOUNTED CARE UNDER THIS PROGRAM ELIGIBLE INDIVIDUALS MUST BE NEW JERSEY RESIDENTS NJ FAMILYCARE ----- NJ FAMILYCARE IS NEW JERSEY'S PUBLICLY FUNDED HEALTH INSURANCE PROGRAM WHICH INCLUDES CHIP, MEDICAID AND MEDICAID EXPANSION POPULATIONS NJ FAMILYCARE IS A FEDERAL AND STATE FUNDED HEALTH INSURANCE PROGRAM CREATED TO HELP QUALIFIED NEW JERSEY RESIDENTS OF ANY AGE ACCESS TO AFFORDABLE HEALTH INSURANCE NJ FAMILYCARE IS FOR PEOPLE WHO DO NOT HAVE EMPLOYER INSURANCE FINANCIAL ELIGIBILITY FOR INDIVIDUALS SEEKING ELIGIBILITY FOR NJ FAMILYCARE WILL BE BASED ON THEIR MODIFIED ADJUSTED GROSS INCOME ("MAGI") NJFAMILYCARE ELIGIBILITY GUIDELINES ARE ESTABLISHED BY THE STATE OF NEW JERSEY AND CAN BE FOUND AT WWW NJFAMILYCARE.ORG NEW JERSEY CANCER EDUCATION AND EARLY DETECTION ("NJCEED") -----

----- THE NJCEED PROGRAM PROVIDES COMPREHENSIVE OUTREACH, EDUCATION AND SCREENING SERVICES FOR BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCERS A PATIENT MUST BE UNINSURED OR UNDERINSURED AND MUST HAVE FAMILY GROSS INCOME AT OR BELOW 250% OF FPG TO BE ELIGIBLE ADDITIONAL INFORMATION CAN BE FOUND AT THE FOLLOWING WEBSITE WWW NJ GOV/HEALTH/CANCER/NJCEED CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND -----

----- THE CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND PROVIDES FINANCIAL ASSISTANCE TO FAMILIES OF CHILDREN WITH A CATASTROPHIC ILLNESS IN ORDER TO BE ELIGIBLE, HOSPITAL EXPENSES MUST EXCEED 10% OF THE FAMILY'S GROSS INCOME, PLUS 15% OF ANY EXCESS INCOME OVER \$100,000, THE CHILD MUST HAVE BEEN 21 YEARS OR YOUNGER WHEN THE MEDICAL EXPENSES WERE INCURRED AND THE FAMILY MUST HAVE LIVED IN NEW JERSEY FOR THREE MONTHS IMMEDIATELY PRIOR TO THE DATE OF APPLICATION ADDITIONAL INFORMATION CAN BE FOUND AT THE FOLLOWING WEBSITE WWW STATE NJ US/HUMANSERVICES/CICRF/HOME NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE -----

----- THE STATE OF NEW JERSEY HAS ESTABLISHED THE NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE TO COMPENSATE VICTIMS OF CRIME FOR LOSSES AND EXPENSES, INCLUDING CERTAIN MEDICAL EXPENSES, RESULTING FROM CERTAIN CRIMINAL ACTS IN ORDER TO BE ELIGIBLE FOR NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE THE CRIME MUST HAVE OCCURRED IN NEW JERSEY OR MUST RELATE TO A NEW JERSEY RESIDENT VICTIMIZED OUTSIDE OF THE STATE, THE VICTIM MUST HAVE REPORTED THE CRIME TO POLICE WITHIN NINE MONTHS AND VICTIM MUST COOPERATE WITH THE INVESTIGATION

Form and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 3C</p>	<p>AND PROSECUTION OF THE CRIME THE CLAIM MUST BE FILED WITHIN THREE YEARS OF THE DATE OF THE CRIME AND THE PATIENT MUST BE AN INNOCENT VICTIM OF THE CRIME ADDITIONAL INFORMATION CAN BE FOUND AT WWW NJ GOV/OAG/NJVICTIMS/INDEX HTML HOSPITAL FINANCIAL ASSISTANCE PROGRAM/SUBSIDY PROGRAM ----- PATIENTS THAT DO NOT QUALIFY FOR ANY OF THE GOVERNMENT FUNDED PROGRAMS OR NEW JERSEY CHARITY CARE MAY ELECT TO BE SCREENED BY FINANCIAL COUNSELING FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM/SUBSIDY PROGRAM PATIENTS MAY BE ELIGIBLE FOR DISCOUNTS UNDER THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM/SUBSIDY PROGRAM IF THEIR FAMILY GROSS INCOME IS BETWEEN 225% AND 550% OF FPL ADDITIONALLY, IF THESE PATIENTS HAVE ASSETS IN EXCESS OF \$50,000 THEY MAY BE REQUIRED TO PROVIDE PROOF OF ASSETS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(R)(5), IN THE CASE OF EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, FAP-ELIGIBLE PATIENTS WILL NOT BE CHARGED MORE THAN AN INDIVIDUAL WHO HAS INSURANCE COVERING SUCH CARE PATIENTS MAY BE ELIGIBLE FOR THIS DISCOUNT IF THEY ARE UNINSURED AND HAVE FAMILY GROSS INCOME LESS THAN 550% OF FPG ADDITIONALLY, UNDERINSURED PATIENTS MAY BE ELIGIBLE IF THEIR FAMILY GROSS INCOME IS GREATER THAN 200% BUT LESS THAN OR EQUAL TO 300% OF FPG</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 6A	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	THE ORGANIZATION UTILIZED THE COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY INSPIRA HEALTH NETWORK IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF OUR COMMUNITIES THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS IMC PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH SESSIONS FOR ITS PATIENTS, COMMUNITY AND PROVIDERS PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS DEDICATE THEIR KNOWLEDGE AND TIME TO ENSURE THE COMMUNITY IS WELL EDUCATED ON TOPICS PROMOTING HEALTHY LIVING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, QUESTION 4	THE FOOTNOTE BELOW EXPLAINS THE ORGANIZATIONS METHODOLOGY WITH RESPECT TO PATIENT ACCOUNTS RECEIVABLE THE NETWORK ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE REVENUE PATIENT ACCOUNTS RECEIVABLE, NET, ARE RECORDED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THE NETWORK HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN CREDIT WORTHINESS

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2019 MEDICARE COST REPORT. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, A</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>ND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUST EES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WER E AVAILABLE TO ALL QUALIFIED PHYSICIANS THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS T HAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDA BLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA'S POSITION AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRS T PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INC ORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICA RE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE FROM THE LATEST DATA PROVIDED BY THE AHA, AS OF 2017, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS - MANY MEDICARE BE NEFIICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEV EL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGI BLE " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERP AYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS O N FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL I N ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESE NT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEF IT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENE FIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (S HORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS Q UANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUT ABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR THOSE WHO DO NOT PAY ALL, OR A PO RTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY A 20 06 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF CO MMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS AT TRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW T HEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY D EPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNE D AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY' S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSAR Y, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, RO UGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE THE CBO CONCLUDED THAT ITS FINDINGS "SUPPOR T THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE O F COMMUNITY BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AH A, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF TH E HOSPITAL'S MISSION AND CHARITABLE PURPOSES BAD DEBT REPRESENTS PART OF THE BURDEN HOSPI TALS SHOULDER IN SERVING ALL</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 9B</p>	<p>ACCOUNTS CONSIDERED TO BE FINANCIAL ASSISTANCE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE. IT IS THE POLICY OF INSPIRA HEALTH NETWORK ("INSPIRA") TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE AND THEIR ABILITY TO PAY. ADDITIONALLY, INSPIRA IS COMMITTED TO BILLING PATIENTS AND INSURANCE CARRIERS IN A MANNER THAT IS IN COMPLIANCE WITH ALL STATE, LOCAL AND FEDERAL REGULATIONS. THE ORGANIZATION'S BILLING AND COLLECTION POLICIES AND PROCEDURES ARE OUTLINED WITHIN THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ("FAP"). THIS POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. ACCORDING TO INSPIRA'S BILLING AND COLLECTION POLICY, INSPIRA ABIDES BY THE FOLLOWING PROCEDURES WHEN PURSUING BILLING AND COLLECTION ACTIONS:</p> <p>BILLING PROCEDURES ----- UNTIL PATIENTS ARE DEEMED ELIGIBLE AND APPROVED FOR FINANCIAL ASSISTANCE UNDER THIS POLICY, INSPIRA WILL CONTINUE ITS NORMAL BILLING AND COLLECTION ACTIVITIES AS FOLLOWS:</p> <ol style="list-style-type: none"> INSPIRA WILL PROVIDE SUFFICIENT ACCOUNT FOLLOW-UP SERVICE TO ENSURE THAT INSURERS AND PATIENTS RECEIVE ACCURATE ACCOUNT AND BILLING INFORMATION. PATIENTS WILL HAVE THE OPPORTUNITY TO MAKE PAYMENT AND/OR APPLY FOR FINANCIAL ASSISTANCE FOR ALL OUTSTANDING BALANCES. THE BILLING PROCESS IS PERFORMED IN ACCORDANCE WITH THE FOLLOWING GUIDELINES: <ul style="list-style-type: none"> FOR ALL INSURED PATIENTS, INSPIRA BILLS ALL THIRD-PARTY PAYER INFORMATION (AS PROVIDED BY OR VERIFIED BY THE PATIENT) ON A TIMELY BASIS. IF A CLAIM IS DENIED (OR NOT PROCESSED) BY A PAYER DUE TO A HOSPITAL ERROR, INSPIRA WILL NOT BILL THE PATIENT FOR ANY AMOUNT IN EXCESS OF THAT FOR WHICH THE PATIENT WOULD HAVE BEEN LIABLE HAD THE PAYER PAID THE CLAIM. AFTER CLAIMS ARE PROCESSED BY PAYERS, INSPIRA BILLS PATIENTS ON A TIMELY BASIS FOR THEIR RESPECTIVE LIABILITY AMOUNTS AS DETERMINED BY THEIR INSURERS. ALL UNINSURED PATIENTS ARE BILLED DIRECTLY ON A TIMELY BASIS. ACCOUNTS MAY BE REFERRED FOR COLLECTION IF THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT. HOWEVER, ACCOUNTS MAY BE PLACED WITH A COLLECTION AGENCY NO SOONER THAN 120 DAYS FROM THE DATE OF FIRST POST-DISCHARGE BILLING STATEMENT ("NOTIFICATION PERIOD"). ACCOUNTS MAY BE REFERRED FOR COLLECTION IF ALL THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED BY INSPIRA AND THE REMAINING DEBT IS THE FINANCIAL RESPONSIBILITY OF THE PATIENT. THE ORGANIZATION SHALL NOT BILL A PATIENT FOR ANY AMOUNT THAT AN INSURANCE COMPANY IS OBLIGATED TO PAY UNLESS THE INSURANCE COMPANY IS REFUSING TO PAY THE AMOUNT PENDING ADDITIONAL INFORMATION OR COMMUNICATION FROM THE PATIENT. <p>INSPIRA DOES NOT REFER ACCOUNTS FOR COLLECTION WHILE A CLAIM ON THE ACCOUNT IS STILL PENDING PAYER PAYMENT UNLESS THE PAYER IS REFUSING TO PAY THE AMOUNT PENDING ADDITIONAL INFORMATION OR COMMUNICATION FROM THE PATIENT.</p> <p>CUSTOMER SERVICE -----</p> <ul style="list-style-type: none"> DURING THE BILLING AND COLLECTION PROCESS, INSPIRA PROVIDES QUALITY CUSTOMER SERVICE BY COMPLYING WITH THE FOLLOWING GUIDELINES: <ol style="list-style-type: none"> INSPIRA DOES NOT TOLERATE ABUSIVE, HARASSING, OFFENSIVE, DECEPTIVE, OR MISLEADING LANGUAGE OR CONDUCT BY ITS EMPLOYEES. INSPIRA MAINTAINS A STREAMLINED PROCESS FOR PATIENT QUESTIONS AND DISPUTES, WHICH INCLUDES A PHONE NUMBER PATIENTS MAY CALL, EMAIL ADDRESS, AND A BUSINESS OFFICE ADDRESS TO WHICH THEY MAY WRITE. THIS INFORMATION WILL BE LISTED ON ALL PATIENT STATEMENTS. AFTER RECEIVING A COMMUNICATION FROM THE PATIENT (BY PHONE, EMAIL, OR IN WRITING), INSPIRA STAFF WILL RETURN CALLS TO PATIENTS AS PROMPTLY AS POSSIBLE (BUT NO MORE THAN ONE BUSINESS DAY AFTER THE CALL, EMAIL OR LETTER WAS RECEIVED). INSPIRA MAINTAINS A DAILY COMPLAINT AND ISSUE LOG OF PATIENTS COMPLAINTS. THE COMPLAINT AND ISSUE LOG WILL BE REVIEWED PERIODICALLY BY THE PATIENT ACCOUNTS MANAGER AND CASH SUPERVISOR AND THE INFORMATION PROVIDED WILL BE USED TO ENHANCE AND IMPROVE THE BILLING AND COLLECTIONS PROCESS. <p>ALL PATIENTS MAY REQUEST AN ITEMIZED STATEMENT FOR THEIR ACCOUNTS AT ANY TIME. ALL PATIENTS WILL HAVE THE OPPORTUNITY TO CONTACT HOSPITAL REGARDING FINANCIAL ASSISTANCE FOR THEIR ACCOUNTS.</p> <p>COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6) -----</p> <p>INSPIRA DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES ("ECAS") AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(R) PRIOR TO THE END OF THE NOTIFICATION PERIOD. ONCE A COMPLETED FAP APPLICATION IS RECEIVED, HOSPITAL, OR ANY COLLECTION AGENCIES WORKING ON THEIR BEHALF, WILL:</p> <ol style="list-style-type: none"> SUSPEND ANY ECAS AGAINST THE INDIVIDUAL, MAKE AND DOCUMENT AN ELIGIBILITY DETERMINATION IN A TIMELY MANNER, NOTIFY THE RESPONSIBLE PARTY OR INDIVIDUAL IN WRITING OF THE DETERMINATION AND BASIS FOR DETERMINATION, AND IF DEEMED FAP-ELIGIBLE, INSPIRA WILL PROVIDE A BILLING STATEMENT INDICATING THE AMOUNT THE FAP-ELIGIBLE INDIVIDUAL OWES, HOW THAT AMOUNT WAS DETERMINED AND HOW INFORMATION PERTAINING TO AMOUNTS GENERALLY BILLED MAY BE OBTAINED.

