
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

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.

A For the 2024 calendar year, or tax year beginning

and ending

B Check if applicable:

<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

C Name of organization

INSPIRA MEDICAL CENTERS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

333 IRVING AVENUE

City or town, state or province, country, and ZIP or foreign postal code

BRIDGETON, NJ 08302

F Name and address of principal officer: AMY MANSUE

165 BRIDGETON PIKE, MULLICA HILL, NJ 08062

D Employer identification number

21-0634484

E Telephone number

(856) 575-4733

G Gross receipts \$

1,294,725,489.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.INSPIRAHEALTHNETWORK.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1913

M State of legal domicile: NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A SAFE AND COMPASSIONATE EXPERIENCE THAT IMPROVES THE HEALTH AND WELL-BEING OF OUR COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	8,984
	6	Total number of volunteers (estimate if necessary)	6	490
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	29,417,483.	6,895,920.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,067,115,713.	1,189,151,094.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,063,462.	91,253,832.
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,725,911.	3,484,595.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,132,322,569.	1,290,785,441.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	653,671.	803,917.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	609,920,990.	644,748,059.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	472,972,603.	597,711,433.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,083,547,264.	1,243,263,409.
	19	Revenue less expenses. Subtract line 18 from line 12	48,775,305.	47,522,032.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,905,620,128.	2,097,429,531.
	22	Net assets or fund balances. Subtract line 21 from line 20	807,083,870.	1,006,449,281.
		1,098,536,258.	1,090,980,250.	

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			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT J MARIANI				P00642486
	Firm's name	WITHUMSMITH+BROWN, PC	Firm's EIN	22-2027092	
	Firm's address	200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981	Phone no.	973-898-9494	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,119,017,462. including grants of \$ 803,917.) (Revenue \$ 1,189,151,094.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,119,017,462.

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
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	3	X
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	4 X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
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	6	X
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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
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	15	X
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	16	X
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	17	X
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	18	X
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	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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	21 X	

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

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	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 8,984		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
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)? . .			X
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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
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?			X
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?			X
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?			X
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?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
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?			
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.			
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?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
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? If "Yes," see the instructions and file Form 4720, Schedule N.		X	
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.			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent.	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O.	9			X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.
WILLIAM D. PELINO, CPA, MBA 165 BRIDGETON PIKE MULLICA HILL, NJ 08062

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY MANSUE TRUSTEE - PRESIDENT & CEO	55.00 NONE	X		X				2,304,897.	NONE	501,069.
(2) WARREN E. MOORE, FACHE EVP & COO	55.00 NONE			X				1,716,979.	NONE	67,036.
(3) WILLIAM D. PELINO, CPA, MBA SVP & CHIEF FINANCIAL OFFICER	55.00 NONE			X				855,151.	NONE	176,204.
(4) ANNELIESE K. MCMENAMIN, SPHR SVP & CHIEF HR OFF (TERM 12/24)	55.00 NONE				X			900,335.	NONE	31,696.
(5) TONY S. REED, M.D., PHD, MBA SVP CHIEF QUALITY&EXP OFFICER	55.00 NONE				X			753,569.	NONE	169,361.
(6) MATTHEW K. DOONAN, ESQ. SVP & CHIEF LEGAL OFFICER	55.00 NONE				X			683,283.	NONE	146,100.
(7) SCOTT E. WAGNER, M.D., MBA PRESIDENT - INSPIRA MED GROUP	55.00 NONE					X		695,810.	NONE	113,317.
(8) LYDIA STOCKMAN, RN, MHA SVP & CAO	55.00 NONE				X			632,122.	NONE	148,505.
(9) ROBIN A. WALTON SVP EXTERNAL AFFAIRS & CPO	55.00 NONE				X			562,732.	NONE	123,059.
(10) DAVID JOHNSON SVP & CHIEF INNOV & INFO OFF	55.00 NONE				X			563,295.	NONE	119,010.
(11) STEVEN C. LINN, M.D. FORMER KEY EMPLOYEE	NONE NONE						X	637,183.	NONE	21,110.
(12) KATHLEEN SCULLIN SVP MARKETING & COMMUNICATIONS	55.00 NONE				X			556,606.	NONE	45,287.
(13) JAYMICA PATEL, M.D. CMO - WOODBURY/MH	55.00 NONE				X			517,378.	NONE	79,155.
(14) APRIL M. VENABLE, MBA, FACHE SVP OPS. STRATEGY & TRANSFORM	55.00 NONE				X			391,794.	NONE	111,321.

Form **990** (2024)