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	AND - REFUND ANY EXCESS PAYMENTS MADE BY THE INDIVIDUAL INSPIRA DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NON-DISCRIMINATORY BASIS

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	<p>IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTIONS 1-12 AND SECTION C, THIS ORGANIZATION CONDUCTS A REVIEW OF KEY FACTOR INFORMATION ANNUAL WHICH INCLUDES A REVIEW OF HEALTHCARE UTILIZATION OF ITS SERVICE AREA POPULATION BY SERVICES (UROLOGY, CARDIOLOGY, OBSTETRICS, ETC) FOR DETERMINING INCREASED OR DECREASED HEALTH NEEDS, HEALTHCARE SERVICES ESTIMATES AND FORECASTS (BOTH INPATIENT AND OUTPATIENT), ASSESSMENTS OF LOCAL DEMOGRAPHIC AND SOCIOECONOMIC INFORMATION, AND, A REVIEW OF HEALTH STATUS/NEEDS ASSESSMENTS AND STUDIES CONDUCTED BY EXTERNAL PARTIES THE ORGANIZATION CONDUCTS AN EXTENSIVE SERVICE AREA PHYSICIAN NEEDS STUDY (BY PRIMARY AND SPECIALTY) EVERY THREE TO FIVE YEARS SPECIFIC SPECIALTY NEEDS ARE CONDUCTED FOR IDENTIFIED GAPS IN SERVICE THESE REVIEWS INFORM MEDICAL STAFF DEVELOPMENT AT THE MEDICAL CENTER TO ASSURE RESPONSIVENESS TO IDENTIFIED COMMUNITY NEEDS THE ORGANIZATION COLLABORATES WITH COMMUNITY PARTNERS TO PLAN AND CONDUCT HEALTH NEEDS ASSESSMENTS TO ASSESS AND ADDRESS HEALTH NEEDS OF THE COMMUNITY IT SERVES THE WIDE-BASED COLLABORATIVE PARTNERSHIP RETAINS AN OUTSIDE CONSULTING FIRM TO ASSESS COMMUNITY DATA AND PERCEPTION COMMUNITY DATA IS COLLECTED FROM COUNTY HEALTH PROFILES, HEALTH STATISTICS, DEMOGRAPHICS, SOCIOECONOMIC DATA, PHONE SURVEYS, PAPER SURVEYS AND FOCUS GROUPS FROM THOSE ASSESSMENTS, COMMUNITY HEALTH IMPROVEMENT PLANS ARE PUBLISHED IDENTIFYING THE SPECIFIC HEALTH PRIORITIES THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES BY TAPPING THE RESOURCES OF THE COMMUNITY AND COLLABORATING ON INITIATIVES INSPIRA HEALTH NETWORK ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES AND CAPACITY IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, VARIOUS INSPIRA LEADERSHIP ATTEND COMMUNITY MEETINGS WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS, ORGANIZATIONS AND COMMUNITY LEADERS TO DISCUSS THE HEALTH NEEDS OF THE POPULATION</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 3</p>	<p>IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING VARIOUS DOCUMENTS THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS (1) THE FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMERY ("PLS") ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE WWW INSPIRAHEALTHNETWORK ORG/FAP (2) PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE IN AT VARIOUS AREAS THROUGHOUT THE HOSPITAL FACILITY WHICH INCLUDE THE HOSPITAL ADMISSIONS DEPARTMENT AND THE OUTPATIENT AND EMERGENCY ROOM REGISTRATION AREAS (3) THE FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY SERVED BY THE ORGANIZATIONS PRIMARY SERVICE AREA (4) ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE PROCESS ADDITIONALLY, SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC MEDICAL CENTER LOCATIONS INCLUDING ALL ADMISSIONS/REGISTRATION AREAS AND THE EMERGENCY DEPARTMENT, THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ALL BILLING STATEMENTS INCLUDE CONSPICUOUS WRITTEN NOTICE WHICH INFORMS PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INSPIRA ALSO INFORMS AND NOTIFIES MEMBERS OF THE COMMUNITY SERVED ABOUT THE FAP INSPIRA ACCOMPLISHES THIS THROUGH THE CUMBERLAND/SALEM/GLOUCESTER HEALTH & WELLNESS ALLIANCE ("ALLIANCE") WHICH IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION FOR WHICH INSPIRA PLAYED AN INTEGRAL ROLE IN ORGANIZING THE ALLIANCE HAS MORE THAN 40 MEMBERS COMPRISED OF SOCIAL SERVICE AGENCIES SCATTERED THROUGHOUT INSPIRAS PRIMARY SERVICE AREA OF CUMBERLAND, SALEM AND GLOUCESTER COUNTIES THEY INCLUDE, BUT ARE NOT LIMITED TO, FEDERALLY QUALIFIED HEALTH CENTERS, YMCAS, UNITED WAYS, SCHOOL SYSTEMS, GATEWAY COMMUNITY ACTION PARTNERSHIP, THE LOCAL COUNTY COLLEGES, FAMCARE,INC , COUNTY PROSECUTORS OFFICE, SCRATCH COALITION (ADDICTION SERVICES), ROBINS NEST, LOCAL HEALTH DEPARTMENTS (MUNICIPAL AND COUNTY), CHAMBERS OF COMMERCE, FAMILY SUCCESS CENTERS, RUTGERS COOPERATIVE EXTENSION, NJ FAMILY PLANNING, THE SOUTHWEST COUNCIL, SOUTHERN NJ PERINATAL COOPERATIVE THE ALLIANCE MEETS REGULARLY AND ASSISTS WITH DRAFTING AND IMPLEMENTATION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ALL THREE COUNTIES WITHIN INSPIRAS PRIMARY MARKET</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 4</p>	<p>INSPIRA HEALTH NETWORK IS A CHARITABLE, NOT-FOR-PROFIT HEALTH SYSTEM SERVING THE RESIDENTS OF SOUTHWEST NEW JERSEY. INSPIRA HEALTH NETWORK WAS ESTABLISHED IN NOVEMBER 2012 THROUGH THE MERGER OF SOUTH JERSEY HEALTHCARE AND UNDERWOOD-MEMORIAL HOSPITAL. THE NETWORK, WHICH TRACES ITS ROOTS TO 1899, NOW COMPRISES THREE HOSPITALS, FOUR MULTI-SPECIALTY HEALTH CENTERS, AND A TOTAL OF MORE THAN 60 LOCATIONS. THESE INCLUDE OUTPATIENT IMAGING AND REHABILITATION CENTERS, NUMEROUS SPECIALTY CENTERS, INCLUDING SLEEP MEDICINE, CARDIAC TESTING AND WOUND CARE, AND MORE THAN TWO DOZEN PRIMARY AND SPECIALTY PHYSICIAN PRACTICES IN CUMBERLAND, GLOUCESTER AND SALEM COUNTIES. WITH A MEDICAL STAFF OF MORE THAN 1,100 PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, INSPIRA HEALTH NETWORK PROVIDES EVIDENCE-BASED CARE TO HELP EACH PATIENT ACHIEVE THE BEST POSSIBLE OUTCOME. INSPIRA HEALTH NETWORK DEFINED THEIR CURRENT SERVICE AREA BASED ON AN ANALYSIS OF THE GEOGRAPHIC AREA WHERE INDIVIDUALS UTILIZING THEIR SERVICES RESIDE. INSPIRA HEALTH NETWORKS SERVICE AREA IS CONSIDERED TO BE THE CUMBERLAND, GLOUCESTER, AND SALEM COUNTY COMMUNITIES. THE COUNTIES ARE SITUATED IN THE SOUTHWESTERN PART OF NEW JERSEY AND ENCOMPASS A TOTAL POPULATION OF APPROXIMATELY 504,000 IN 2019. AS PART OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, ONE OF THE INITIAL UNDERTAKINGS OF WAS TO CREATE A SECONDARY DATA PROFILE. THE SECONDARY DATA IS COMPRISED OF DATA OBTAINED FROM EXISTING RESOURCES AND INCLUDES DEMOGRAPHIC AND HOUSEHOLD STATISTICS, EDUCATION AND INCOME MEASURES, MORBIDITY AND MORTALITY RATES, AND HEALTH INDICATORS, AMONG OTHER DATA POINTS. THE DATA WAS GATHERED AND INTEGRATED INTO A GRAPHICAL REPORT TO PORTRAY THE CURRENT HEALTH AND SOCIO-ECONOMIC STATUS OF RESIDENTS IN ITS PRIMARY SERVICE AREAS. SECONDARY DATA WAS COLLECTED FROM REPUTABLE SOURCES INCLUDING THE U.S. CENSUS BUREAU, CENTERS FOR DISEASE CONTROL AND PREVENTION AND NEW JERSEY DEPARTMENT OF HEALTH. THE PROFILE DETAILS DATA COVERING THE FOLLOWING AREAS:</p> <p>POPULATION STATISTICS ----- CUMBERLAND COUNTY - THE PROPORTION OF HISPANICS/LATINOS AND BLACK/AFRICAN AMERICANS IS 31.8% AND 21.9%, RESPECTIVELY. - THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 27.9%. - 15.6% OF RESIDENTS ARE AGE 65 YEARS AND OLDER. GLOUCESTER COUNTY - THE PROPORTION OF HISPANICS/LATINOS AND BLACK/AFRICAN AMERICANS IS 6.7% AND 11.2%, RESPECTIVELY. - THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 8.8%. - 16.3% OF RESIDENTS ARE AGE 65 YEARS AND OLDER. SALEM COUNTY - THE PROPORTION OF HISPANICS/LATINOS AND BLACK/AFRICAN AMERICANS IS 9.8% AND 14.8%, RESPECTIVELY. - THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 8.5%. - 19.0% OF RESIDENTS ARE AGE 65 YEARS AND OLDER.</p> <p>HOUSEHOLD STATISTICS ----- CUMBERLAND COUNTY - THE MEDIAN HOME VALUE IN CUMBERLAND COUNTY IS \$162,500. - THE AVERAGE FAMILY SIZE IS 2.77 INDIVIDUALS. GLOUCESTER COUNTY - THE MEDIAN HOME VALUE IN GLOUCESTER COUNTY IS \$216,700. - THE AVERAGE FAMILY SIZE IS 2.74 INDIVIDUALS. SALEM COUNTY - THE MEDIAN HOME VALUE IN SALEM COUNTY IS \$185,300. - THE AVERAGE FAMILY SIZE IS 2.59 INDIVIDUALS.</p> <p>INCOME STATISTICS --- ----- CUMBERLAND COUNTY - THE MEDIAN INCOME FOR HOUSEHOLDS IS \$52,593. - THE PROPORTION OF PERSONS LIVING IN POVERTY IS 15.2%. GLOUCESTER COUNTY - THE MEDIAN INCOME FOR HOUSEHOLDS IS \$85,160. - THE PROPORTION OF PERSONS LIVING IN POVERTY IS 7.5%. SALEM COUNTY - THE MEDIAN INCOME FOR HOUSEHOLDS IS \$64,309. - THE PROPORTION OF PERSONS LIVING IN POVERTY IS 11.2%.</p> <p>EMPLOYMENT STATISTICS ----- CUMBERLAND COUNTY UNEMPLOYMENT RATE IN APRIL 2018 WAS 6.6%. GLOUCESTER COUNTY UNEMPLOYMENT RATE IN APRIL 2018 WAS 4%. SALEM COUNTY UNEMPLOYMENT RATE IN APRIL WAS 5.3%.</p> <p>EDUCATION STATISTICS ----- CUMBERLAND COUNTY - 77.3% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL. - 14.3% OF RESIDENTS HAVE EARNED A BACHELORS DEGREE OR HIGHER. GLOUCESTER COUNTY - 88.9% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL. - 30% OF RESIDENTS HAVE EARNED A BACHELORS DEGREE OR HIGHER. SALEM COUNTY - 87.7% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL. - 20.9% OF RESIDENTS HAVE EARNED A BACHELORS DEGREE OR HIGHER.</p> <p>COUNTY HEALTH RANKINGS ----- CUMBERLAND COUNTY RECEIVED THE WORST RANKING FOR HEALTH OUTCOMES, MORTALITY, QUALITY OF LIFE, HEALTH FACTORS AND BEHAVIORS, AND SOCIAL AND ECONOMIC FACTORS (21 OF 21) IN NEW JERSEY. - GLOUCESTER COUNTY RECEIVED POOR RANKINGS FOR QUALITY OF LIFE, HEALTH BEHAVIORS, AND PHYSICAL ENVIRONMENT (18 OF 21, 18 OF 21, AND 20 OF 21 RESPECTIVELY). - SALEM COUNTY RECEIVED POOR RANKINGS FOR HEALTH OUTCOMES, MORTALITY, HEALTH FACTORS, HEALTH BEHAVIORS, AND PHYSICAL ENVIRONMENT (19 OF 21, 20 OF 21, 20 OF 21, 20 OF 21, AND 19 OF 21 RESPECTIVELY). - ALL COUNTIES RECEIVED A POOR RANKING FOR CLINICAL CARE.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	<p>COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIO-ECONOMIC WELL-BEING OF THE COMMUNITIES IN OUR CARE THIS IS ACCOMPLISHED THROUGH NUMEROUS ACTIVITIES WHICH ARE NOT A PART OF PART I CHARITY CARE AND OTHER COMMUNITY BENEFITS, AND ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H THESE ACTIVITIES INCLUDE PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS EDUCATION, POVERTY, UNEMPLOYMENT, ACCESS TO CARE, HEALTH ADVOCACY AND ECONOMIC DEVELOPMENT THIS ORGANIZATION HOLDS ANNUAL MEETINGS OPEN TO THE PUBLIC FOR ALL HOSPITAL LOCATIONS THE ORGANIZATIONS GOVERNING BOARDS ARE COMPRISED OF BUSINESS PROFESSIONALS AND COMMUNITY MEMBERS ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA WHO ARE NOT EMPLOYEES OF THE ORGANIZATION THESE VOLUNTEERS PROVIDE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL SYSTEM IN THEIR OVERSIGHT ROLE ALL QUALIFIED PHYSICIANS IN THE COMMUNITY ARE EXTENDED MEDICAL STAFF PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES, PURCHASE EQUIPMENT, MAINTAIN ACCESS TO CARE TO A HISTORICALLY UNDERSERVED AND LOW-INCOME COMMUNITY AND IMPROVE ACCESS TO PATIENT SERVICES, WHICH IN TURN, BENEFIT THE COMMUNITY THESE SERVICES INCLUDE, BUT NOT LIMITED TO, THE FOLLOWING 1) EDUCATIONAL PROGRAMS THAT PROVIDE CLASSES AND INFORMATION ON HEALTHY AGING, CHILDBIRTH, INFANT CARE, EARLY PREGNANCY AND MORE, 2) FREE BLOOD PRESSURE AND DIABETES SCREENING, AND MAMMOGRAMS TO QUALIFYING INDIVIDUALS, FREE OR LOW-COST SCREENINGS FOR BREAST, PROSTATE, SKIN AND COLORECTAL CANCERS, 3) PREVENTATIVE HEALTH EDUCATION, 4) ACCESS TO SATELLITE EMERGENCY DEPARTMENT AND EXPANSION OF EMERGENCY DEPARTMENTS AT BOTH HOSPITALS TO ACCOMMODATE INCREASE IN EMERGENCY DEPARTMENT PATIENTS, 5) IMPROVED EFFICIENCY AND CLINICAL QUALITY, 6) INVESTMENT IN MEDICAL EDUCATION AND RESEARCH, AND 7) ACCESS TO ADVANCED TECHNOLOGY AND CLINICAL TRIALS FOR LATEST TREATMENTS PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE INSPIRA HEALTH NETWORK NOT -FOR-PROFIT INSPIRA HEALTH NETWORK ENTITIES</p> <p>===== INSPIRA HEALTH NETWORK, INC ----- INSPIRA HEALTH NETWORK, INC (" NETWORK") IS THE TAX-EXEMPT PARENT OF THE INSPIRA HEALTH NETWORK ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER THE NETWORK OR ANOTHER NETWORK AFFILIATE CONTROLLED BY THE NETWORK THE NETWORK IS AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS THROUGHOUT THE STATE OF NEW JERSEY AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) INSPIRA MEDICAL CENTERS, INC ----- INSPIRA MEDICAL CENTERS, INC IS COMPRISED OF THREE HOSPITAL FACILITIES, I NSPIRA MEDICAL CENTER ELMER, INSPIRA MEDICAL CENTER VINELAND AND INSPIRA MEDICAL CENTER MULLICA HILL IMC IS A GENERAL MEDICAL, SURGICAL AND TEACHING HOSPITAL THAT IS RECOGNIZED BY IRS AS AN IRC 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, IMC PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, IMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 INSPIRA MEDICAL CENTER WOODBURY, INC ----- INSPIRA MEDICAL CENTER WOODBURY, INC ("IMCW") IS LOCATED IN WOODBURY, GLOUCESTER COUNTY, NEW JERSEY, IS A 305-BED ACUTE CARE FACILITY IMCW IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, IMCW PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, IMCW OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 THIS ORGANIZATION WAS STATUTORILY MERGED INTO INSPIRA MEDICAL CENTERS, INC DURING 2019 INSPIRA HOMECARE & HOSPICECARE, INC ----- INSPIRA HOMECARE & HOSPICECARE, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION HAS AN OWNERSHIP INTEREST IN TRI-COUNTY HOME AND HOSPICE CARE LLC, AN ENTITY ORGANIZED TO OWN AND OPERATE HOME HEALTHCARE AND HOSPICE AGENCIES IN GLOUCESTER, SALEM AND CUMBERLAND COUNTIES THIS ORGANIZATION PROVIDES QUALITY HOME CARE AND HOSPICE CARE SERVICES IN THE REGION IN FURTHERANCE OF ITS TAX-EXEMPT AND CHARITABLE PURPOSES INSPIRA HEALTH NETWORK LIFE, INC ----- INSPIRA HEALTH NETWORK LIFE, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION PROVIDES HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY TRI-COUNTY CARDIOVASCULAR SERVICES, P C ----- TRI-COUNTY CARDIOVASCULAR SERVICES, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION THE ORGANIZATION PROVIDED PHYSICIAN SERVICES IN SOUTHERN NEW JERSEY THE ORGANIZATION IS CURRENTLY INACTIVE INSPIRA HEALTH CONNECTIONS, P C ----- INSPIRA HEALTH CONNECTIONS, P C IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION THIS ORGANIZATION PROVIDES PHYSICIAN SERVICES IN SOUTHERN NEW JERSEY INSPIRA HEALTH NETWORK FOUNDATION CUMBERLAND/SALEM, INC ----- INSPIRA HEALTH NETWORK FOUNDATION CUMBERLAND/SALEM, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF INSPIRA HEALTH NETWORK, INC , A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY THIS ORGANIZATION WAS STATUTORILY MERGED INTO INSPIRA HEALTH NETWORK FOUNDATION GLOUCESTER COUNTY, INC DURING 2019 INSPIRA HEALTH NETWORK FOUNDATION GLOUCESTER</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	<p>COUNTY, INC ----- INSPIRA HEALTH NET WORK FOUNDATION GLOUCESTER COUNTY, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF INSPIRA HEALTH NETWORK, INC , A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY INSPIRA DEPTFORD HEALTHPARK, LLC ----- INSPIRA DEPTFORD HEALTHPARK, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF NEW JERSEY WHOSE SOLE MEMBER IS INSPIRA MEDICAL CENTERS, INC INSPIRA CARE CONNECT, LLC ----- INSPIRA CARE CONNECT, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF NEW JERSEY WHOSE SOLE MEMBER IS INSPIRA HEALTH NETWORK, INC THE MISSION OF THIS ORGANIZATION IS TO ESTABLISH A GROUP OF COORDINATED HEALTHCARE PROVIDERS WHICH AGREE TO BE ACCOUNTABLE FOR THE QUALITY, COST AND OVERALL CARE FOR AN ASSIGNED GROUP OF MEDICARE BENEFICIARIES FOR-PROFIT INSPIRA HEALTH NETWORK ENTITIES</p> <p>===== BRIDGETON PHYSICIANS OFFICE CENTER, LP ----- BRIDGETON PHYSICIANS OFFICE CENTER , LP IS A PARTNERSHIP OWNED BY INSPIRA HEALTH NETWORK AFFILIATES THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY GLOUCESTER COUNTY SURGERY CENTER, LLC ----- GLOUCESTER COUNTY SURGERY CENTER, LLC IS A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP CONTROLLED BY RED BANK DEVELOPMENT CORPORATION GLOUCESTER COUNTY SURGERY CENTER, LLC PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS INSPIRA HEALTH PARTNERS, LLC ----- INSPIRA HEALTH PARTNERS, LLC IS A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP THE ORGANIZATION IS A CLINICALLY INTEGRATED PHYSICIAN-HOSPITAL ENTERPRISE WHICH IS DESIGNED TO ACHIEVE IMPROVEMENT IN HEALTHCARE QUALITY, EFFICIENCY AND COST INSPIRA HEALTH NETWORK, INC OWNS 51% OF INSPIRA HEALTH PARTNERS, LLC OAK & MAIN SURGICENTER, LLC ----- OAK & MAIN SURGICENTER, LLC IS A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP OWNED BY INSPIRA MEDICAL CENTERS, INC THIS ORGANIZATION PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS INSPIRA SJ URGENT CARE MANAGEMENT COMPANY, LLC ----- INSPIRA SJ URGENT CARE MANAGEMENT COMPANY, LLC IS A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP THIS ORGANIZATION MANAGES AND OPERATES URGENT CARE SERVICE CENTERS IN SOUTHERN NEW JERSEY INSPIRA HEALTH MANAGEMENT CORPORATION, INC OWNS 60.5% OF INSPIRA SJ URGENT CARE MANAGEMENT COMPANY, LLC WOODBURY MEDICAL CENTER ASSOCIATES, LLP ----- WOODBURY MEDICAL CENTER ASSOCIATES, LLP IS A LIMITED LIABILITY PARTNERSHIP THE ORGANIZATION PROVIDES MEDICAL SERVICES IN SOUTHERN NEW JERSEY DURING 2019, RED BANK DEVELOPMENT CORPORATION, INC BECAME THE SOLE OWNER OF WOODBURY MEDICAL CENTER ASSOCIATES, LLP COOPER BONE & JOINT, PC ----- COOPER BONE & JOINT INSTITUTE (COOPER UNIVERSITY HEALTH CARE) PARTNERED WITH INSPIRA MEDICAL CENTER WOODBURY, INC TO OFFER PATIENTS ACCESS TO THE LATEST ORTHOPAEDIC ADVANCEMENTS INSPIRA MEDICAL CENTER WOODBURY, INC IS A 50% SHAREHOLDER IN COOPER BONE & JOINT, PC THIS ORGANIZATION IS CURRENTLY INACTIVE INSPIRA HEALTH MANAGEMENT CORPORATION, INC ----- INSPIRA HEALTH MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS INSPIRA HEALTH NETWORK, INC THE ORGANIZATION IS LOCATED IN BRIDGETON, CUMBERLAND COUNTY, NEW JERSEY AND PROVIDES HEALTH, WELLNESS AND MANAGEMENT SERVICES INSPIRA HEALTH NETWORK M</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN NEW JERSEY THE STATE OF NEW JERSEY DOES NOT REQUIRE HOSPITALS TO ANNUALLY FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW JERSEY

Additional Data

Software ID:

Software Version:

EIN: 21-0634484

Name: INSPIRA MEDICAL CENTERS INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	INSPIRA MEDICAL CENTER VINELAND 1505 WEST SHERMAN AVENUE VINELAND, NJ 08360 WWW.INSPIRAHEALTHNETWORK.ORG 10603	X	X		X			X			A
2	INSPIRA MEDICAL CENTER ELMER 501 WEST FRONT STREET ELMER, NJ 08318 WWW.INSPIRAHEALTHNETWORK.ORG 11701	X	X					X			A
3	INSPIRA MEDICAL CENTER MULLICA HILL 700 MULLICA HILL ROAD MULLICA HILL, NJ 08062 WWW.INSPIRAHEALTHNETWORK.ORG 10803	X	X					X			A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES THIS ORGANIZATION WORKED IN COLLABORATION WITH THE WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS ("WRI") AT RUTGERS UNIVERSITY-CAMDEN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM TO CONDUCT THE CHNA FOR THE PURPOSE OF THIS ASSESSMENT, COMMUNITY IS DEFINED AS THE THREE COUNTIES IN THE INSPIRA HEALTH NETWORK SERVICE AREA (GLOUCESTER, CUMBERLAND, AND SALEM COUNTIES) TO ACHIEVE THE GOAL OF OBTAINING LOCALLY ACTIONABLE INFORMATION FOR IMPROVING HEALTH, THIS CHNA EMPLOYED A MIXED-METHODS ITERATIVE STRATEGY OF DATA COLLECTION THAT COMBINED QUANTITATIVE AND QUALITATIVE ANALYSIS OF PRIMARY DATA COLLECTED FROM COMMUNITY MEMBERS WITH QUANTITATIVE ANALYSIS OF SECONDARY DATA THE TWO FUNDAMENTALS OF OUR APPROACH ARE RIGOROUS DATA ANALYSIS AND COMMUNITY VOICE, TO THAT END, WE USED A VARIETY OF METHODS AND TOOLS TO ANALYZE THE DATA WE COLLECTED FROM PARTICIPANTS AND SOURCES IDENTIFIED THROUGH CONSULTATION WITH TRUSTED COMMUNITY PARTNERS IN EACH COUNTY KEY INFORMANTS WERE INTERVIEWED TO GATHER A COMBINATION OF QUANTITATIVE AND QUALITATIVE FEEDBACK THROUGH OPEN-ENDED QUESTIONS KEY INFORMANTS WERE DEFINED AS COMMUNITY STAKEHOLDERS WITH EXPERT KNOWLEDGE AND INCLUDED PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, NON-PROFIT LEADERS, BUSINESS LEADERS, FAITH-BASED ORGANIZATIONS, COUNTY GOVERNMENT, AND OTHER COMMUNITY LEADERS 10 INTERVIEWS WERE CONDUCTED WITH KEY REPRESENTATIVES IN THE COUNTIES AND DESIGNATED INSPIRA HEALTH NETWORK STAFF THE INTERVIEWS WERE COMPLETED USING A SEMI-STRUCTURED RESEARCH INSTRUMENT THE PURPOSE OF THE RESEARCH PROJECT WAS EXPLAINED TO POTENTIAL PARTICIPANTS AND INFORMED CONSENT WAS OBTAINED PRIOR TO THE DATA COLLECTION PROCESS, FOLLOWING THE APPROVED IRB PROTOCOL INTERVIEW PARTICIPANTS WERE ASKED TO THINK ABOUT AND SHARE THEIR PERSPECTIVES ON ACCESS TO CARE, HEALTH EDUCATION AND COMMUNICATION, AS WELL AS THE BARRIERS RESIDENTS FACE IN OBTAINING HEALTH CARE OTHER AREAS OF INQUIRY INCLUDED THE STRENGTHS OF THE HEALTH CARE SERVICE DELIVERY SYSTEM AS WELL AS ITS WEAKNESSES AND POTENTIAL IMPROVEMENTS BOTH THE RESEARCH INSTRUMENT AND THE PROTOCOL FOR THE INTERVIEW WERE DEVELOPED BASED ON THE GROUNDED THEORY APPROACH WITHIN THE QUALITATIVE RESEARCH FRAMEWORK FOCUS GROUPS FOCUS GROUPS WERE CONDUCTED AMONG CUMBERLAND COUNTY RESIDENTS TO GATHER QUALITATIVE FEEDBACK REGARDING ACCESS TO CARE, KEY HEALTH ISSUES, AND HEALTH EDUCATION AND COMMUNICATION WE CONDUCTED 13 DIFFERENT FOCUS GROUPS WITH COMMUNITY MEMBERS (N=10) AND STAKEHOLDERS (N=3) ACROSS THE THREE COUNTIES OUR MAIN OBJECTIVE WAS TO GATHER THE COMMUNITY MEMBERS THOUGHTS ON HEALTH ISSUES (SUCH AS ACCESS TO CARE, HEALTH EDUCATION, AND COMMUNICATION) AND ANY BARRIERS RESIDENTS MAY CONFRONT IN O</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>BTAINING CARE ADDITIONAL AREAS OF INQUIRY INCLUDED THE STRENGTHS OF THE HEALTH CARE SERVI CE DELIVERY SYSTEM AS WELL AS ITS WEAKNESSES AND POSSIBLE IMPROVEMENTS THE FOCUS GROUP FO RMAT ALLOWED COMMUNITY MEMBERS TO EXPRESS THEIR OPINIONS, SUGGESTIONS, AND RECOMMENDATIONS IN A CONFIDENTIAL FORMAT BECAUSE THEY LIVE AND WORK WITHIN THE NETWORKS SERVICE AREAS, C OMMUNITY MEMBERS INPUT IS CRUCIAL TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOCUS GROUPS PRODUCE A LARGE AMOUNT OF INFORMATION IN A SHORT TIME PERIOD IN ADDITION, FOCUS GR OUPS ELICIT WIDE-RANGING VIEWS ON DESIGNATED TOPICS OUR FOCUS GROUPS CONSISTED OF A SEMI- STRUCTURED GROUP INTERVIEW FOCUS GROUPS RANGED IN SIZE FROM 4-20 PARTICIPANTS INFORMED C ONSENT WAS OBTAINED AFTER THE PURPOSE OF THE FOCUS GROUP WAS EXPLAINED AND PRIOR TO THE DA TA COLLECTION PROCESS, FOLLOWING THE APPROVED IRB PROTOCOL ONE RESEARCH TEAM MEMBER FACIL ITATED THE FOCUS GROUP AND ONE TO TWO ADDITIONAL RESEARCH TEAM MEMBERS TOOK DETAILED NOTES FOLLOWING EACH FOCUS GROUP, THE RESEARCH TEAM COMPILED A REPORT COMMUNITY SURVEY ----- WE ALSO SOUGHT COMMUNITY ENGAGEMENT THROUGH THE WIDESPREAD DISSEMINATION OF A C OMMUNITY SURVEY (N=891) THE SURVEY WAS COMPRISED OF 66 ITEMS, FORMATTED FOR ELECTRONIC AN D PAPER DISTRIBUTION BOTH IN ENGLISH AND SPANISH THE SPANISH SURVEYS WERE TRANSLATED FROM ENGLISH AND THEN BACK-TRANSLATED BY CERTIFIED TRANSLATORS ON THE RESEARCH TEAM THE PARTI CIPANT RESPONSE TIME WAS APPROXIMATELY 15 MINUTES FOR THE ELECTRONIC VERSION AND 30 MINUTE S FOR THE PAPER VERSION THE RESEARCH TEAM UTILIZED QUALTRICS, A WEB-BASED SURVEY PLATFORM , FOR THE DEVELOPMENT AND DISTRIBUTION OF THE ELECTRONIC FORMAT OF THE COMMUNITY SURVEY S URVEY ITEM FORMATS INCLUDE MULTIPLE CHOICE, FILL IN, LIKERT SCALE, AND RANKING, THE SURVEY WAS LAUNCHED ON JUNE 8, 2018 AND CLOSED ON NOVEMBER 24, 2018 (24 WEEKS) AND WAS DESIGNED TO COMPLEMENT THE QUALITATIVE FOCUS GROUP AND INTERVIEW DATA TO PROVIDE A COMPREHENSIVE PI CTURE OF THE HEALTH STATUS, NEEDS, AND RESOURCES AS IDENTIFIED BY RESIDENTS OF CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B	THE NETWORK WORKED IN COLLABORATION WITH THE WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS ("WRI") AT RUTGERS UNIVERSITY-CAMDEN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM TO CONDUCT THE CHNA WRI PROVIDED THE FOLLOWING ASSISTANCE - COLLECTED AND INTERPRETED DATA FROM SECONDARY DATA SOURCES, - ANALYZED AND INTERPRETED DATA FROM KEY INFORMANT INTERVIEWS, - COLLECTED, ANALYZED, AND INTERPRETED DATA FROM FOCUS GROUPS, - CONDUCTED, ANALYZED, AND INTERPRETED DATA FROM THE ONLINE COMMUNITY SURVEY, AND - PREPARED THE CHNA REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE WWW.INSPIRAHEALTHNETWORK.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 10A	THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION ISSUED A JOINT IMPLEMENTATION STRATEGY FOR EACH OF THE INSPIRA HEALTH NETWORK HOSPITAL FACILITIES THIS JOINT IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE WWW.INSPIRAHEALTHNETWORK.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>THE NETWORK HAS CREATED ONE SET OF IMPLEMENTATION STRATEGIES WHICH INCLUDES ALL OF ITS HOSPITAL FACILITIES. THE ORGANIZATION'S JOINT IMPLEMENTATION STRATEGY DESCRIBES THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE ORGANIZATION'S CHNA. THROUGH THE ASSESSMENT OF ITS COMMUNITIES, THE ORGANIZATION IDENTIFIED THE FOLLOWING KEY PRIORITIES: OBESITY, SUBSTANCE ABUSE, MENTAL HEALTH, ACCESS TO HEALTH CARE, AND TRANSPORTATION. THE ORGANIZATION INTENDS TO TAKE THE FOLLOWING ACTIONS WITH RESPECT TO EACH IDENTIFIED COMMUNITY HEALTH NEED:</p> <ul style="list-style-type: none"> OBESITY - COMMUNITY MEMBERS RANKED OBESITY AS THE TOP HEALTH ISSUE IN THEIR COMMUNITIES. NATURALLY, OBESITY IS ALSO A CONCERN, WITH HEALTH CARE COSTS AND MORTALITY RELATED TO OBESITY RAPIDLY OVERCOMING TOBACCO-RELATED COSTS/MORTALITY. SINCE 2000, THE ADULT OBESITY RATE IN NEW JERSEY HAS INCREASED BY OVER 60%. THIS PERIOD HAS ALSO SEEN AN INCREASE IN THE BURDEN OF OBESITY-RELATED DISEASES SUCH AS DIABETES, HYPERTENSION, AND HEART DISEASE. PROJECTIONS FOR THE CHRONIC DISEASE BURDEN RELATED TO OBESITY ARE DIRE, WITH AN EXPECTED FOUR-FOLD INCREASE IN THE NUMBER OF HEART DISEASE CASES WITHIN THE NEXT 20 YEARS. EVEN MORE TROUBLING IS THAT OBESITY AND RELATED CHRONIC HEALTH CONDITIONS OCCUR AT HIGHER RATES IN SOUTHERN NEW JERSEY THAN THEY DO IN THE REST OF THE STATE AND NATIONALLY. INSPIRA HEALTH COMMITS TO DEVELOPING AND/OR SUPPORTING INITIATIVES WITH THE FOLLOWING OBJECTIVES IN MIND: <ul style="list-style-type: none"> - IMPLEMENT COMMUNITY EDUCATION PROGRAMS RELATED TO NUTRITION AND PHYSICAL ACTIVITY - IMPROVE ACCESS TO HEALTHY FOOD THROUGH CHARITABLE CONTRIBUTIONS, EMPLOYEE VOLUNTEER OPPORTUNITIES, AND INNOVATIVE COMMUNITY PARTNERSHIPS - IDENTIFY RISK FACTORS FOR CHRONIC DISEASE THROUGH EARLY DETECTION AND SCREENINGS - INCREASE RESIDENTS' AWARENESS OF RISK FACTORS FOR CHRONIC DISEASE SUBSTANCE ABUSE - IN 2017, THE GOVERNOR OF NEW JERSEY DECLARED OPIOID ABUSE A PUBLIC HEALTH CRISIS IN THE STATE. COMMUNITY MEMBERS ALSO EXPRESSED INTENSE CONCERN ABOUT SUBSTANCE ABUSE, THE LACK OF RESOURCES TO COMBAT SUBSTANCE ABUSE, AND THE IMPACT OF SUBSTANCE ABUSE ON FRIENDS AND FAMILY MEMBERS. INSPIRA HEALTH COMMITS TO DEVELOPING AND/OR SUPPORTING INITIATIVES WITH THE FOLLOWING OBJECTIVES IN MIND: <ul style="list-style-type: none"> - PREVENT PATIENTS FROM BECOMING ADDICTED TO PAIN MEDICATIONS - IDENTIFY PATIENTS WHO ARE ADDICTED TO MEDICATIONS - DECREASE OVERDOSES AND DRUG-INDUCED DEATHS - INCREASE TOBACCO SCREENING IN HEALTH CARE SETTINGS - REDUCE ED UTILIZATION FOR SUBSTANCE ABUSE-RELATED ISSUES MENTAL HEALTH - THE RATES OF SUICIDE ARE INCREASING IN GLOUCESTER, SALEM, AND CUMBERLAND COUNTIES. RATE OF SUICIDE IS HIGHER THAN STATE RATE IN GLOUCESTER, SALEM, AND CUMBERLAND COUNTIES. RESIDENTS REPORT A HIGH NUMBER OF POOR MENTAL HEALTH DAYS. COMMUNITY MEMBERS SAID THAT MENTAL AND BEHAVIORAL HEALTH WERE IMPORTANT ISSUES FACING THEIR COMMUNITIES IN GENERAL, AND THEMSELVES SPECIFICALLY. INCREASE ACCESS TO MENTAL HEALTH TREATMENT IS INCLUDED AMONG THE HEALTHY PEOPLE 2020 OBJECTIVES. INSPI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>RA HEALTH COMMITS TO DEVELOPING AND/OR SUPPORTING INITIATIVES WITH THE FOLLOWING OBJECTIVE S IN MIND - PARTICIPATE IN COMMUNITY PLANNING PROCESS TO ADDRESS BEHAVIORAL HEALTH AND AC CESS TO SERVICES - INCREASE AWARENESS AND IDENTIFICATION OF MENTAL HEALTH DISORDERS - INCR EASE SCREENING FOR BEHAVIORAL HEALTH NEEDS IN PRIMARY CARE AND SPECIALTY CARE SETTINGS - W ORK WITH AREA HOSPITALS TO DEVELOP A RANGE OF COLLABORATIVE APPROACHES TO IMPROVE THE CARE OF THE PATIENTS WITH BEHAVIORAL HEALTH CONDITIONS - INCREASE THE PROPORTION OF ADULTS WHO RECEIVE MENTAL HEALTH TREATMENT - INCREASE THE PROPORTION OF HOMELESS ADULTS WHO RECEIVE MENTAL HEALTH SERVICES - REDUCE ED UTILIZATION FOR MENTAL HEALTH RELATED ISSUES - PROVIDE EDUCATION ABOUT WARNING SIGNS OF MENTAL/BEHAVIORAL HEALTH CONDITIONS TRANSPORTATION ----- COMMUNITY MEMBERS REPORTED THAT PUBLIC TRANSPORTATION WAS AN IMPORTANT MISSING RE SOURCE AND THAT ACCESS TO RELIABLE TRANSPORTATION WAS AN IMPORTANT BARRIER TO CARE ACCESS TO RELIABLE TRANSPORTATION IS IMPORTANT FOR PEOPLE WITH CHRONIC DISEASES RESEARCH SUGGES TS THAT FOR INDIVIDUALS WITH LIMITED ECONOMIC RESOURCES, TRANSPORTATION TO PROVIDER VISITS AND PHARMACIES MAY BE A SIGNIFICANT BARRIER TO CARE THAT CAN ALTER HEALTH OUTCOMES INSPI RA HEALTH COMMITS TO DEVELOPING AND/OR SUPPORTING INITIATIVES WITH THE FOLLOWING OBJECTIVE S IN MIND - DEFINE GAPS IN PROCESS, PROCEDURE, AND INFRASTRUCTURE - IMPLEMENT FREE-OF-CHA RGE NON-EMERGENT TRANSPORTATION TO PATIENTS WITH ACCESS PROBLEMS TO MEDICAL CARE - COMPLETE E SOFTWARE INTEGRATION WITH PROVIDERS FOR COORDINATION OF TRANSPORTATION INSPIRA HEALTH WI LL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED ACCESS TO HEALTH CARE LACK OF FACILITIES OR PROVIDERS GENERALLY, LACK OF FACILITIES OR PROVIDERS WAS A STRONG CONCERN FOR COMMUNITY MEMBERS IN SALEM COUNTY, AND MUCH LESS OF A CONCERN FOR COMMUNITY MEMBERS IN GLOUCESTER A ND CUMBERLAND COUNTIES INSPIRA HEALTH WILL CONTINUE TO ACKNOWLEDGE THE IMPACT OF THIS HEA LTH NEED AND REMAIN COMMITTED TO THE ISSUES THEY REPRESENT THE HOSPITAL ALSO STAYS COMMIT TED TO ADDRESSING ALL THE NEEDS OF THE COMMUNITY WHEN POSSIBLE DUE TO FINANCIAL RESTRICTI ONS AND THE ABILITY OF OTHER INSTITUTIONS TO ADDRESS THE SAME ISSUES INSPIRA HEALTH WILL FOCUS ON OBESITY, SUBSTANCE ABUSE, MENTAL HEALTH, AND TRANSPORTATION</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE WWW.INSPIRAHEALTHNETWORK.ORG/FAP