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			
(15) RUTH BASH VP STRATEGIC PARTNERSHIPS	55.00 NONE					X		430,272.	NONE	68,719.
(16) MATTHEW WARNER, M.D., MBA CMO - ELMER & VINELAND	55.00 NONE				X			403,706.	NONE	72,621.
(17) TERESA VENEZIANO, MSN, RN CHIEF NURSING OFF (EFF 2/24)	55.00 NONE				X			357,719.	NONE	69,594.
(18) DAVID YHLEN FORMER KEY EMPLOYEE	NONE NONE						X	407,652.	NONE	18,778.
(19) JULIE H. ELLIS, MBA, SHRM-SCP SVP & CHIEF HR OFF (EFF 12/24)	55.00 NONE				X			320,273.	NONE	76,116.
(20) MIA DEMPSEY-STAHN EXECUTIVE DIRECTOR - LIFE	55.00 NONE					X		254,973.	NONE	33,721.
(21) THOMAS P. BALDOSARO, CPA FORMER OFFICER	NONE NONE						X	270,052.	NONE	9,849.
(22) DAVID MARINI PHARMACIST	55.00 NONE					X		182,668.	NONE	33,739.
(23) PETER A. KAPRIELIAN SVP FOUNDATION (TERM 4/24)	55.00 NONE					X		170,245.	NONE	18,607.
(24) ELIZABETH A. SHERIDAN FORMER KEY EMPLOYEE	NONE NONE						X	100,275.	NONE	3,079.
(25) DAWN E. FLITCRAFT CHAIR - TRUSTEE	3.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total								14,668,969.	NONE	2,257,053.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								14,668,969.	NONE	2,257,053.

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 ► 1,390

	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>		
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>		
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>		

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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			
(26) HERBERT J. KONRAD VICE CHAIR - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(27) PAMELA S. CLARK SECRETARY/TREASURER - TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(28) JAMES M. BONNER, D.O. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(29) ZENAIDA COBIAN, ED.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(30) MICHAEL DIMARINO, M.D. TRUSTEE; EX-OFFICIO	1.00 NONE	X						NONE	NONE	NONE
(31) JEFFREY GEORGE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(32) RONALD ROSSI TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(33) ELIZABETH A. RYAN, ESQ. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(34) SHELLY O. SCHNEIDER, ED.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(35) ANDREW P. ZINN, M.D. TRUSTEE; EX-OFFICIO	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

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

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
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 154

Part VIII Statement of RevenueCheck 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	4,637,069.			
	e	Government grants (contributions) . .	1e	2,258,851.			
	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		6,895,920.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE	622110	1,122,506,912.	1,122,506,912.		
b		OTHER HEALTHCARE RELATED REVENUE	622110	64,491,936.	64,491,936.		
c		RENTAL INCOME FROM TAX-EXEMPT AFFILIATES	531190	2,152,246.	2,152,246.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,189,151,094.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,782,092.			20,782,092.
	4	Income from investment of tax-exempt bond proceeds . . .		58.			58.
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	3,080,080.			
	b	Less: rental expenses	6b	3,940,048.			
	c	Rental income or (loss)	6c	-859,968.	NONE		
	d	Net rental income or (loss)		-859,968.			-859,968.
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	7a	70,471,682.					
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	70,471,682.			
	d	Net gain or (loss)		70,471,682.			70,471,682.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	393,785.				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		393,785.			393,785.	
Miscellaneous Revenue				Business Code			
	11a	CAFETERIA/DIETARY	900099	3,950,778.		NONE	3,950,778.
	b						
	c						
	d	All other revenue				NONE	
	e	Total. Add lines 11a-11d		3,950,778.			
12	Total revenue. See instructions			1,290,785,441.	1,189,151,094.	NONE	94,738,427.

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	706,265.	706,265.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	97,652.	97,652.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	13,455,973.	12,110,376.	1,345,597.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	499,189,597.	449,270,637.	49,918,960.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,256,921.	24,531,229.	2,725,692.	
9 Other employee benefits	55,992,365.	50,393,129.	5,599,236.	
10 Payroll taxes	48,853,203.	43,967,883.	4,885,320.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	2,247,195.	2,022,475.	224,720.	
c Accounting	211,523.	190,371.	21,152.	
d Lobbying	234,356.	210,920.	23,436.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,835,510.	1,651,959.	183,551.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	94,059,595.	84,653,636.	9,405,959.	
12 Advertising and promotion	4,353,782.	3,918,404.	435,378.	
13 Office expenses	17,524,923.	15,772,431.	1,752,492.	
14 Information technology.	28,883,423.	25,995,081.	2,888,342.	
15 Royalties.	NONE			
16 Occupancy	24,265,620.	21,839,058.	2,426,562.	
17 Travel	1,286,276.	1,157,648.	128,628.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	620,934.	558,841.	62,093.	
20 Interest	17,614,640.	15,853,176.	1,761,464.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	135,285,322.	121,756,790.	13,528,532.	
23 Insurance	11,337,543.	10,203,789.	1,133,754.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	141,120,059.	127,008,053.	14,112,006.	
b OUTSIDE SERVICES	57,309,440.	51,578,496.	5,730,944.	
c REPAIRS & MAINTENANCE	15,568,343.	14,011,509.	1,556,834.	
d REHAB & SLEEP CARE EXPENSES	11,112,440.	10,001,196.	1,111,244.	
e All other expenses	32,840,509.	29,556,458.	3,284,051.	
25 Total functional expenses. Add lines 1 through 24e	1,243,263,409.	1,119,017,462.	124,245,947.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	21,263.	1	21,263.
	2 Savings and temporary cash investments.	16,474,724.	2	21,813,217.
	3 Pledges and grants receivable, net	3,560,652.	3	1,282,593.
	4 Accounts receivable, net	133,390,101.	4	137,096,947.
	5 Loans and other receivables from 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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	22,550,666.	8	20,376,153.
	9 Prepaid expenses and deferred charges	17,677,188.	9	25,847,807.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1534497560.		
	b Less: accumulated depreciation.	10b 824,493,345.		
		753,206,074.	10c	710,004,215.
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	754,198,356.	13	930,553,566.
	14 Intangible assets	18,935,231.	14	18,935,231.
15 Other assets. See Part IV, line 11	185,605,873.	15	231,498,539.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,905,620,128.	16	2,097,429,531.	
Liabilities	17 Accounts payable and accrued expenses.	177,582,630.	17	152,357,491.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	6,012,830.	19	6,407,840.
	20 Tax-exempt bond liabilities	460,201,665.	20	668,447,811.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	1,876,405.	23	1,622,165.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	161,410,340.	25	177,613,974.
	26 Total liabilities. Add lines 17 through 25.	807,083,870.	26	1,006,449,281.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	1,089,726,685.	27	1,081,749,115.
	28 Net assets with donor restrictions.	8,809,573.	28	9,231,135.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	1,098,536,258.	32	1,090,980,250.
	33 Total liabilities and net assets/fund balances.	1,905,620,128.	33	2,097,429,531.

Form **990** (2024)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,290,785,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,243,263,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,522,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,098,536,258.
5	Net unrealized gains (losses) on investments	5	-35,109,492.
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 on Schedule O).	9	-19,968,548.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,090,980,250.

Part XII Financial Statements and ReportingCheck 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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

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).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2024

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2024. 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 . . . <input type="checkbox"/>		
b 33 1/3% support tests - 2023. 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 . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? 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.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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):			
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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	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 0.85 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

SCHEDULE C
(Form 990)

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

2024

Open to Public
Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization	Employer identification number (EIN)
INSPIRA MEDICAL CENTERS, INC.	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 EINs 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)				

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

Schedule C (Form 990) 2024

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 (grassroots 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.															
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN 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.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		91,750.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		142,606.
j Total. Add lines 1c through 1i			234,356.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 campaign activity 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):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions.	5	

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.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINES 11

THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO THE SVP OF EXTERNAL AFFAIRS AND CHIEF PHILANTHROPY OFFICER TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTED TO \$91,750 DURING 2024.

IN ADDITION, DURING 2024 THE ORGANIZATION PAID AN INDEPENDENT OUTSIDE LOBBYING FIRM A TOTAL OF \$90,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, 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 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 \$22,268 DURING 2024.

THIS ORGANIZATION IS A MEMBER OF FAIR SHARE HOSPITALS COLLABORATIVE, INC. TO WHICH IT PAID DUES IN THE AMOUNT OF \$30,000 IN 2024. ONE OF THE FUNCTIONS OF FAIR SHARE HOSPITALS COLLABORATIVE, INC. IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBER HOSPITALS.

Part IV Supplemental Information *(continued)*

THIS ORGANIZATION IS A MEMBER OF THE CHAMBER OF COMMERCE OF SOUTHERN NEW JERSEY TO WHICH IT PAID DUES IN THE AMOUNT OF \$388 IN 2024. ONE OF THE FUNCTIONS OF THE CHAMBER OF COMMERCE OF SOUTHERN NEW JERSEY IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBERS.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items.

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

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 make 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 program
☐ 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.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	8,809,573.	8,208,084.	9,799,232.	9,584,714.	9,100,499.
b Contributions			120,782.	100,433.	347,459.
c Net investment earnings, gains, and losses	421,562.	601,489.	-1,711,930.	602,083.	484,058.
d Grants or scholarships					
e Other expenditures for facilities and programs				487,998.	347,302.
f Administrative expenses					
g End of year balance	9,231,135.	8,809,573.	8,208,084.	9,799,232.	9,584,714.

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 Term endowment 100.0000 %

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:

	Yes	No
(i) Unrelated organizations?	3a(i)	X
(ii) Related organizations?	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,061,046.		26,061,046.
b Buildings		629,015,803.	230,165,793.	398,850,010.
c Leasehold improvements		11,101,228.	2,264,639.	8,836,589.
d Equipment		804,221,701.	579,351,126.	224,870,575.
e Other		64,097,782.	12,711,787.	51,385,995.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				710,004,215.

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, line 12, col. (B)) . . .		

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) BENEFICIAL INTEREST IN TRUSTS	8,974,141.	FMV
(2) BENEFICIAL INT IN CAPITAL CAMP	4,879,623.	FMV
(3) INVESTMENTS IN OTHER ENTITIES	56,360,299.	FMV
(4) ASSETS LIMITED AS TO USE	860,339,503.	FMV
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		930,553,566.

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) DUE FROM AFFILIATES	131,852,947.
(2) INS. RECOVERIES RECEIVABLE	46,555,466.
(3) OTHER RECEIVABLES	27,147,180.
(4) LEASING ARRANGEMENTS	25,925,246.
(5) OTHER ASSETS	17,700.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	231,498,539.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED INTEREST PAYBLE	13,111,307.
(3)	EST. SETTLEMENTS DUE TO 3RD PARTY	55,159,717.
(4)	ACCRUED RETIREMENT BENEFITS	10,793,757.
(5)	OPERATING LEASE OBLIGATIONS	26,787,929.
(6)	OTHER LONG-TERM LIABILITIES	55,242,866.
(7)	DUE TO AFFILIATED ORGANIZATIONS	16,518,398.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		177,613,974.

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 FASB 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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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.

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, 2024 AND DECEMBER 31, 2023; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS
INCLUDED IN THE SYSTEM'S 2024 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 2024 AND 2023.