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 INSPIRA HEALTH CENTER BRIDGETON 333 IRVING AVENUE BRIDGETON, NJ 08302	SATELLITE ER & VARIOUS OUTPATIENT SVCS
1 INSPIRA TOMLIN STATION IMAGING 201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062	OUTPATIENT SVCS - IMAGING
2 INSPIRA HEALTH CENTER WOODBURY 509 NORTH BROAD STREET WOODBURY, NJ 08096	SATELLITE ER & VARIOUS OUTPATIENT SVCS
3 INSPIRA ELMER CHILD PARTIAL CARE 501 WEST FRONT STREET ELMER, NJ 08318	OUTPATIENT SVCS - CHILD DEV OUTPATIENT SVCS
4 INSPIRA IMAGING CENTER OF SOUTH DELSEA 2848 SOUTH DELSEA DRIVE VINELAND, NJ 08360	OUTPATIENT SVCS - IMAGING
5 INSPIRA WOUND CARE CENTER ELMER 501 WEST FRONT STREET ELMER, NJ 08318	OUTPATIENT SVCS - WOUND CARE
6 INSPIRA IMAGING CENTER OF DELSEA 352 SOUTH DELSEA DRIVE VINELAND, NJ 08360	OUTPATIENT SVCS - IMAGING
7 INSPIRA CHILD DEVELOPMENT CENTER 1138 EAST CHESTNUT STREET VINELAND, NJ 08360	OUTPATIENT SVCS - CHILD DEV
8 INSPIRA VINELAND SLEEP CARE CENTER 1650 EAST CHESTNUT AVENUE VINELAND, NJ 08361	OUTPATIENT SVCS - SLEEP CENTER
9 INSPIRA ELMER SLEEP CARE CENTER 445 WEST FRONT STREET ELMER, NJ 08318	OUTPATIENT SVCS - SLEEP CENTER
10 INSPIRA SPORTS REHABCARE WOOLWICH 100 LEXINGTON ROAD SUITE 130 SWEDESBORO, NJ 08085	OUTPATIENT SVCS - PT
11 INSPIRA IMAGING CENTER WEST SHERMAN MRI 994 WEST SHERMAN AVENUE VINELAND, NJ 08361	OUTPATIENT SVCS - IMAGING
12 INSPIRA CARDIOVASCULAR SERVICES 636 KINGS HIGHWAY SUITE C WOODBURY, NJ 08096	OUTPATIENT SVCS - CARDIOLOGY
13 INSPIRA WOMEN'S IMAGING CTR-MULLICA HILL 155 BRIDGETON PIKE MULLICA HILL, NJ 08062	OUTPATIENT SERVICES - IMAGING
14 INSPIRA IMAGING CENTER GLASSBORO 200 ROWAN BOULEVARD GLASSBORO, NJ 08332	OUTPATIENT SERVICES - IMAGING

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 INSPIRA EGG HARBOR SLEEP CARE CENTER 6712 WASHINGTON AVENUE EGG HARBOR TOWNSHIP, NJ 08234	OUTPATIENT SVCS - SLEEP CENTER
1 INSPIRA FAMILY MEDICINE CENTER 75 WEST RED BANK DRIVE WOODBURY, NJ 08096	OUTPATIENT SVCS - FAMILY MED
2 INSPIRA REHAB SVCS AT WEST DEPTFORD 800 JESSUP ROAD WEST DEPTFORD, NJ 08086	OUTPATIENT SERVICES - PT
3 INSPIRA IMAGING CENTER HADDON 400 WEST CUTHBERT BOULEVARD HADDON TOWNSHIP, NJ 08108	OUTPATIENT SERVICES - IMAGING

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMPLOYEE CRISIS FUND	16	8,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

Software ID:
Software Version:
EIN: 21-0634484
Name: INSPIRA MEDICAL CENTERS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE M25 INITIATIVE 31 N PEARL STREET BRIDGETON, NJ 08302	47-4644945	501(C)(3)	70,960				SPONSORSHIP
ROWAN COLLEGE OF SOUTH JERSEY PO BOX 1500 VINELAND, NJ 08318	22-1779135	115	20,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD BANK OF NJ INC 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	22-2423882	501(C)(3)	10,000				SPONSORSHIP
WASHINGTON TOWNSHIP EDUCATION FDN INC 206 EAST HOLLY AVENUE SEWELL, NJ 080809931	22-3482414	501(C)(3)	6,000				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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 www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 indemnification 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)		
<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 indemnification 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)									
<p>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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 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.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 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 IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE WAGES: JOHN A DIANGELO, \$716,062, ROBERT E FLORENTINE, \$401,860 AND ELIZABETH A SHERIDAN, \$79,660. 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, STEVEN C LINN, M D, \$42,414, CHRISTOPHER TROTZ, M D, \$44,345, THOMAS PACEK, \$36,584, SCOTT WAGNER, M D, MBA, \$34,680, MATTHEW DOONAN, ESQ, \$36,588, DAVID YHLEN, \$30,143, PATRICK NOLAN, \$29,684 AND CLARE SAPIENZA-ECK, \$40,884. 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, ROBERT E FLORENTINE, \$239,934 AND ELIZABETH A SHERIDAN, \$39,745.

Additional Data

Software ID:
Software Version:
EIN: 21-0634484
Name: INSPIRA MEDICAL CENTERS INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN A DIANGELO TRUSTEE, PRESIDENT/CEO - IHN	(i)	859,734	190,080	822,872	217,500	51,019	2,141,205	502,246
	(ii)	0	0	0	0	0	0	0
1ROBERT E FLORENTINE SVP/CHIEF PEOPLE OFFICER	(i)	309,245	47,566	447,621	30,800	31,865	867,097	239,934
	(ii)	0	0	0	0	0	0	0
2MARVIN T WAY EVP OPERATIONS	(i)	530,162	82,846	36,709	107,707	44,360	801,784	0
	(ii)	0	0	0	0	0	0	0
3ALK A KOHLI MD MBA EVP/CHIEF POP HEALTH OFFICER	(i)	466,828	102,260	38,242	106,025	28,408	741,763	0
	(ii)	0	0	0	0	0	0	0
4KURT W KAULBACK MD TRUSTEE (TERMED 04/2019)	(i)	0	0	0	0	0	0	0
	(ii)	415,651	293,114	0	0	21,867	730,632	0
5 THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	(i)	436,549	61,029	45,535	95,720	32,075	670,908	0
	(ii)	0	0	0	0	0	0	0
6ELIZABETH A SHERIDAN COO - IMC ELMER & VINELAND	(i)	347,153	31,779	142,671	35,000	33,725	590,328	39,745
	(ii)	0	0	0	0	0	0	0
7STEVEN C LINN MD CMO - ELMER & VINELAND	(i)	360,935	37,961	85,485	63,414	33,937	581,732	0
	(ii)	0	0	0	0	0	0	0
8CHRISTOPHER TROTZ MD EXECUTIVE MEDICAL DIRECTOR	(i)	367,372	53,644	35,510	61,145	10,917	528,588	0
	(ii)	0	0	0	0	0	0	0
9THOMAS PACEK VP/CHIEF INFORMATION OFFICER	(i)	332,041	26,394	31,860	53,384	28,141	471,820	0
	(ii)	0	0	0	0	0	0	0
10SCOTT WAGNER MD MBA CMO - WOODBURY/MULLICA HILL	(i)	327,939	29,107	36,041	51,480	25,548	470,115	0
	(ii)	0	0	0	0	0	0	0
11MATTHEW DOONAN ESQ GENERAL COUNSEL	(i)	310,292	26,703	51,259	53,388	26,647	468,289	0
	(ii)	0	0	0	0	0	0	0
12DAVID YHLEN COO-IMC BRIDGETON/VP AMB svcs	(i)	258,555	19,924	38,322	46,943	24,468	388,212	0
	(ii)	0	0	0	0	0	0	0
13PATRICK NOLAN COO - WOODBURY/MULLICA HILL	(i)	250,528	28,633	41,602	46,115	20,655	387,533	0
	(ii)	0	0	0	0	0	0	0
14GREGORY HERMAN CHIEF MED INFORMATION OFFICER	(i)	311,595	37,955	2,114	17,042	16,744	385,450	0
	(ii)	0	0	0	0	0	0	0
15CLARE SAPIENZA-ECK VP BUSINESS DEV & PLANNING	(i)	217,699	22,005	51,768	69,031	22,667	383,170	0
	(ii)	0	0	0	0	0	0	0
16KATHLEEN SCULLIN VP MARKETING&PUBLIC RELATIONS	(i)	292,993	30,918	19,764	12,261	18,530	374,466	0
	(ii)	0	0	0	0	0	0	0
17EILEEN CARDILE FORMER OFFICER	(i)	0	0	364,907	0	0	364,907	0
	(ii)	0	0	0	0	0	0	0
18BRANDON BARDOWSKY VP FACILITIES & CONSTRUCTION	(i)	220,736	53,794	16,639	13,692	21,219	326,080	0
	(ii)	0	0	0	0	0	0	0
19DAVID MURRAY VP FINANCE	(i)	241,295	32,974	10,661	14,997	24,174	324,101	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Rows A, B, C for NJ Health Care Facilities Financing Authority.

Part II Proceeds

Table with columns 1-17 and sub-columns A, B, C, D. Rows 1-13 for bond amounts and 14-17 for issuance details.

Part III Private Business Use

Table with columns 1-2 and sub-columns A, B, C, D. Rows 1-2 for partnership and lease arrangements.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X				X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	13 000 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	13 000 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test?		X	X		X			
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X	X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K	SCHEDULE K, PART I, LINE A, COLUMN F ----- THE PROCEEDS OF THE SERIES 2016A TAX-EXEMPT BONDS WERE USED TO - REFINANCE ALL OF THE OUTSTANDING NJHCFFA SERIES 2004 BONDS, SERIES 2006 BONDS, AND SERIES 2008 BONDS ("REFUNDED BONDS"), - REFINANCE THE 2011 NOTE PAYABLE, AND - PAY FOR THE COSTS OF ISSUANCE OF THE SERIES 2016A BONDS SCHEDULE K, PART I, LINES B & C, COLUMN F ----- THE PROCEEDS OF THE SERIES 2017 TAX-EXEMPT BONDS WERE TO - FINANCE THE CONSTRUCTION OF A NEW ACUTE-CARE HOSPITAL AND MEDICAL CENTER FACILITY IN MULLICA HILL, NEW JERSEY, WHICH WILL SERVE AS A REPLACEMENT FOR WOODBURY'S ACUTE-CARE FACILITIES, - ESTABLISH A RADIATION ONCOLOGY PROGRAM AT WOODBURY, INCLUDING THE CONSTRUCTION OF A LINEAR ACCELERATOR VAULT, - FINANCE THE EXPANSION OF THE VINELAND EMERGENCY DEPARTMENT, - CONSTRUCTION OF TWO ADDITIONAL FLOORS TO THE EXISTING FACILITY TO HOUSE 36 NEW INPATIENT BEDS, AND - PAY FOR THE COSTS OF ISSUANCE OF THE 2017 BONDS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number
21-0634484