SCHEDULE F
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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

Open to Public
Inspection

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?
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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the 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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) (Rev. 12-2024)

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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).

SCHEDULE F, PART I

THIS ORGANIZATION ACCRUED FOR ACCOUNTING PURPOSES EXPENSES TO JUNO ASSURANCE, LTD., A FINANCIAL VEHICLE, \$17,747,791 FOR THE BENEFIT OF INSPIRA MEDICAL CENTERS, INC. AND CERTAIN RELATED ORGANIZATIONS.

A FORM 5471 IS ATTACHED TO THE FORM 990 OF INSPIRA HEALTH NETWORK, INC. (FEID: 22-2508425); A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AS THIS ENTITY IS THE OWNER OF JUNO ASSURANCE, LTD.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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 (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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 free 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 _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 550.0000 %	<input checked="" type="checkbox"/>	
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial assistance at cost (from Worksheet 1)			10,544,196.	1,476,759.	9,067,437.	0.73
b Medicaid (from Worksheet 3, column a).			281,232,068.	216,447,045.	64,785,023.	5.21
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			291,776,264.	217,923,804.	73,852,460.	5.94
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,246,945.	635,645.	6,611,300.	0.53
f Health professions education (from Worksheet 5)			49,421,247.	32,284,433.	17,136,814.	1.38
g Subsidized health services (from Worksheet 6)			204,390,272.	126,276,465.	78,113,807.	6.28
h Research (from Worksheet 7)			4,920.	2,242.	2,678.	NONE
i Cash and in-kind contributions for community benefit (from Worksheet 8)			394,923.		394,923.	0.03
j Total. Other benefits			261,458,307.	159,198,785.	102,259,522.	8.22
k Total. Add lines 7d and 7j			553,234,571.	377,122,589.	176,111,982.	14.16

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

Schedule H (Form 990) 2024

Part II 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 benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			57,199.		57,199.	
3 Community support			23,059.		23,059.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			1,722,435.	928,524.	793,911.	0.06
8 Workforce development						
9 Other						
10 Total			1,802,693.	928,524.	874,169.	0.06

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?	X	
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.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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		
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	193,290,041.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	229,496,405.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-36,206,364.
8 Describe in Part VI the extent to which any shortfall reported on 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	X	
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	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(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 ELLMAC DIALYSIS, LLC	MEDICAL SERVICES	0.30000		0.10000
2 CLAYMOUNT				
3 DIALYSIS, LLC	MEDICAL SERVICES	0.30000		0.15000
4 SURGICAL STUDIOS, LLC	MEDICAL SERVICES	0.25000		0.75000
5				
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? 4

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):

	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			X			A
3 INSPIRA MEDICAL CENTER MULLICA HILL 700 MULLICA HILL ROAD MULLICA HILL NJ 08062 WWW.INSPIRAHEALTHNETWORK.ORG	10803									
	X	X		X			X			A
4 INSPIRA MEDICAL CENTER MANNINGTON 310 WOODSTOWN ROAD SALEM NJ 08079 WWW.INSPIRAHEALTHNETWORK.ORG	71702									
	X	X					X			A
5										
6										
7										
8										
9										
10										

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: ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1-4

		Yes	No
Community Health Needs Assessment (CHNA)			
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?	1	X
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	2	X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
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		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</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	5	X
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	6b	X
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):	7	X
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	8	X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a	If "Yes," list url: <u>WWW.INSPIRAHEALTHNETWORK.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to 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)**Name of hospital facility or letter of facility reporting group: A

		Yes	No
Did the hospital facility have in place during the tax year a written FAP 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	X	
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200.0000</u> % for eligibility for discounted care of <u>550.0000</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 status			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	X	
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):			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
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 limited-English proficiency (LEP) populations			
j <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: A

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
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?	19	X
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)		
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 extraordinary collection actions (ECAs) 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

	Yes	No
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 FAP?	21 X	
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)		

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: A

	Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.	23	X
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.	24	X

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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.

SCHEDULE H, PART V, SECTION B, QUESTION 5

IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR 2025-2027, CONDUCTED IN 2024, THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES. RESULTS FROM INSPIRA'S 2025-2027 CHNA WILL BE INCLUDED IN OUR ORGANIZATIONS 2025 990 REPORT.

IN THE 2022-2024 CHNA, CONDUCTED IN 2021, THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES

FOR THE 2022-2024 CHNA INSPIRA HEALTH 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.

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). INSPIRA HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES INSPIRA MEDICAL CENTERS, INC. ("IMC"). 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 INFORMANT INTERVIEWS

WRI CONDUCTED 15 INTERVIEWS WITH KEY REPRESENTATIVES IN EACH OF THREE COUNTIES AND DESIGNATED INSPIRA HEALTH STAFF. THE INTERVIEWS WERE COMPLETED USING A SEMI-STRUCTURED RESEARCH INSTRUMENT, AND THE GOALS OF THE INTERVIEW WERE SIMILAR TO GOALS OF THE FOCUS GROUPS. 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. INTERVIEWS WERE CONDUCTED VIRTUALLY. RESEARCH TEAM MEMBERS TOOK COMPREHENSIVE NOTES. 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 CARE. OTHER AREAS OF INQUIRY INCLUDED THE STRENGTHS OF THE HEALTH CARE SERVICE DELIVERY SYSTEM AS WELL AS ITS WEAKNESSES AND

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.

POTENTIAL IMPROVEMENTS.

FOCUS GROUPS

ALL FOCUS GROUP AND INTERVIEW REPORTS WERE CODED BY TWO RESEARCH TEAM MEMBERS TO ESTABLISH INTERRATER RELIABILITY. THEMATIC AND ANALYTIC CODING STRATEGIES WERE EMPLOYED (CLARKE AND BRAUN, 2013). THE DATA FROM THE FOCUS GROUP NOTES WERE GROUPED INTO UNITS (E.G., COUNTY RESOURCES, CHALLENGES FACING THE COUNTY, AND RECOMMENDATIONS). LINE-BY-LINE CODING WAS DONE BY TEAM MEMBERS AND THEN OPEN CODING WAS COMPLETED TO IDENTIFY THE ADDITIONAL SUB-THEMES WITHIN THE AFOREMENTIONED AREAS (GLASER AND STRAUSS, 1967). TO ENSURE INTER-RATER RELIABILITY, TWO RESEARCH TEAM MEMBERS INDEPENDENTLY COMPLETED THIS CODING (MARSHALL AND ROSSMAN, 1989). DISCREPANCIES IN THE CODING WERE RESOLVED BY A MEETING BETWEEN THE CODERS AND THE PRINCIPAL INVESTIGATOR.

THE INTERVIEW AND FOCUS GROUP DATA WERE EXAMINED USING THE NVIVO 12 DATA MANAGEMENT AND ANALYSIS SOFTWARE. RESEARCHERS HAVE ARGUED THAT NVIVO CAN BE HELPFUL WITH ANALYSIS WHEN USING THE GROUNDED THEORY APPROACH TO QUALITATIVE RESEARCH (HUTCHINSON, JOHNSTON, AND BRECKON, 2010). TO ILLUSTRATE, THE CODING PROCESS ALLOWED THE RESEARCHER(S) TO TRACK WHAT IS OCCURRING IN THESE DATA AND TO DETERMINE WHEN THE POINT OF SATURATION WAS REACHED (I.E., NO NEW THEMES ARE EMERGING) (GLASER AND STRAUSS, 1967). IN NVIVO, ONCE THE THEMES WERE IDENTIFIED, A NODE WAS CREATED AND THE DATA STORED AT THAT NODE (BAZELEY, 2007). THE DATA STORED AT THE NODES ALLOWED RESEARCHERS TO PULL QUOTES AND CASE STUDIES TO FURTHER EXPLAIN THE THEMES IN THE 2022-2024 CHNA.

COMMUNITY SURVEY

WE ALSO SOUGHT COMMUNITY ENGAGEMENT THROUGH THE WIDESPREAD DISSEMINATION OF A COMMUNITY SURVEY (N=872). THE SURVEY CONSISTED OF 95 ITEMS, FORMATTED FOR ELECTRONIC AND PAPER DISTRIBUTION IN BOTH ENGLISH AND SPANISH. THE SPANISH SURVEYS WERE TRANSLATED FROM ENGLISH AND THEN BACK-TRANSLATED BY CERTIFIED TRANSLATORS ON THE RESEARCH TEAM. THE PARTICIPANT RESPONSE TIME WAS APPROXIMATELY 15 MINUTES FOR THE ELECTRONIC VERSION AND 30 MINUTES 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. SURVEY ITEM FORMATS INCLUDE MULTIPLE CHOICE, FILL-IN, LIKERT SCALE, AND RANKING. THE SURVEY WAS LAUNCHED ON OCTOBER 18, 2021 AND CLOSED ON MARCH 4, 2022 (19 WEEKS AND 4 DAYS) AND WAS DESIGNED TO COMPLEMENT THE QUALITATIVE FOCUS GROUP AND INTERVIEW DATA TO PROVIDE A COMPREHENSIVE PICTURE OF THE HEALTH STATUS, NEEDS, AND RESOURCES AS IDENTIFIED BY RESIDENTS OF CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES. QUESTIONS COVERED 10 AREAS: HEALTH AND HEALTHCARE ACCESS; COVID-19; DEMOGRAPHICS; ADDITIONAL HEALTH

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.

AND HEALTHCARE ACCESS; ADDITIONAL HEALTH KNOWLEDGE/BEHAVIORS; FOOD ACCESS/SECURITY; NEIGHBORHOOD QUALITY; ADVERSE CHILDHOOD EXPERIENCES; ADDITIONAL DEMOGRAPHICS; AND CHILD HEALTH.

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

INSPIRA HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ORGANIZATION OF INSPIRA HEALTH NETWORK. INSPIRA HEALTH NETWORK, INC. IS THE SOLE CORPORATE MEMBER OR STOCKHOLDER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES. THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED INSPIRA HEALTH NETWORK, INC. AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). INSPIRA HEALTH NETWORK, INC. IS THE TAX-EXEMPT PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES INSPIRA MEDICAL CENTERS, INC. ("IMC")

IN ADDITION, INSPIRA HEALTH 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;
- PREPARED THE CHNA REPORT; AND
- PREPARED POWER POINT SLIDE DECK FOR DISSEMINATION

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

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.