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JACK M SHIELDS MD PA	PHYSICIAN PRACTICE OWNED BY TRUSTEE	PHYS RECRUITMENT		X	70,350	56,145		No	Yes		Yes	
Total						▶ \$	56,145					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY K VOIT	FAMILY MEMBER OF BOARD MEMBER	56,978	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>BACKGROUND ===== INSPIRA MEDICAL CENTERS, INC ("IMC") IS A PROVIDER OF GENERAL ACUTE AND AMBULATORY HEALTHCARE SERVICES BASED IN CUMBERLAND AND SALEM COUNTY, NEW JERSEY IMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, IMC PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, IMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES 5 ACTIVE EMERGENCY DEPARTMENTS FOR ALL PERSONS, WHICH ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, INCLUDING SPECIALIZED PEDIATRIC AND SENIOR EMERGENCY DEPARTMENTS IN THE VINELAND FACILITY, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF IMC RESTS WITH ITS 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 IMC AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF IMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY IMC PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY MOREOVER, IMC PROVIDES 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 MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF FINANCIAL ASSISTANCE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS FINANCIAL ASSISTANCE POLICY AS THE SOLE PROVIDER OF ESSENTIAL HEALTH SERVICES, IMC PROVIDES AN ESSENTIAL SAFETY NET FOR OUR COMMUNITIES, ASSURING THAT PATIENTS RECEIVE BOTH THE CARE AND FINANCIAL HELP THEY NEED IMC IS THE AREA'S ONLY NON-PROFIT HEALTH SYSTEM AND MAJOR PROVIDER OF FINANCIAL ASSISTANCE FOR FAMILIES WITHOUT HEALTH INSURANCE IMC IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM COMPRISED OF MEDICAL CENTERS, COMMUNITY HEALTH CLINICS, URGENT CARE FACILITIES, HOME HEALTH SERVICES, AND SPECIALTY SERVICES THAT SERVE THE HEALTHCARE NEEDS OF OUR COMMUNITY MEDICAL AND SPECIALTY SERVICES</p> <p>===== IMC IS A NON-PROFIT HEALTHCARE ORGANIZATION THAT PROVIDES A BROAD SPECTRUM OF INPATIENT CARE AND AMBULATORY CARE IN ADDITION TO ITS GENERAL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>L MEDICAL, SURGICAL, OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC AND PSYCHIATRIC SERVICES, IMC OFFERS A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT MODALITIES AND VARIOUS SPECIALTY SERVICES OUR HEALTHCARE SYSTEM HAS EXPANDED TO OVER 150 ACCESS POINTS FOR RESIDENTS OF CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES COMPREHENSIVE ACUTE CARE SERVICES ARE PROVIDED AT INSPIRA MEDICAL CENTER VINELAND AND INSPIRA MEDICAL CENTER ELMER EACH MEDICAL CENTER CAMPUS OFFER S 24-HOUR SERVICES IN RADIOLOGY, LABORATORY, CARDIO-PULMONARY AND EMERGENCY MEDICINE STAFF IS ON CALL AFTER HOURS AND ON WEEKENDS FOR SURGICAL SERVICES AND CERTAIN DIAGNOSTIC SERVICES SUCH AS NUCLEAR MEDICINE AND ULTRASOUND INSPIRA HEALTH CENTER BRIDGETON IS HOME TO A SATELLITE EMERGENCY DEPARTMENT THAT SERVES PATIENTS 24 HOURS A DAY, SEVEN DAYS A WEEK, AND A VARIETY OF BEHAVIORAL HEALTH AND OUTPATIENT SERVICES INPATIENT CARE CENTERS ----- INSPIRA MEDICAL CENTER VINELAND OPERATES FOUR INPATIENT CARE CENTERS - WOMEN'S & CHILDREN'S CENTER OF CARE - HOME-LIKE LABOR AND DELIVERY SUITES, - SURGICAL CENTER OF CARE - 10 OPERATING SUITES, A MODERN ICU/CCU AND REHABILITATION SERVICES, - MEDICAL CENTER OF CARE - ACUTE, ICU AND POST-ICU, DIALYSIS, CHEMOTHERAPY AND MEDICAL INFUSION SERVICES, AND - CARDIOLOGY CENTER OF CARE - 37 BED CARDIAC ACUTE CARE UNIT, ICU AND POST-ICU, AND CARDIOPULMONARY UNIT THE INPATIENT CARE CENTERS ALLOW FOR THE COLOCATION OF LIKE ACUTE AND CRITICAL CARE UNITS THE SURGICAL INTENSIVE CARE UNIT IS ADJACENT TO THE SURGICAL STEP-DOWN/POST-INTENSIVE CARE UNIT THIS STEP-DOWN UNIT IS LIKEWISE ADJACENT TO THE SURGICAL ACUTE CARE BEDS AS THE PATIENT'S ILLNESS OR INJURY BECOMES LESS ACUTE, THE PATIENT CAN MOVE DOWN THIS CONTINUUM OF CARE WITHOUT EVER PHYSICALLY LEAVING THE INPATIENT CARE CENTERS THIS CONFIGURATION ALSO SIMPLIFIES PHYSICIANS' ROUNDS ALL PATIENT ROOMS AT INSPIRA MEDICAL CENTER VINELAND ARE SINGLE PATIENT ROOMS WHICH INCREASES PATIENT PRIVACY, CONFIDENTIALITY, AND COMFORT THE USE OF PRIVATE ROOMS ALLOWS FOR MORE EFFICIENT CARE AND REDUCES THE RISK OF PATIENTS CONTRACTING A NOSOCOMIAL INFECTION DURING THEIR STAY ALSO, GIVEN THE INCREASE IN PATIENT ACUITY AND THE CORRESPONDING INCREASE IN DEMAND FOR MORE EQUIPMENT, PRIVATE ROOMS PROVIDE MORE SPACE FOR SPECIALIZED EQUIPMENT AND CAREGIVERS AT THE BEDSIDE ROOMS AT INSPIRA MEDICAL CENTER VINELAND ARE DESIGNED WITH VIEWING WINDOWS ALONG THE HALLWAY ALLOWING PATIENTS TO BE OBSERVED BY MEDICAL PERSONNEL WITHOUT BEING DISTURBED A LEADER IN PATIENT SAFETY, CLINICAL EXCELLENCE AND SERVICE, INSPIRA OPENED A SENIOR EMERGENCY DEPARTMENT AT INSPIRA MEDICAL CENTER VINELAND IN 2017 ONLY THE SECOND OF ITS KIND IN NEW JERSEY AND THE FIRST IN THE DELAWARE VALLEY, THE SENIOR EMERGENCY DEPARTMENT WILL TAILOR CARE SPECIFICALLY FOR PATIENTS IN THEIR SENIOR YEARS THE \$6 MILLION EXPANSION PROJECT BEGAN IN 2016 AND SPANS 7,000 SQUARE FEET ACCESSIBLE THROUGH A SEPARATE ENTRANCE AND LOBBY, THE SENIOR EMERGENCY DEPARTMENT HOUSES 11</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>PATIENT BAYS IMC PROVIDES CARE TO A PATIENT BASE SPREAD OUT OVER FIVE SOUTHERN NEW JERSEY COUNTIES WITH FACILITIES IN CUMBERLAND AND SALEM COUNTIES, IMC SERVES AS THE ONLY NONPROFIT ACUTE CARE FACILITY IN BOTH OF THOSE COUNTIES, ACCOUNTING FOR OVER 376,000 PERSONS, IM C IS COMPRISED OF TWO ACUTE CARE FACILITIES AND TWO HOSPITAL-BASED AMBULATORY CARE CENTERS INSPIRA MEDICAL CENTER VINELAND IS LOCATED IN VINELAND, NEW JERSEY, CUMBERLAND COUNTY L OCATED ON A 62 5-ACRE CAMPUS IN VINELAND, INSPIRA MEDICAL CENTER VINELAND IS A 491,989 SQU ARE-FOOT, 323-BED FACILITY, WITH 59 PSYCHIATRIC BEDS LOCATED AT THE INSPIRA HEALTH CENTER BRIDGETON WHICH OPENED IN AUGUST 2004 IN ADDITION TO OFFERING COMPREHENSIVE MEDICAL TECHN OLOGIES AND SERVICES, THE INSPIRA MEDICAL CENTER VINELAND'S DESIGN ALSO EMPHASIZES PATIENT COMFORT INSPIRA MEDICAL CENTER MULLICA HILL IS LOCATED IN MULLICA HILL, NEW JERSEY INSP IRA MEDICAL CENTER MULLICA HILL OFFERS 210 PRIVATE PATIENT ROOMS, ALL OF WHICH INCLUDE ULT RAMODERN SMART ROOM TECHNOLOGY DESIGNED TO ENHANCE SAFETY AND THE PATIENT EXPERIENCE THE MATERNITY UNIT INCLUDES HOME-LIKE BIRTHING SUITES THAT PROVIDE A COMFORTING ENVIRONMENT FO R EXPECTING PARENTS TO WELCOME THEIR NEWBORNS A PEDIATRIC EMERGENCY DEPARTMENT WITH AN AD JACENT INPATIENT UNIT IS AVAILABLE TO ACCOMMODATE CHILDREN AND FAMILIES THE MULLICA HILL CAMPUS ALSO OFFERS COMPREHENSIVE ONCOLOGY SERVICES INSPIRA MEDICAL CENTER ELMER IS A 96-B ED ACUTE CARE FACILITY LOCATED IN ELMER, NEW JERSEY, SALEM COUNTY IN ADDITION TO OFFERING COMPREHENSIVE MEDICAL TECHNOLOGIES AND SERVICES, THE INSPIRA MEDICAL CENTER ELMER OFFERS EMERGENCY SERVICES, MATERNITY, MODERN SURGICAL SERVICES, AND OUTPATIENT PHYSICAL THERAPY S ERVICES ADDITIONALLY, IMC PROVIDES AMBULATORY SERVICES AT TWO LOCATIONS IN CUMBERLAND COU NTY, WHICH ARE INSPIRA HEALTH CENTER BRIDGETON AND INSPIRA MEDICAL CENTER VINELAND THESE AMBULATORY CARE CENTERS PROVIDE A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC SERVICES, INCLU DING A 24/7 SATELLITE EMERGENCY DEPARTMENT AND CHRONIC DIALYSIS SERVICES AT INSPIRA HEALTH CENTER BRIDGETON, PHYSICAL REHABILITATION SERVICES, OCCUPATIONAL MEDICINE, LABORATORY, AN D RADIOLOGY SERVICES IN 2019, IMC PERFORMED 18,499 SURGERIES, 188,645 PHYSICAL THERAPY TR EATMENTS, 3,338 DIALYSIS TREATMENTS, 266,849 DIAGNOSTIC IMAGING PROCEDURES, 14,834 RADIATI ON THERAPY TREATMENTS AND 113,461 EMERGENCY ROOM VISITS ALSO, IN 2019, INPATIENT ADMISSIO NS WERE 19,149 FOR ADULTS AND PEDIATRICS, 31 FOR SPECIAL CARE NURSERY, 206 FOR NEONATAL IN TENSIVE CARE UNIT, 1,617 FOR MENTAL HEALTH AND 2,203 BIRTHS AWARDS AND RECOGNITION ===== IN ADDITION TO PROVIDING A WIDE SCOPE OF SERVICES, IMC TAKES GREAT PRIDE IN PROVIDING SAFE, HIGH QUALITY, PATIENT FOCUSED CARE TO ITS COMMUNITIES THESE EFFORTS HA VE BEEN RECOGNIZED AT BOTH A LOCAL AND NATIONAL LEVEL THROUGH A VARIETY OF AWARDS, RECOGNI TIONS, AND ACCREDITATIONS</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ACCREDITED BY DNV HEALTHCARE WHICH AIDS THE ORGANIZATIONS LEADERSHIP AND STAFF IN CONTINUOUSLY EVALUATING AND IMPROVING THE CARE PROVIDED TO THE REGION DNV 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 THE DNV PROGRAM REQUIRES HOSPITALS TO EVALUATE THE CONTINUUM OF PATIENT CARE THROUGHOUT ITS FACILITIES AND TAKE MEASURED STEPS TO IMPROVE WHEN IT IS WARRANTED 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 AND VINELAND AND ITS HEALTH CENTER IN BRIDGETON ACHIEVING ISO 9001 2015 CERTIFICATION IS A REQUIREMENT OF THE FACILITIES' DNV GL HEALTHCARE ACCREDITATION WHICH AIDS THE ORGANIZATION'S 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 IMC 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 BECKER'S 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 FAMILY'S 'THE BEST OF FAMILY 2019' INNOVATION AND TECHNOLOGY - INSPIRA MEDICAL CENTER VINELAND RECEIVES CHEST PAIN CENTER WITH PCI ACCREDITATION - NEW JERSEY HOSPITAL ASSOCIATION'S COMMUNITY OUTREACH AWARD - UPGRADED FITCH RATING TO AN AA - INSPIRA MEDICAL CENTER ELMER EARNED A 2019 HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD - US NEWS & WORLD REPORT HIGH PERFORMING HOSPITALS (2018-2019) - NJ INFLUENZA HONOR ROLL AWARD FROM THE NJ DEPARTMENT OF HEALTH, VACCINE PREVENTABLE DISEASE PROGRAM - INSPIRA CANCER SERVICES AND THE CHRONIC DISEASE COALITION RECEIVED THE OUTSTANDING COMMUNITY PARTNER AWARD - INSPIRA HEALTH'S CEO, JOHN DIANGELO NAMED TO SOUTH JERSEY BUSINESS MAGAZINE'S POWER 50 LIST - INSPIRA EARN</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ED A NATIONAL PRESS GANEY SUCCESS STORY AWARD - INSPIRA MEDICAL CENTER VINELAND'S SURGICAL ACUTE CARE UNIT AWARDED THE PRISM AWARD - INSPIRA HEALTH CEO, JOHN DIANGELO, PRESENTED THE NATIONAL STEVEN SCHRODER OUTSTANDING HEALTHCARE CEO AWARD - INSPIRA AMONG "TOP 150 PLACES TO WORK IN HEALTHCARE IN 2019" ACCORDING TO BECKERS HEALTHCARE - INSPIRA MEDICAL CENTER ELMER RECEIVES TWO WOMEN'S CHOICE AWARDS FOR OBSTETRICS AND ORTHOPEDICS - INSPIRA MEDICAL CENTER VINELAND'S EMERGENCY DEPARTMENT RECEIVES THE LANTERN AWARD ONE OF ONLY 80 RECOGNIZED IN THE COUNTRY TECHNOLOGY ===== A FEW OF INSPIRA HEALTH NETWORK'S INITIATIVES INCLUDE - 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 APP, INSPIRA ACCESS, AND ECARE - PATIENT MONITORING FROM ONE CENTRAL LOCATION - PICTURE ARCHIVING AND COMMUNICATIONS SYSTEMS' (PACS) IMAGING EQUIPMENT ELECTRONICALLY STORES X-RAYS, CAT SCANS OR OTHER DIGITAL IMAGES PHYSICIANS ARE ABLE TO VIEW AN IMAGE AT ANY TERMINAL AT INSPIRA MEDICAL CENTER VINELAND OR IN THEIR OFFICE - INSPIRA MEDICAL CENTER VINELAND HAS INCORPORATED WIRELESS TECHNOLOGY THAT INCLUDES HANDHELD DEVICES WITH INSTANT MESSAGING THAT ALLOW NURSES TO MONITOR PATIENTS AND ALLOW PHYSICIANS TO REVIEW DIAGNOSTIC TEST RESULTS MORE RAPIDLY - SOPHISTICATED NURSE CALL SYSTEMS ALLOW PHYSICIANS, NURSES, AND OTHER STAFF TO QUICKLY FIND A PATIENT'S NURSE WHILE THIS NURSE CALL SYSTEM IMPROVES INTER-STAFF COMMUNICATIONS, IT ALSO IMPROVES PATIENT CARE BY REDUCING THE TIME REQUIRED TO GET THE NECESSARY STAFF AND RESOURCES TO THE BEDSIDE - A PNEUMATIC TUBE SYSTEM CARRIES LAB TESTS AND PHARMACEUTICALS THROUGHOUT INSPIRA MEDICAL CENTER VINELAND THIS TUBE SYSTEM, HIDDEN BEHIND THE WALLS, GREATLY IMPROVES THE TURNAROUND TIME FOR LAB TESTS AND NEW DRUG ORDERS - THE MEDICATION ADMINISTRATION CHECK SYSTEM ENSURES PATIENT SAFETY BY ALLOWING NURSES TO SCAN BARCODES AT THE BEDSIDE POSITIVELY LINKING THE PRESCRIBED DRUGS WITH THE INTENDED PATIENTS - A TELE-NEUROLOGY PROGRAM GIVES EMERGENCY ROOM PATIENTS QUICK ACCESS TO BOARD-CERTIFIED NEUROLOGISTS, 24/7, AND ALL OURS EMERGENCY ROOM STAFF TO PROVIDE RAPID STROKE DIAGNOSIS AT A MOMENT'S NOTICE - TOMOSYNTHESIS OR 3D MAMMOGRAPHY IS PERFORMED AT 2 INSPIRA MEDICAL CENTER LOCATIONS, VINELAND AND TOMLIN STATION THIS STATE-OF-THE-ART BREAST IMAGING TECHNIQUE PROVIDES CLEARER IMAGES, GREATER ACCURACY, AND EARLIER DETECTION OF SMALL LESIONS IN THE BREAST - DIGITAL MAMMOGRAPHY - INSPIRA MEDICAL CENTER ELMER HAS MADE STRIDES INCREASING SALEM COUNTY RESIDENTS' ACCESS TO DIGITAL MAMMOGRAPHY, TARG</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ETING YOUNGER WOMEN WHO HAVE A FAMILY HISTORY OF BREAST CANCER AND AFRICAN-AMERICAN WOMEN OVER THE AGE OF 50 - A HEALTH INFORMATION EXCHANGE WHICH ALLOWS PROVIDERS, INCLUDING HOSPITALS, PHYSICIAN PRACTICES, LONG-TERM CARE FACILITIES, REHABILITATION CENTERS AND HOME HEALTH SERVICES, TO ACCESS PATIENT INFORMATION FROM A SECURE ELECTRONIC NETWORK IN ORDER TO PROVIDE CARE FASTER - EXPANDED COMPUTERIZED PHYSICIAN ORDER ENTRY SYSTEM INITIATIVE TO IMPROVE EFFICIENCY, REDUCE COSTS AND, MOST IMPORTANTLY, ENHANCE PATIENT SAFETY - DEVELOPMENT OF A PATIENT PORTAL WHICH PROVIDES PATIENTS WITH ELECTRONIC ACCESS TO THEIR HEALTH RECORDS, INCLUDING TEST RESULTS, TREATMENT PLANS, MEDICATIONS AND FOLLOW-UP CARE INSTRUCTIONS - A PROCESS FOR GATHERING AND ANALYZING DATA FROM ALL OF THE NETWORK'S 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 - INSPIRA ADDED NEW ULTRAVIOLET RAPID DISINFECTANT EQUIPMENT TO ITS ROUTINE OF DEEP CLEANING AND DISINFECTING WITH BLEACH PULSES OF BLUE LIGHT STREAM FROM ITS CIRCLE OF TALL VERTICAL LIGHT BULBS ULTRAVIOLET LIGHT KILLS MOST OF BACTERIA AND VIRUSES IN THE ROOM AND IS PROVEN EFFECTIVE AGAINST CLOSTRIDIUM DIFFICILE, OR C DIFF THE BACTERIA SECRETE TOXINS THAT CAUSE DIARRHEA OR INFLAMMATION OF THE COLON WHEN THE ROBOT HAS KILLED ALL THE BACTERIA, SENSORS PLACED AROUND THE ROOM SHUT OFF THE MACHINE - PHYSICIANS AND STAFF AT INSPIRA MEDICAL CENTER VINELAND ARE PERFORMING STUDIES AND TREATMENTS FOR PATIENTS WITH CANCER AND VASCULAR CONDITIONS USING NEW LOW-DOSE RADIOLOGIC TECHNOLOGY THIS ADVANCED INTERVENTIONAL RADIOLOGY HIGH RESOLUTION TECHNOLOGY DELIVERS ENHANCED IMAGING STUDIES, REDUCING A PERSON'S EXPOSURE TO RADIATION BY UP TO 80% INSPIRA'S VINELAND-BASED HOSPITAL IS THE ONLY FACILITY IN CUMBERLAND, GLOUCESTER, SALEM AND CAMDEN COUNTIES TO OFFER THIS INTERVENTIONAL RADIOLOGIC TECHNOLOGY WHICH PROVIDES THE LOWEST DOSE OF RADIATION AVAILABLE - 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 - HIGH RELIABILITY ORGANIZATION (HRO) - DAILY SAFETY BRIEFINGS HAVE TRANSFORMED HOW OUR HOSPITALS COMMUNICATE ABOUT AND RESPOND TO SAFETY CONCERNS EACH MORNING, LEADERS FROM DOZENS OF DEPARTMENTS JOIN TOGETHER TO ADDRESS PATIENT SAFETY CONCERNS FROM THE PAST 24 HOURS AND LOOKING AHEAD TO THE NEW DAY THIS POWERFUL TOOL HAS BEEN EMBRACED BY OUR ENTIRE LEADERSHIP TEAM, AND WE ARE A SAFER NETWORK FOR IT</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- AMSA (APPLIED MATH AND SCIENCE ACADEMY) MENTORING PROGRAM FOR VINELAND SCHOOL DISTRICT THE PROGRAM INCLUDED OPPORTUNITIES TO EXPOSE ENROLLED STUDENTS TO NON-CLINICAL ROLES IN INFORMATION SYSTEMS RELATED TO THEIR FIELD OF EDUCATION IN ADDITION, PROVIDED 100 LICENSES TO "CODE COMBAT" TO EXTEND THEIR KNOWLEDGE BASE AND EXPAND THE CODING ASPECTS OF THEIR EXISTING PROGRAM IN ADDITION, AWARDED A \$10,000 GRANT TO APPLY TO THE "MISSION CONTROL CENTER", OR INNOVATION SPACE - REVERSE PITCH STUDENT COMPETITION IN 2018 IMC HELD A REVERSE PITCH STUDENT COMPETITION WHERE 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 CANCER SERVICES</p> <p>===== THE INSPIRA FRANK AND EDITH SCARPA REGIONAL CANCER PAVILION CREATES A ONE-STOP EXPERIENCE FOR CANCER PATIENTS, EXPANDS ACCESS TO CLINICAL TRIALS, CONSOLIDATES SERVICES AND BRINGS TOGETHER A MULTIDISCIPLINARY CARE TEAM, INCLUDING MEDICAL ONCOLOGY, RADIATION ONCOLOGY AND SURGICAL ONCOLOGY TO PROVIDE THE LATEST AND HIGHEST QUALITY CANCER CARE IN THE REGION INSPIRA MEDICAL CENTER VINELAND IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM AND THE BREAST PROGRAM IS ALSO ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS THE CENTER HOUSES A 6-CHAIR INFUSION CENTER WHICH PROVIDES CHEMOTHERAPY AND SUPPORTIVE DRUG THERAPIES, AS WELL AS BLOOD TRANSFUSIONS, NON-ONCOLOGIC INFUSIONS, AND MEDICATION INJECTIONS THE RADIATION ONCOLOGY DEPARTMENT FEATURES (2) LINEAR ACCELERATORS AND PROVIDES A FULL RANGE OF RADIATION SERVICES INCLUDING EXTERNAL BEAM RADIATION, IMRT & IGRT (IMAGE GUIDED RADIATION), STEREOTACTIC BODY THERAPY AND STEREOTACTIC RADIOSURGERY, AS WELL AS BRACHYTHERAPY SERVICES THE CENTER ALSO INCLUDES OFFICES FOR BOARD CERTIFIED, FELLOWSHIP TRAINED SURGICAL SUB-SPECIALISTS, AS WELL A PRIVATE MEDICAL ONCOLOGY GROUP, MAKING ACCESS TO MULTIPLE PHYSICIANS AVAILABLE WITH A SINGLE APPOINTMENT BOTH PROGRAMS ARE FOUNDED ON A MULTIDISCIPLINARY APPROACH TO CARE AND MAKES FULL USE OF A CARE TEAM APPROACH IN ADDITION TO MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, AND SURGICAL ONCOLOGISTS, THE TEAM INCLUDES ONCOLOGY-CERTIFIED NURSES, SOCIAL WORKER, DIETICIAN, CARE COORDINATORS, NAVIGATORS, AND RESEARCH NURSES AS WELL AS RADIOLOGISTS AND PATHOLOGISTS THE TEAM MEETS REGULARLY TO COLLABORATE ON INDIVIDUALIZED PATIENT PLANS OF CARE INSPIRA OFFERS INNOVATIVE SERVICES RELATED TO THE DIAGNOSIS AND TREATMENT OF CANCER INSPIRA WAS THE FIRST IN THE REGION TO OFFER BREAST CANCER PATIENTS SAVI SCOUT, A NEW TECHNOLOGY THAT TARGETS BREAST LUMPS MORE</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>EFFECTIVELY AND ELIMINATES THE NEED FOR NEEDLE OR WIRE TUMOR LOCALIZATION INSPIRA ALSO OFFERS THE LATEST TECHNOLOGY IN DIAGNOSTICS FOR LUNG CANCER AND FEATURES A MINIMALLY INVASIVE SURGICAL SUITE, INCLUDING ROBOTIC TECHNOLOGY, ALLOWING OUR SURGICAL CANCER PATIENTS MANY OPTIONS FOR CARE AND TREATMENT LUNG CANCER SCREENING CENTER OF EXCELLENCE ----- ----- INSPIRA MEDICAL CENTER VINELAND WAS RECENTLY DESIGNATED A LUNG CANCER SCREENING CENTER BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) THE ACR LUNG CANCER SCREENING CENTER DESIGNATION IS A VOLUNTARY PROGRAM THAT RECOGNIZES FACILITIES THAT HAVE COMMITTED TO PRACTICE SAFE, EFFECTIVE DIAGNOSTIC CARE FOR INDIVIDUALS AT THE HIGHEST RISK FOR LUNG CANCER IN ORDER TO RECEIVE THIS ELITE DISTINCTION, FACILITIES MUST BE ACCREDITED BY THE ACR IN COMPUTED TOMOGRAPHY (CT) IN THE CHEST MODULE, AS WELL AS UNDERGO A RIGOROUS ASSESSMENT OF ITS LUNG CANCER SCREENING PROTOCOL AND INFRASTRUCTURE ALSO REQUIRED ARE PROCEDURES IN PLACE FOR FOLLOW-UP PATIENT CARE, SUCH AS COUNSELING AND SMOKING CESSATION PROGRAMS BREAST IMAGING CENTER OF EXCELLENCE ----- INSPIRA MEDICAL CENTER VINELAND HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) THE DESIGNATION IS AWARDED TO BREAST IMAGING CENTERS THAT HAVE ACHIEVED EXCELLENCE BY SEEKING AND EARNING ACCREDITATION IN ALL OF THE ACR'S VOLUNTARY, BREAST-IMAGING ACCREDITATION PROGRAMS AND MODULES, IN ADDITION TO THE MANDATORY MAMMOGRAPHY ACCREDITATION PROGRAM COMPREHENSIVE CARDIOVASCULAR SERVICES ===== INSPIRA OFFERS COMPREHENSIVE CARDIAC SERVICES, INCLUDING DIAGNOSTIC CARDIAC CATHETERIZATION AND EMERGENCY CARDIAC CATHETERIZATION WITH ANGIOPLASTY AND STENTING, ALSO KNOWN AS EMERGENCY PCI, AT INSPIRA MEDICAL CENTER VINELAND INSPIRA MEDICAL CENTERS ELMER AND VINELAND ALSO PROVIDE QUALITY CARDIAC REHABILITATION SERVICES AND ARE DESIGNATED BY THE STATE AS PRIMARY STROKE CENTERS INSPIRA CARDIOVASCULAR SERVICES AND MEDICAL GROUP ARE AFFILIATED WITH COOPER UNIVERSITY MEDICAL CENTER AS A PART OF CARDIAC PARTNERS, WHICH PROVIDE A COMPLETE RANGE OF CARDIAC SERVICES TO SOUTH JERSEY A CENTER OF EXCELLENCE FOR BARIATRIC SURGERY ===== INSPIRA MEDICAL CENTER VINELAND HAS BEEN NAMED A BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) THE ASMBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY TO EARN A CENTER OF EXCELLENCE DESIGNATION, THE INSPIRA MEDICAL CENTER VINELAND UNDERWENT A SERIES OF SITE INSPECTIONS DURING WHICH ALL ASPECTS OF THE PROGRAM'S SURGICAL PROCESSES WERE CLOSELY EXAMINED AND DATA ON HEALTH OUTCOMES WAS COLLECTED MATERNAL AND CHILD HEALTH ===== HOSPITAL-BASED MATERNITY SERVICES ARE OFFERED AT INSPIRA MEDICAL CENTER VINELAND AND INSPI</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>RA MEDICAL CENTER ELMER, WHICH BOTH OFFER MODERN, PRIVATE MATERNITY SUITES WHERE OUR PHYSICIANS AND NURSES PROVIDE A SAFE AND POSITIVE ENVIRONMENT FOR LABOR AND DELIVERY INSPIRA MEDICAL CENTERS ALSO OFFER THE SERVICES OF MIDWIVES THE WOMEN'S AND CHILDREN'S INPATIENT CARE CENTER IS LOCATED ON THE FIRST FLOOR OF INSPIRA MEDICAL CENTER VINELAND AND OFFERS A LABOR (LABOR, DELIVERY, RECOVERY AND POST-PARTUM) ROOM CONFIGURATION THAT PERMITS A MOTHER TO CHOOSE WHETHER SHE WISHES TO HAVE HER BABY STAY IN THE SAME ROOM WITH HER DURING HER STAY OR HAVE FAMILY MEMBERS STAY WITH HER IMC VINELAND HAS 10 PRIVATE LABOR/DELIVERY/RECOVERY ROOMS AND 28 PRIVATE POST-PARTUM ROOMS TO ENCOURAGE FAMILY BONDING THE MATERNITY CARE UNIT AT INSPIRA MEDICAL CENTER ELMER, WHICH OPENED IN 2003, HAS 5 PRIVATE LABOR/DELIVERY/RECOVERY/POSTPARTUM ROOMS, EACH WITH A PRIVATE BATHROOM FOUR OF THE ROOMS OFFER WHIRLPOOLS AND THE FIFTH ROOM OFFERS EXPECTANT MOTHERS ONE OF THE REGIONS ONLY WATER BIRTHING TUBS IMC ELMER ALSO OFFERS COMPREHENSIVE FETAL TESTING AND IMMUNIZATION SERVICES, C-SECTION FACILITIES AND RECOVERY ROOMS, BREASTFEEDING AND INFANT CARE EDUCATION, AND EASY ACCESS TO MEDICAL CENTER DEPARTMENTS FOR DIAGNOSTIC SCREENING NEONATAL INTENSIVE CARE UNIT (NICU) ===== INSPIRA MEDICAL CENTER VINELAND OFFERS ADVANCED CARE FOR PREMATURITY, LOW BIRTHWEIGHT/CRITICALLY ILL INFANTS OF ALL GESTATIONAL AGES IN THE DEBORAH F SAGER NEONATAL INTENSIVE CARE UNIT THE UNIT IS SUPPORTED 24 HOURS A DAY, 7 DAYS A WEEK BY NEONATOLOGISTS FROM NEMOURS ALFRED DUPONT HOSPITAL FOR CHILDREN NEUROSURGERY ===== AT INSPIRA MEDICAL CENTERS ELMER AND VINELAND, PATIENTS ARE OFFERED THE LATEST MINIMALLY INVASIVE SURGICAL TREATMENTS FOR A RANGE OF CONDITIONS LIKE BRAIN TUMORS, SPINE TUMORS, HERNIATED DISCS, SPINAL STENOSIS, CARPEL TUNNEL SYNDROME, SPINAL COMPRESSION FRACTURES AND CHRONIC PAIN BY A HIGHLY-SKILLED, FELLOWSHIP TRAINED NEUROSURGEON UROLOGY ===== OUR MINIMALLY INVASIVE SURGERY TEAM SPECIALIZES IN SURGICAL PROCEDURES THAT ARE BOTH THE MOST EFFECTIVE AND LEAST INVASIVE TO TREAT A LARGE RANGE OF CONDITIONS UROLOGIC CANCERS, BENIGN PROSTATE ENLARGEMENT, BLADDER DISORDERS, WOMEN'S AND CHILDREN'S UROLOGIC PROBLEMS, URINARY STONE DISEASE, RECONSTRUCTIVE SURGERY, MALE AND FEMALE SEXUAL DYSFUNCTION, AND MALE INFERTILITY ORTHOPEDICS ===== HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY HAS RECOGNIZED IMC AT ELMER AS A "BLUE DISTINCTION" CENTER THAT MEANS THAT INSPIRA'S PERFORMANCE IN QUALITY AND COST ARE ABOVE THE AVERAGE OF OTHER HOSPITALS IN THE STATE THIS DESIGNATION IS SPECIFIC TO TOTAL JOINT REPLACEMENT IN HIPS AND KNEES</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ROBOTIC SURGERY ===== IMC VINELAND UTILIZES THE STATE OF THE ART DAVINCI FOR ROBOTIC SURGERY IN THE FOLLOWING SPECIALTIES GENERAL SURGERY, UROLOGY, THORACIC SURGERY, GYN ECOLOGY, GYNECOLOGY ONCOLOGY AND UROGYNECOLOGY ROBOTIC SURGERY IS MINIMALLY INVASIVE, RESULTING IN SHORTER LENGTH OF STAY, REDUCED COMPLICATIONS, LESS POST-OPERATIVE PAIN AND DECREASED NEED FOR POST-OPERATIVE REHABILITATION IMC SPORTS REHABCARE VINELAND ===== IMC SPORTS REHABCARE IS CONVENIENTLY LOCATED WITHIN INSPIRA FITNESS CONNECTION VINELAND THE DEDICATED STAFF WORKS CLOSELY WITH ORTHOPEDIC SURGEONS TO ASSIST PATIENTS WITH THE REHABILITATION AND TREATMENT OF ARTHROSCOPIC PROCEDURES, TOTAL JOINT REPLACEMENTS FOR HIP AND KNEE, INTRICATE HAND AND FOOT SURGERY AND SPECIALIZED SPINE PROCEDURES THE REHAB CENTERS NEW ALTERNATE ANTI-GRAVITY TREADMILL INTRODUCES TECHNOLOGY THAT "UNWEIGHTS" A USER, REDUCING THE IMPACT OF WALKING OR RUNNING ON BOTH MUSCLES AND JOINTS THIS ENABLES PATIENTS TO MAINTAIN THEIR NATURAL GAIT WHILE REHABILITATING AND MAY EVEN SPEED THE PROCESS OF THERAPY ADDITIONALLY, INSPIRA REHABCARE HAS INTRODUCED THE NINTENDO WII AS AN ADJUNCT TO CURRENT AND TRADITIONAL THERAPIES IT ENHANCES THE PATIENT EXPERIENCE AT THE SAME TIME CREATING A FUN ATMOSPHERE BEHAVIORAL HEALTH SERVICES ===== IMC BEHAVIORAL HEALTH SERVICES HAS 59 ACUTE CARE PSYCHIATRIC BEDS AT THE INSPIRA HEALTH CENTER BRIDGETON, PROVIDING INPATIENT SERVICES, A BEHAVIOR WELLNESS CENTER, AND OUTPATIENT COUNSELING FOR BOTH THE ADULT AND CHILD/ADOLESCENT POPULATIONS THROUGHOUT THE SOUTHERN NEW JERSEY REGION INSPIRA'S BEHAVIORAL WELLNESS CENTERS OFFER COMPREHENSIVE THERAPEUTIC SERVICES, REFERRALS, AND ON-SITE PSYCHIATRIC SERVICES (EXCLUDING LEGAL FORENSIC ASSESSMENTS) CHILD & ADOLESCENT SERVICES ----- --- - CHILD AND ADOLESCENT INTERMEDIATE INPATIENT PROGRAM (AGES 5 TO 17) THIS PROGRAM OFFERS A COMPLETE EVALUATION AND TREATMENT OPTION FOR CHILDREN WHO REQUIRE LONGER-TERM HOSPITALIZATION INSPIRAS 12 BED INTERMEDIATE CARE UNIT IN BRIDGETON IS THE AREA'S ONLY EXPERIENCED LONG-TERM PSYCHIATRIC TREATMENT CENTER FOR INPATIENT CARE OF THIS AGE GROUP THE AVERAGE LENGTH OF STAY IS BETWEEN 4 TO 12 WEEKS - CHILD AND ADOLESCENT PROGRAM (AGES 5 TO 17) - THE PARTIAL HOSPITALIZATION PROGRAM PROVIDES FULL TREATMENT INCLUDING INDIVIDUAL, GROUP AND FAMILY COUNSELING AS WELL AS PSYCHIATRIC ASSESSMENT - INPATIENT PROGRAM FOR CHILDREN AND ADOLESCENTS (AGES 5 TO 17) - THIS PROGRAM PROVIDES THE REGION WITH AN ADVANCED CHILDREN'S CRISIS INTERVENTION PROGRAM FOR COMPLETE INPATIENT EVALUATION, DIAGNOSIS, AND TREATMENT FOR YOUTH WHO ARE IN NEED OF IMMEDIATE TREATMENT THE NEW RENOVATED 14 BED UNIT OFFERS GROUP AND INDIVIDUAL THERAPY AS WELL AS AROUND-THE-CLOCK NURSING CARE - INTENSIVE OUTPATIENT PROGRAMS (AGES 11 TO 17) - INSPIRA HEALTH CENTER BRIDGETON OFFERS AN INTENSIVE OUTPATIENT PROGRAM, WHICH ASSISTS ADOLESCENTS IN CUMBERLAND & SALEM COUNTIES FIND BET</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TER PATHWAYS TO HEALTHY DEVELOPMENT - THERAPEUTIC NURSERY (AGES 3 TO 5) - INSPIRA OFFERS A THERAPEUTIC NURSERY PROGRAM (AGES 3 TO 5) TO HELP CHILDREN EARLY ON WHO STRUGGLE WITH BEHAVIORAL DISORDERS WE COLLABORATE WITH ALL KEY STAKEHOLDERS IN THE CHILD'S LIFE TO ESTABLISH INDIVIDUALIZED TREATMENT GOALS ADULT SERVICES ----- - DETOXIFICATION UNIT MANAGES ANY WITHDRAWAL PRESENTATION THAT MEET MEDICAL NECESSITY THE MAIN ABUSED SUBSTANCES THAT CAUSE THAT LIFE-THREATENING WITHDRAWAL SYMPTOMS ARE ALCOHOL, OPIATES AND POLY-SUBSTANCE ABUSE PRESENTATIONS TREATMENT PROTOCOLS SPECIFIC TO THE DEFINED ABUSED SUBSTANCE ARE INITIATED AND MANAGED TO ENSURE THE PATIENT'S SAFETY AND COMFORT EVIDENCE BASED SCALES, FOR EXAMPLE CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT FOR ALCOHOL (CIWA) OR CLINICAL OPIATE WITHDRAWAL SCALE (COWS) WILL GUIDE THE TREATMENT AND PROTOCOL APPLICATIONS AS WITHDRAWALS ARE MANAGED BY OUR MEDICAL AND NURSING DIRECT CARE PROVIDERS, THE UNITS LICENSED DRUG AND ALCOHOL AND/OR LICENSED ADDICTION CERTIFIED SOCIAL SERVICE STAFF WILL INITIATE INDIVIDUAL THERAPY, MOTIVATION ASSESSMENT, AND EDUCATION TO ASSIST THE PATIENT - INPATIENT PROGRAM FOR ADULTS - INSPIRA'S SHORT-TERM CARE FACILITY AND VOLUNTARY INPATIENT PROGRAMS OFFER COMPLETE INPATIENT EVALUATION, DIAGNOSIS, TREATMENT AND AROUND-THE-CLOCK NURSING CARE FOR ADULTS WHO ARE IN NEED OF A HIGHER LEVEL OF TREATMENT THE FACILITY FEATURES A 33-BED UNIT DESIGNED TO PROMOTE HEALING - ADULT PARTIAL HOSPITALIZATION PROGRAM - THE ADULT PARTIAL-HOSPITALIZATION PROGRAM PROVIDES SERVICES SIMILAR TO THE INTENSITY AND SCOPE OF INPATIENT TREATMENT, BUT WITH SIGNIFICANTLY LESS DISRUPTION TO THE LIVES OF PATIENTS AND THEIR FAMILIES THE PROGRAM IS DESIGNED FOR PEOPLE WITH SYMPTOMS THAT SERIOUSLY IMPACT THEIR DAILY FUNCTIONING, BUT WHO ARE HOPING TO AVOID HOSPITALIZATION OR ARE IN NEED OF A TRANSITION FROM INPATIENT TO OUTPATIENT CARE THIS PROGRAM FOLLOWS AN ACUTE SHORT-TERM MODEL OF INTENSIVE TREATMENT WITH MULTIPLE SESSIONS TO SPAN OVER A FEW WEEKS - ADULT INTENSIVE OUTPATIENT PROGRAM - THE ADULT INTENSIVE OUTPATIENT PROGRAM PROVIDES INTENSIVE, STRUCTURED, CLINICAL SERVICES TO INDIVIDUALS EXPERIENCING SIGNIFICANT EMOTIONAL DISTRESS THE PROGRAM OFFERS THE FLEXIBILITY FOR CLIENTS TO ATTEND SPECIALIZED DAY OR AFTERNOON GROUP THERAPY TYPICALLY, INDIVIDUALS ATTEND FOR THREE HOURS PER DAY, TWO OR THREE TIMES PER WEEK THE PROGRAM'S PSYCHOTHERAPY AND PSYCHO-EDUCATIONAL GROUPS PROVIDE A SAFE, CARING ENVIRONMENT IN WHICH INDIVIDUALS CAN ADDRESS THEIR MENTAL HEALTH NEEDS, GAIN A BETTER UNDERSTANDING OF THEIR ILLNESS, IMPROVE COPING SKILLS AND DRAW ON MUTUAL SUPPORT THE IOP PROGRAM ALSO PROVIDES ACCESS TO A 24/7 CONTACT LINE THAT WILL CONNECT PEOPLE WITH IMC MENTAL HEALTH STAFF - WELLNESS AND RECOVERY OUTPATIENT PROGRAM - INSPIRA'S WELLNESS AND RECOVERY OUTPATIENT PROGRAM PROVIDES TREATMENT FOR PATIENTS WITH CO-OCCURRING DISORDERS IN MENTAL AND SUBSTANCE ABUSE THE PROGRAM PROVIDES TRADITIONAL OUTPATIENT</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ENT SERVICES, WHICH INCLUDE WEEKLY, HOUR-LONG INDIVIDUAL, FAMILY AND GROUP SESSIONS ALONG WITH PSYCHIATRIC EVALUATIONS AND INDIVIDUALIZED MEDICATION MANAGEMENT - INSPIRA HAS PARTNERED WITH FOUR LOCAL HEALTH SYSTEMS TO FORM THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE TO HELP IMPROVE SERVICES ACROSS THE REGION ACCESS TO AND IMPROVING THE QUALITY OF HEALTHCARE ===== IMC HAS A PROUD HISTORY OF HELPING UNINSURED RESIDENTS GET THE COVERAGE THEY NEED IMC 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 - IMC 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 IMC PROVIDES A VARIETY OF HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THROUGH PUBLICATIONS TO THE GENERAL PUBLIC THE COMMUNITY HAS MONTHLY ACCESS TO IMC 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 IMC HAS BOTH PARTICIPATED IN AND CONDUCTED A NUMBER OF PROGRAMS TO IMPROVE QUALITY OF HEALTHCARE SERVICES - EFFICIENT AND QUALITY PATIENT CARE - AS THE LEADING COMMUNITY PROVIDER IN SOUTHERN NEW JERSEY, IMC 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, IMC 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</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>- PATIENT SATISFACTION - IMC 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 (SJBHIC) 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 THEIR 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 ELDERLY) AND CURRENTLY SERVES ALL OF CUMBERLAND COUNTY AND PARTS OF SALEM AND GLOUCESTER COUNTIES INSPIRA 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 DONATIONS/CASH CONTRIBUTIONS ===== EACH YEAR IMC SUPPORTS MANY NON-PROFIT ORGANIZATIONS WHOSE MISSION IS IN ALIGNMENT WITH THAT OF ITS OWN BY PROVIDING DONATIONS OF BOTH CASH AND IN-KIND IN RESPONSE TO THE COMMUNITY'S NEEDS SOME OF THE ORGANIZATIONS SUPPORTED WITH A CASH DONATION INCLUDED - AMERICAN FOUNDATION FOR SUICIDE PREVENTION - BOYS AND GIRLS CLUB - BRIDGETON CHAMBER OF COMMERCE - BRIDGETON ROTARY CLUB FOUNDATION - COLLEEN SORBELLO BREAST CANCER FOUNDATION - COMMUNITY FOOD BANK OF NJ - COMMUNITY FOUNDATION OF NEW JERSEY LEGACY OF GIVING - COMPLETECARE FAMILY HEALTH FOUNDATION - CUMBERLAND CAPE ATLANTIC YMCA - CUMBERLAND COUNTY COLLEGE FOUNDATION - CUMBERLAND COUNTY HABITAT FOR HUMANITY - CUMBERLAND COUNTY WOMENS HALL OF FAME - CUMBERLAND DEVELOPMENT CORPORATION - EAT CLEAN ORG - ELMER LIBRARY - FRIENDS OF INDIA SOCIETY - GARDEN STATE BSA - GATEWAY COMMUNITY ACTION PARTNERSHIP - GUIDANCE CENTER - HOPEWELL TOWNSHIP - ITALIAN CULTURAL FOUNDATION - JAWS YOUTH PLAYBOOK - M25 CODE BLUE INITIATIVE - MARCH OF DIMES - MILLVILLE CHAMBER OF COMMERCE - MILLVILLE CHILD FAMILY CENTER - MILLVILLE SCHOOLS - NEMOURS/ALFRED DUPONT HOSPITAL FOR CHILDREN - PUERTO RICAN ACTION COMMITTEE - QUALITY CONCEPTS - REVIVE SOUTH JERSEY - RUTGERS UNIVERSITY FOUNDATION - SALEM COMMUNITY COLLEGE -</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SALEM COUNTY CHAMBER OF COMMERCE - SALEM COUNTY VOTECHNICAL FOUNDATION - SHULTZ HILL FOUNDATION - SIR SPEEDY - STAR SPECIALTIES - STOCKTON UNIVERSITY FOUNDATION - UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NJ - VINELAND CHAMBER OF COMMERCE - VINELAND DOWNTOWN IMPROVEMENT DISTRICT COMMUNITY SERVICE AND COMMUNITY BUILDING PROGRAMS</p> <p>=====</p> <p>INSPIRA IS MUCH MORE THAN 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 HEALTH PRIORITIES OF THE COMMUNITIES IT SERVES OUR PARTNERSHIPS LEVERAGE THE STRENGTH OF MULTIPLE COMMUNITY ORGANIZATIONS WHILE ENCOURAGING COMMUNITY-WIDE COLLABORATIVE EFFORTS TO BENEFIT THE COMMUNITY ENDING HOMELESSNESS BY 2020 IN ONE OF NEW JERSEY'S MOST POVERTY-STRICKEN COUNTIES THAT'S THE GOAL OF THE CUMBERLAND COUNTY HOUSING FIRST COLLABORATIVE INSPIRA HEALTH NETWORK, A FOUNDING MEMBER OF THE COLLABORATIVE, CONTRIBUTED \$57,000 TO HELP FUND THE EFFORT IN 2018-2019, THE COLLABORATIVE HOUSED 60 CHRONICALLY HOMELESS INDIVIDUALS INSPIRA HAS ALSO PROVIDED BEHAVIORAL HEALTH AND LOGISTICAL SUPPORT TO ENSURE THE COLLABORATIVE'S SUCCESS FOOD PANTRIES IN 2019 A MONTHLY FOOD DISTRIBUTION WAS ESTABLISHED AT A LOCAL PRE-K SCHOOL PROVIDING FRESH PRODUCE AND SHELF STABLE FOOD ITEMS TO ABOUT 500 FAMILIES IN CUMBERLAND COUNTY ADVOCACY - IMC EMPLOYEES AND LEADERSHIP, SERVE ON VARIOUS GOVERNMENT ADVISORY COMMITTEES AND BOARDS FOR NATIONAL, STATE, AND LOCAL ORGANIZATIONS TO ADVOCATE FOR HEALTHCARE REFORM, BRING ABOUT CHANGES IN REGULATORY REQUIREMENTS, IMPROVE ACCESS TO HEALTHCARE AND PROMOTE THE HEALTH STATUS FOR BOTH THE BROADER COMMUNITY AND VULNERABLE POPULATIONS THROUGH HOSPITAL REPRESENTATION TO ORGANIZATIONS ADDITIONALLY, IMC EMPLOYEES, FROM STAFF TO CEO, PARTICIPATE ON THE BOARDS OF A VARIETY OF ORGANIZATIONS WHOSE FOCUS IS NOT ONLY OF THE HEALTH NEEDS OF THE COMMUNITY, BUT ON THE OVERALL NEEDS OF THE COMMUNITY SOME OF THESE ORGANIZATIONS INCLUDE THE COMMUNITY FOOD BANK OF SOUTH JERSEY, GLOUCESTER COUNTY CHAMBER OF COMMERCE, SALEM COUNTY CHAMBER OF COMMERCE, AND THE WALTER RAND INSTITUTE IMC HAS BEEN AN ACTIVE PARTICIPANT IN NATIONAL AND REGIONAL INITIATIVES, INCLUDING THE FOLLOWING 1 CENTER FOR MEDICARE AND MEDICAID SERVICES NATIONAL "HOSPITAL COMPARE" INITIATIVE 2 VHA, INC PATIENT QUALITY AND SAFETY INITIATIVES MEDICATION RECONCILIATION COLLABORATIVE (IMC - VINELAND & ELMER), RAPID RESPONSE TEAM COLLABORATIVE (IMC - VINELAND & ELMER), AND TRANSFORMATION OF THE ICU AND TICU (IMC - VINELAND & ELMER) 3 INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 100,000 LIVES CAMPAIGN (IMC - VINELAND & ELMER), AND MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 5 MILLION LIVES FROM HARM CAMPAIGN (IMC - VINELAND & ELMER) 4 NEW JERSEY HOSPITAL ASSOCIATION INITIATIVES PARTICIPANTS IN THE NJHA PRESSURE ULCER COLLABORATIVE (</p>