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 FACILITY'S. THIS JOINT IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE:
WWW.INSPIRAHEALTHNETWORK.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

SCHEDULE H, PART V, SECTION B, QUESTION 11

2022-2024 CHNA TOP REGIONAL BARRIERS

THE TOP REGIONAL BARRIERS IDENTIFIED IN THE 2022-2024 CHNA ARE:

COVID-19

COVID-19 DEEPLY AFFECTED ALL AVENUES OF DAILY LIFE OVER THE PAST TWO YEARS. BOTH QUANTITATIVE AND QUALITATIVE DATA COLLECTED THROUGH THE CHNA AND THROUGH OTHER RECENT PROJECTS (RELATED TO WORKFORCE, SOCIAL SERVICE DELIVERY AND RESIDENT EXPERIENCES DURING COVID-19 IN SOUTHERN NEW JERSEY) HIGHLIGHT THE WAYS THE PANDEMIC EXACERBATED INEQUITIES, DISRUPTED PATTERNS AND ROUTINES, AND CHANGED HOW WE WORK, PLAY AND LIVE IN OUR COMMUNITIES.

MENTAL HEALTH

RESOURCES AND SERVICES FOR MENTAL HEALTH CARE REMAIN A PRIORITY FOR RESIDENTS IN THE THREE-COUNTY REGION. THE UNCERTAINTY, ISOLATION AND COLLECTIVE TRAUMA EXPERIENCED DURING THE PANDEMIC NOT ONLY INCREASED MENTAL HEALTH CHALLENGES DURING THIS TIME, BUT ALSO CRYSTALLIZED THE IMPORTANCE OF AVAILABILITY OF MENTAL HEALTH TREATMENT AND SERVICES. WHEN ASKED ABOUT HEALTH ISSUES IN THEIR COMMUNITY, RESIDENTS REPORT MENTAL HEALTH WAS THE TOP ISSUE, WITH 66 PERCENT SAYING MENTAL HEALTH WAS AN ISSUE IN THEIR COMMUNITY.1 SURVEY RESULTS DEMONSTRATED SUBSTANCE MISUSE WAS ALSO A CONCERN AMONG RESIDENTS IN THIS THREE-COUNTY REGION, WITH ILLEGAL DRUG USE RANKING THIRD (53%), ALCOHOL USE RANKING EIGHTH (39%) AND PRESCRIPTION DRUG USE RANKING NO.13 (35%).

ACCESSIBILITY, AVAILABILITY, AND AFFORDABILITY OF HEALTHCARE

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.

DATA EXAMINATION REVEALED ANOTHER IMPORTANT THEME OF ACCESS, AVAILABILITY AND AFFORDABILITY OF SERVICES IN THE THREE-COUNTY REGION. THE TOPIC OF ACCESS TO CARE REMAINS AN ESSENTIAL CONCERN FOR PEOPLE AROUND THE COUNTRY AS COVID-19 BROUGHT PEOPLE'S LIVES AND THEIR DAILY ROUTINES TO A SUDDEN HALT. MOREOVER, IN RURAL AREAS IN OUR REGION, ADDITIONAL CHALLENGES EXISTED AROUND TRANSPORTATION, AVAILABILITY OF PROVIDERS AND AFFORDABILITY OF CARE THROUGHOUT THE PANDEMIC.

ACCESS TO CHILDREN'S HEALTHCARE

THERE ARE SEVERAL BARRIERS RELATED TO CHILDREN AND THEIR HEALTH, WELL-BEING AND CARE THAT EXIST IN CUMBERLAND, GLOUCESTER AND SALEM COUNTIES. THESE REGIONS ARE UNDERSERVED IN TERMS OF MEDICAL PROVIDERS, MENTAL HEALTH EXPERTS, SPECIALIZED CARE, COMMUNITY RESOURCES, EDUCATIONAL INSTITUTIONS AND CHILDCARE. PARENTS, CAREGIVERS, COMMUNITY MEMBERS, SERVICE PROVIDERS AND KEY STAKEHOLDERS ALL REPORTED THE ONGOING STRUGGLES WITH ACCESSING THE NECESSARY SERVICES FOR CHILDREN DUE TO TRANSPORTATION CHALLENGES, NOT ENOUGH PROVIDERS FOR PEDIATRIC AND MENTAL HEALTH CARE, AND OBSTACLES TO ACCESSING CARE AND SERVICES. THE COMMUNITY SURVEY DATA HIGHLIGHTED THAT NEARLY 20% OF RESIDENTS ACROSS THE THREE COUNTIES REPORTED THAT CHILDREN/YOUTH WERE UNDERSERVED MEMBERS OF THEIR COMMUNITY, AND NEARLY 33% SAID THAT PEDIATRIC SERVICE PROVIDERS WERE A RESOURCE MISSING IN THEIR COMMUNITIES.

FOOD AND DIET

FOOD DESERTS ARE INCREASINGLY COMMON ACROSS THE U.S. IN 2020, AS MANY AS 13.8 MILLION HOUSEHOLDS IN THE U.S. EXPERIENCED FOOD INSECURITY (10.5 PERCENT OF THE POPULATION), WITH APPROXIMATELY 1.5 MILLION HOUSEHOLDS IN NEW JERSEY ALONE.^{4,5} DESPITE SOUTHERN NEW JERSEY BEING HOME TO AN ABUNDANCE OF FARMLAND AND AGRICULTURAL HUBS, RESIDENTS OF SALEM, CUMBERLAND AND GLOUCESTER COUNTIES ARE CONTINUOUSLY FACING DEEP-ROOTED FOOD INSTABILITY. STUDIES DATING BACK TO 2011 SUGGEST THAT LITTLE PROGRESS HAS BEEN MADE OVER THE COURSE OF OVER A DECADE AND THAT HARDSHIPS IN FOOD SECURITY CONTINUE.