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<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>IMC - VINELAND & ELMER), AND PARTICIPANTS IN THE NJHA RAPID RESPONSE TEAMS COLLABORATIVE (IMC - VINELAND & ELMER) EMERGENCY PREPAREDNESS - IMC READIES ITSELF FOR CATASTROPHIC DISASTER ABOVE AND BEYOND LICENSURE REQUIREMENTS THIS INCLUDES AN INTERNAL EMERGENCY RESPONSE TEAM THAT RECEIVES SPECIALIZED TRAINING IMC 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 REHEARSE HEALTHCARE PREPAREDNESS FOR MASS CASUALTY DISASTERS AND PUBLIC HEALTH EMERGENCIES - IMPACT (INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING) WAS DEVELOPED THROUGH COLLABORATION BETWEEN IM C 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 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 IMPACT PROVIDES A NUMBER OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY INCLUDING 1 IMPACT TEEN PARENTING PROGRAM PROVIDES PARENTING CLASSES, CHILDCARE SERVICES, PRENATAL CARE AND LIFE SKILLS EDUCATION TO TEEN PARENTS IN THE VINELAND HIGH SCHOOLS AND PROMOTES LIFELONG LEARNING AND SECOND PREGNANCY PREVENTION 2 IMPACT SCHOOL-BASED YOUTH SERVICES PROGRAM (SBYSP) OFFERS HEALTH SERVICES, TUTORING, COUNSELING, RECREATION AND LIFE SKILLS TRAINING AT THE VINELAND HIGH SCHOOL, VINELAND WALLACE MIDDLE SCHOOL AND MILLVILLE HIGH SCHOOL 3 IMPACT FAMILY OUTREACH PROGRAM IS AN ABBOTT PROGRAM WHICH COORDINATES FAMILY OUTREACH AND SUPPORT WITH SOCIAL WORKERS WHO SERVICE ABBOTT PRESCHOOL PROVIDERS IN BRIDGETON, MILLVILLE, AND VINELAND 4 IMPACT CHILDCARE PROGRAM IS ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND IS OPEN TO CHILDREN FROM 6 WEEKS TO 5 YEARS OLD WITH HEALTH CENTER SERVICES PROVIDED ON SITE IN 2019, AN AVERAGE OF 47 CHILDREN WERE ENROLLED IN THE CHILDCARE PROGRAM AND 31 WERE ENROLLED IN THE WRAP AROUND PROGRAM 5 IMC'S FAMILY SUCCESS CENTERS IN VINELAND AND PORT NORRIS PROVIDE SERVICES AND PROGRAMS THAT CONNECT FAMILIES WITH COMMUNITY RESOURCES RANGING FROM HOUSING AND LEGAL ASSISTANCE TO HELP OBTAINING HOUSEHOLD ITEMS AND FOOD THE CENTER FOCUSES ON 10 CORE SERVICES TO STRENGTHEN FAMILIES BY PROVIDING ASSISTANCE WITH OBTAINING HEALTH INSURANCE, SELECTING PHYSICIANS, PROVIDING WORKSHOPS THAT INCREASE POSITIVE INTERACTION BETWEEN PARENTS AND CHILDREN, PROMOTING FAMILY LITERACY, ADDRESSING HEALTH ISSUES AND LEGAL ISSUES SUCH AS IMMIGRATION AND OTHER TOPICS RELEVANT TO THE COMMUNITY</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- MAYOR'S CAMPAIGNS FOR HEALTHIER VINELAND, MILLVILLE AND BRIDGETON - VARIOUS IMC STAFF ARE ACTIVE COMMITTEE MEMBERS OF THE VINELAND, MILLVILLE AND BRIDGETON MAYOR'S CAMPAIGNS FOR HEALTHIER COMMUNITIES IN COLLABORATION WITH IMC, 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 IMC, 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 AHEC 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 IMC'S STAFF CONDUCTS PRESENTATIONS THROUGHOUT THE COUNTY EXPLAINING THE BENEFITS OF LIFELINE TO RESPECTIVE SUBSCRIBERS AND/OR THEIR CAREGIVERS AND HEALTH PROVIDERS ALTHOUGH THE LIFELINE PROGRAM IS A PAID SERVICE, DISCOUNTED AND FREE INSTALLATIONS OCCUR FOR ELIGIBLE PERSONS - 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 GROUP'S EVENTS INCLUDED DAY OF DANCE, WOMEN'S 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 IMC'S 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, IMC PROVIDES LEADING-EDGE CANCER CARE THROUGH NATIONAL CLINICAL TRIALS, WHICH FOCUS ON CANCER TREATMENT, DIAGNOSTIC AND PREVENTION METHODS IMC HAS THE OPPORTUNITY TO RECRUIT A LARGE AMOUNT OF PATIENTS FOR NE</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>WEST CLINICAL TRIALS, PROVIDING LOCAL ACCESS TO THE LATEST STRATEGIES AGAINST CANCER - GARDEN AREA HEALTH EDUCATION CENTER ("AHEC") - 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 HEALTH CARE IN MEDICALLY UNDERSERVED AREAS AND TO UNDER-SERVED 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 - IMC ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DO NOT REGULARLY COME THROUGH THE DOORS OF OUR MEDICAL CENTERS IMC 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, IMC HOSTS A STROKE AWARENESS EDUCATION & 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 MYRIAD OF HEALTH SERVICES AND EDUCATION TOGETHER IN ONE CENTRAL LOCATION AT INSPIRA MEDICAL CENTER 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 CANCER (FACE), FOOT AND WOUND CARE, BEHAVIORAL RISK ASSESSMENT, SLEEP APNEA ASSESSMENT, STEP 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 RELAXATION ROOM AND MEDITATION SESSIONS - NJCEED - IMC IS CUMBERLAND COUNTY'S LEAD AGENCY FOR THE NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM (NJCEED), WHICH PROVIDES COMPREHENSIVE CANCER OUTREACH, EDUCATION AND FREE SCREENINGS TO UNDERSERVED AND UNINSURED RESIDENTS WHO MIGHT OTHERWISE NOT HAVE ACCESS TO THESE IMPORTANT DIAGNOSTIC SCREENING SERVICES IN 2019, 405 BREAST, 753 CERVICAL, 34 COLORECTAL AND 8 PROSTATE SCREENINGS WERE PROVIDED THROUGH THE GRANT IMC ALSO HAS A DEDICATED STAFF THAT GOES OUT INTO THE COMMUNITY TO SPEAK ABOUT THE AVAILABILITY OF FREE SCREENINGS AND THE CEED PROGRAM - SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PSYCHOLOGICAL OR EMOTIONAL ISSUES RELATED</p>