2022-2024 COMMUNITY HEALTH IMPLEMENTATION PLAN OUTCOMES:
THE 2022-2024 COMMUNITY HEALTH IMPLEMENTATION PLAN SOUGHT TO ADDRESS THESE TOP REGIONAL BARRIERS.

COVID-19

THE COVID-19 PANDEMIC HAD A PROFOUND IMPACT ON CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES. INSPIRA HEALTH ACTED SWIFTLY TO ADDRESS THE

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.

COMMUNITY'S NEEDS, OFFERING CRITICAL CARE, VACCINATIONS, AND SPECIALIZED RECOVERY PROGRAMMING. BETWEEN 2022 AND 2024, WE ADMINISTERED 10,593 COVID-19 VACCINATIONS AND PROVIDED COMPREHENSIVE SUPPORT FOR OVER 200 PATIENTS THROUGH THE COVID-19 RECOVERY PROGRAM. THIS MULTIDISCIPLINARY PROGRAM, WHICH STARTED IN 2020, COMBINES EXPERTISE FROM CARDIOLOGY, PULMONOLOGY, PHYSICAL MEDICINE AND REHABILITATION, AND NEUROLOGY TO HELP PATIENTS OVERCOME LONG-HAULER SYMPTOMS. THE SERVICES, WHICH INCLUDE BREATHING EXERCISES, COGNITIVE THERAPY, AND PHYSICAL THERAPY, HAVE SEEN DECREASED ADMISSIONS AS THE PANDEMIC HAS SUBSIDED, BUT CONTINUE TO BE AVAILABLE FOR THOSE STILL STRUGGLING WITH LINGERING EFFECTS OF THE VIRUS.

MENTAL HEALTH

INSPIRA HEALTH MADE SIGNIFICANT ADVANCEMENTS IN EXPANDING MENTAL AND BEHAVIORAL HEALTH SERVICES BETWEEN 2022 AND 2024. WE LAUNCHED SEVERAL NEW INPATIENT AND OUTPATIENT PROGRAMS TO MEET THE GROWING DEMAND FOR MENTAL HEALTH AND SUBSTANCE USE SUPPORT. A MAJOR ACCOMPLISHMENT WAS THE REDESIGNATION OF INSPIRA MANNINGTON BEDS TO OFFER INVOLUNTARY AND VOLUNTARY CONSENSUAL AVAILABILITY TO PATIENTS, A SERVICE PREVIOUSLY UNAVAILABLE IN THE COUNTY. BETWEEN 2023 AND 2024, THIS UNIT SUPPORTED 490 ADMISSIONS, WITH PATIENT CARE DAYS INCREASING FROM 604 IN 2023 TO 2,826 IN 2024. ADDITIONALLY, THE INSPIRA BRIDGETON VOLUNTARY INPATIENT UNIT OPENED IN 2024, PROVIDING A 19-BED FACILITY THAT HAS SINCE SUPPORTED 434 ADMISSIONS AND 300 PATIENT CARE DAYS.

WE ALSO OPENED THE INSPIRA HEALTH CENTER WOODBURY PAVILION, AN 18,500-SQUARE-FOOT FACILITY FEATURING 20 PRIVATE ROOMS AND DESIGNED TO FOSTER THERAPEUTIC RECOVERY. THE CENTER INCLUDES AMENITIES LIKE SENSORY/QUIET ROOMS, AN EXERCISE ROOM, AND AN OPEN-AIR BASKETBALL COURT. IN ADDITION, OUR OUTPATIENT SERVICES CONTINUED TO EXPAND, PROVIDING OVER 121,000 BEHAVIORAL HEALTH ENCOUNTERS IN 2024 ALONE. THE GROWTH OF OUR OUTPATIENT SERVICES HAS BEEN GREATLY SUPPORTED BY THE INTRODUCTION OF VIRTUAL THERAPY, A DEVELOPMENT SPURRED BY COVID, WHICH HAS NOTABLY REDUCED NO-SHOW RATES. BETWEEN 2023 AND 2024 INSPIRA OPENED AUTISM DIAGNOSTIC CENTERS IN WOODBURY AND BRIDGETON, PROVIDING EARLY TESTING, DIAGNOSIS, AND RESOURCES FOR CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDER (ASD).

OUR PROGRAMS, DESIGNED TO SUPPORT MENTAL HEALTH, RECOVERY, AND PREVENTION, HAVE MADE A SIGNIFICANT IMPACT ON THE COMMUNITY. BETWEEN 2022 AND 2024, WE LAUNCHED SEVERAL IMPACTFUL PROGRAMS, INCLUDING THE LAW ENFORCEMENT-ASSISTED DIVERSION (LEAD) PROGRAM, WHICH SERVED 71 INDIVIDUALS; THE EFFECTIVE MENTAL AND BEHAVIORAL HEALTH EMERGENCY DIVERSION (EMBHD) PROGRAM, WHICH ASSISTED 119 INDIVIDUALS; THE BEHAVIORAL AND ADDICTIONS RESPONSE TEAM (BART), WHICH REACHED OVER 20,000 INDIVIDUALS; AND THE NEW JERSEY HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAM, IMPLEMENTED IN VINELAND AND MULLICA HILL, WHICH PROVIDED

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.