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Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TO DISEASES AND HEALTH ISSUES, IMC OFFERS A VARIETY OF FREE SUPPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMITED TO, WOMEN'S CANCER, DIABETES, CARDIOPULMONARY HEALTH, PROSTATE CANCER, SMOKING CESSATION, STROKE AND FIVE LEVELS OF BARIATRIC SUPPORT. ADDITIONALLY, IMC DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERNAL NONPROFIT ORGANIZATIONS TO HOLD SUPPORT GROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCOHOLICS ANONYMOUS AND NARCOTICS ANONYMOUS - SUPPORT SERVICES - STAFF MEMBERS OF IMC'S PATIENT BUSINESS SERVICES DEPARTMENT, IN ADDITION TO PROVIDING FINANCIAL COUNSELING TO INDIVIDUALS, MAKE FREQUENT VISITS TO VARIOUS COMMUNITY GROUPS AND SOCIAL SERVICE AGENCIES, EDUCATING THEM ON THE CHARITY CARE OPTIONS AND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE. IN ADDITION, A SIGNIFICANT LEVEL OF CHARITY CARE, FINANCIAL ASSISTANCE, TRANSPORTATION ASSISTANCE AND LANGUAGE ASSISTANCE SERVICES ARE PROVIDED FOR THE UNDERSERVED AND VULNERABLE POPULATIONS - COMMUNITY EDUCATION CLASSES - IMC OFFERS A WEALTH OF EDUCATIONAL PROGRAMS DESIGNED TO PROMOTE A SAFE AND HEALTHY LIFESTYLE. TRAINING CLASSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILDBIRTH, BREAST-FEEDING, NEWBORN CARE, UNDERSTANDING DIABETES, CPR (CARDIOPULMONARY RESUSCITATION), ACLS (ADVANCED CARDIAC LIFE SUPPORT), PALS (PEDIATRIC ADVANCED LIFE SUPPORT), SAFESITTER (BABYSITTER TRAINING) AND OTHERS - VOLUNTEER PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR COMFORTING PATIENTS AT THEIR BEDSIDE, VOLUNTEERS PLAY AN IMPORTANT ROLE IN IMC'S TRADITION OF COMPASSIONATE CARE. OUR SUCCESSFUL VOLUNTEER PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGE S 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, 410 DEDICATED AND GENEROUS VOLUNTEERS DONATED MORE THAN 37,938 HOURS OF SERVICE. HEALTH PROFESSIONS EDUCATION ===== INSPIRA MEDICAL CENTERS 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, IMC OFFERS NURSING EDUCATION PROGRAMS, EXTERNSHIPS AND INTERNSHIPS. IMC MEDICAL STAFF ROUTINELY HOSTS STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS.</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SCHOOL PROGRAMS ON HEALTH CAREERS - IMC 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, IMC STAFF ALSO EXTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO THE HEALTHCARE ENVIRONMENT AND PROMOTION OF HEALTHY LIFESTYLES SYMPOSIA - IMC 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 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 AHEC EDUCATIONAL CONFERENCES - GARDEN AREA HEALTH EDUCATION CENTER ("AHEC") IS 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 IMC AS A MAJOR CLINICAL AFFILIATE OF THE MEDICAL SCHOOL THIS PARTNERSHIP SUPPORTS INSPIRA MEDICAL CENTER VINELAND'S 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 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 THO</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SE 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

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Return Reference	Explanation
CORE FORM, PART III, QUESTION 2	EFFECTIVE DECEMBER 13, 2019, INSPIRA MEDICAL CENTER WOODBURY, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT AFFILIATE, WAS STATUTORILY MERGED INTO THIS ORGANIZATION ACCORDINGLY THE ACTIVITIES AND OPERATIONS OF INSPIRA MEDICAL CENTER WOODBURY, INC ARE NOW BEING CARRIED OUT BY THIS ORGANIZATION IN ADDITION, EFFECTIVE DECEMBER 15, 2019, THE ORGANIZATION OFFICIALLY OPENED ITS INSPIRA MEDICAL CENTER MULLICA HILL CAMPUS THE NEW HOSPITAL FACILITIES INCLUDES 210 PRIVATE PATIENT ROOMS, STATE-OF-THE-ART SURGICAL SUITES, A MODERN EMERGENCY DEPARTMENT WITH DEDICATED PEDIATRIC AND SENIOR ER, CARDIAC CATHETERIZATION LAB, THE LATEST IN MEDICAL AND COMMUNICATION TECHNOLOGY, AND SMART ROOM TECHNOLOGY TO ENHANCE PATIENT SAFETY AND THE PATIENT EXPERIENCE

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 4	EFFECTIVE DECEMBER 13, 2019, INSPIRA MEDICAL CENTER WOODBURY, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION WAS STATUTORILY MERGED INTO THIS ORGANIZATION THE ORGANIZATION'S GOVERNING DOCUMENTS HAVE BEEN UPDATED ACCORDINGLY

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	INSPIRA HEALTH NETWORK, INC ("NETWORK") IS THE SOLE MEMBER OF THIS ORGANIZATION NETWORK HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	INSPIRA HEALTH NETWORK, INC ("NETWORK") IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE NETWORK'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER APPROVAL BY THE MEMBERS AT AN AUDIT COMMITTEE MEETING 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 NETWORK'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 ALSO MADE A PRESENTATION TO THE NETWORKS AUDIT COMMITTEE PRIOR TO APPROVAL OF THE FORMS 990 BY THE AUDIT COMMITTEE 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 NETWORK'S AUDIT COMMITTEE AND THE ORGANIZATION'S BOARD OF TRUSTEES, PRIOR TO FILING WITH IRS

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Return Reference	Explanation
<p>CORE FORM, PART VI, SECTION B, QUESTION 12</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") INSPIRA HEALTH NETWORK, INC ("NETWORK") IS THE TAX-EXEMPT PARENT ENTITY OF THE 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 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>

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Return Reference	Explanation
<p>CORE FORM, PART VI, SECTION B, QUESTION 15</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") INSPIRA HEALTH NETWORK, INC ("NETWORK") IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM THE NETWORK'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 senior management 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 SENIOR MANAGEMENT THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO SENIOR MANAGEMENT THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	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 AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION 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 HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, 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

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	JOHN A DIANGELO IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION MR DIANGELO IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES FORM W-2 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 DIANGELO'S COMPENSATION IN EXCESS OF \$1M

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Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J, PART II REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THIS ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES PLEASE NOTE, THIS ORGANIZATION'S FORM 990 REFLECTS INDIVIDUALS WHO PROVIDE SERVICES TO OTHER ORGANIZATIONS THIS ORGANIZATION ISSUES W-2'S TO THOSE INDIVIDUALS AND FILES THE APPLICABLE FORMS WITH THE INTERNAL REVENUE SERVICE THIS ORGANIZATION ALLOCATES THESE PAYMENTS TO OTHER AFFILIATES VIA AN INTERCOMPANY ACCOUNT

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Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS AN AFFILIATE WITHIN 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 AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

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Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET ASSETS RELEASED FROM RESTICTION FOR PROPERTY AND EQUIPMENT - \$12,057,002, - - STATUTORY MERGER AND TRANSFER OF NET ASSETS OF ENTITY FROM INSPIRA MEDICAL CENTER WOODBURY, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$236,014,611, - NET TRANSFERS FROM AFFILIATES - (\$5,756,541), - OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTION - (\$4,824,323), - CHANGE IN BENEFICIAL INTEREST IN TEMPORARY TRUST, DONOR RESTRICTED - \$228,853, - NET ASSETS RELEASED FROM DONOR RESTRICTIONS - (\$12,063,435), - CHANGE IN BENEFICIAL INTEREST IN CAPITAL CAMPAIGN, DONOR RESTRICTED - \$5,615,518, AND - OTHER CHANGES IN NET ASSETS, DONOR RESTRICTED - \$10,532,376

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Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM'S TAX-EXEMPT PARENT ENTITY IS INSPIRA HEALTH NETWORK, INC ("NETWORK") 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 NETWORK'S FINANCE/AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR

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Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ 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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA MEDICAL CENTERS INC

Employer identification number

21-0634484

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 DEPTFORD HEALTHPARK LLC 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 32-0483850	HEALTHCARE	NJ	0	5,496,336	IMC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BPOC LP 333 IRVING AVENUE BRIDGETON, NJ 08302 22-2956029	REAL ESTATE	NJ	N/A									
(2) OAK & MAIN SURGICTR 907 NORTH MAIN ROAD VINELAND, NJ 08360 22-3532371	HEALTHCARE SVCS	NJ	IMC	RELATED	105,029	354,898		No		Yes		85 000 %
(3) GLOUC CTY SURG CTR 163 BRIDGETON PIKE BLDG B MULLICA HILL, NJ 08062 26-1157885	HEALTHCARE SVCS	NJ	N/A									
(4) INSPIRA HLTH PTRS 2950 COLLEGE DRIVE VINELAND, NJ 08360 46-5550615	HEALTHCARE ACO	NJ	NA									
(5) INSPIRA SJ UC MGT 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3186749	URGENT CARE MGT	NJ	NA									
(6) 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
(1) INSPIRA HEALTH MANAGEMENT CORPORATION 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 22-2502241	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(2) INSPIRA HEALTH NETWORK MEDICAL GROUP PC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 22-5745047	HEALTHCARE SVCS	NJ	IMC	C CORP	50,016,105	17,330,413	100 000 %	Yes	
(3) JUNO ASSURANCE LTD AON HOUSE 4TH FLOOR PEMBROKE HM 08 BD	FINANCIAL VEHICLE	BD	N/A	FOREIGN CORP					No
(4) INSPIRA HEALTH NETWORK URGENT CARE PC 201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062 45-2900402	HEALTHCARE SVCS	NJ	IMC	C CORP	14,631,377	14,463,283	100 000 %	Yes	
(5) RED BANK DEVELOPMENT CORPORATION 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2814053	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(6) INSPIRA SJ URGENT CARE PC 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3165654	HEALTHCARE SVCS	NJ	IMC	C CORP	1,721,330	1,446,224	100 000 %	Yes	

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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 AN AFFILIATE WITHIN 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: 21-0634484
Name: INSPIRA MEDICAL CENTERS 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		No
333 IRVING AVENUE BRIDGETON, NJ 08302 22-2508425	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	N/A		No
333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	IMC	Yes	
2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 26-4827936	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK		No
509 NORTH BROAD STREET WOODBURY, NJ 08096 22-1820210	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK		No
509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2333409	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	IMC	Yes	
509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4199382	INACTIVE	NJ	501(C)(3)	509(A)(3)	NETWORK		No
509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4203973	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	NETWORK		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
INSPIRA HEALTH NETWORK INC	E	2,429,907	COST
INSPIRA HEALTH NeTWorK FDN CUMBERLANDSALEM	E	1,071,486	COST
INSPIRA HEALTH NETWORK URGENT CARE PC	E	3,433,176	COST
Oak and Main Surgicenter LLC	D	140,968	COST
INSPIRA HEALTH NETWORK INC	K	667,788	COST
INSPIRA HEALTH NeTWorK FDN CUMBERLANDSALEM	K	93,693	COST
INSPIRA HEALTH NETWORK MEDICAL GROUP PC	J	129,069	COST
Oak and Main Surgicenter LLC	J	140,968	COST
INSPIRA HEALTH NeTWorK FDN CUMBERLANDSALEM	C	904,103	COST
INSPIRA HEALTH NeTWorK FDN CUMBERLANDSALEM	O	458,254	COST
INSPIRA HEALTH NETWORK INC	O	406,675	COST
OAK & MAIN SURGICENTER LLC	O	772,271	COST
INSPIRA HEALTH NETWORK FDN GLOUCESTER	O	438,567	COST