RESOURCES TO 107 VICTIMS OF VIOLENCE IN 2024 ALONE. ADDITIONALLY, WE CONTINUED OUR WORK TO ADDRESS THE OPIOID CRISIS BY DISTRIBUTING 11,302 DETERRA POUCHES AND 2,123 NARCAN KITS, HELPING TO SAVE LIVES AND PREVENT FURTHER HARM.

ACCESSIBILITY, AVAILABILITY, AND AFFORDABILITY OF HEALTHCARE

INSPIRA HEALTH HAS REMAINED STEADFAST IN IMPROVING ACCESS TO CARE ACROSS OUR REGION, WORKING TO ADDRESS BARRIERS TO AVAILABILITY, AFFORDABILITY, AND ACCESS. IN 2022-2024, WE CONDUCTED 1,283 MOBILE HEALTH SCREENINGS, OFFERING CRITICAL SERVICES SUCH AS BLOOD PRESSURE, GLUCOSE, CARDIAC SCREENINGS, AND BREAST CANCER SCREENINGS. THROUGH A PARTNERSHIP WITH THE AMI FOUNDATION'S MOBILE MAMMOGRAPHY UNIT, WE HOSTED 13 EVENTS, PROVIDING 91 MOBILE BREAST SCREENINGS.

OUR COMMUNITY HEALTH WORKER (CHW) PROGRAM, WHICH BEGAN IN MILLVILLE IN 2021, EXPANDED TO GLOUCESTER COUNTY BY 2023. CLOSE TO 500 PATIENTS GRADUATED FROM OUR CHW PROGRAM BETWEEN 2022-2024. CHWS HAVE BEEN INSTRUMENTAL IN COORDINATING CARE, ASSISTING PATIENTS WITH TRANSPORTATION, AND CONNECTING THEM WITH RESOURCES LIKE HEALTHY FOOD, CHILDCARE, AND HOUSING. THESE EFFORTS HAVE LED TO SIGNIFICANT IMPROVEMENTS IN HEALTH OUTCOMES BY BRIDGING GAPS IN CARE AND ENSURING THAT INDIVIDUALS RECEIVE THE SERVICES THEY NEED.

THE INSPIRA CANCER GRANT TRANSPORTATION PROGRAM ADDRESSED TRANSPORTATION BARRIERS FOR CANCER PATIENTS BY PROVIDING OVER 4,000 RIDES BETWEEN 2022 AND 2024, HELPING PATIENTS ACCESS LIFE-SAVING TREATMENTS. ADDITIONALLY, THE NEW JERSEY CANCER EDUCATION AND EARLY DETECTION (NJCEED) PROGRAM CONDUCTED 3,881 CANCER SCREENINGS ACROSS CUMBERLAND, SALEM, AND GLOUCESTER COUNTIES FOR UNINSURED AND UNDERINSURED INDIVIDUALS, OFFERING CRITICAL EARLY DETECTION SERVICES IN THAT TIME.

OUR DISPENSARY OF HOPE, LAUNCHED IN LATE 2022, HAS PROVIDED OVER 250 PATIENTS WITH NEARLY 800 PRESCRIPTIONS AT NO COST, ENSURING THAT INDIVIDUALS WITHOUT INSURANCE OR THE MEANS TO PAY FOR MEDICATIONS STILL HAVE ACCESS TO ESSENTIAL TREATMENTS.

ACCESS TO CHILDREN'S HEALTHCARE

INSPIRA HEALTH HAS WORKED TO EXPAND ACCESS TO HEALTHCARE FOR CHILDREN, PARTICULARLY IN EARLY INTERVENTION AND SPECIALIZED CARE. IN 2023, WE OPENED OUR FIRST AUTISM DIAGNOSTIC CENTER (ADC) IN WOODBURY, FOLLOWED BY A SECOND LOCATION IN BRIDGETON IN 2024. IN 2023, THE WOODBURY ADC HAD 11 ENCOUNTERS, WHICH INCREASED TO 790 IN 2024. THE BRIDGETON ADC, WHICH OPENED IN LATE 2024, HAD 272 ENCOUNTERS IN ITS FIRST FEW MONTHS.

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.

IN PARTNERSHIP WITH NEMOURS CHILDREN'S HEALTH, WE'VE PROVIDED AROUND-THE-CLOCK PEDIATRIC CARE, INCLUDING NEONATAL SERVICES. OUR COLLABORATION ENSURES THAT CHILDREN RECEIVE COORDINATED AND TIMELY CARE LOCALLY, WHICH IS CRITICAL FOR THEIR DEVELOPMENT AND WELL-BEING.

IN 2023, INSPIRA MEDICAL GROUP EXPANDED PEDIATRIC CARE IN SALEM, NJ, WITH THE ACQUISITION OF ITS FIRST PEDIATRICS PRACTICE, NOW CALLED INSPIRA MEDICAL GROUP PEDIATRICS SALEM. FURTHERMORE, THE LAUNCH OF THE BEHAVIORAL HEALTH ADOLESCENT VIRTUAL INTENSIVE OUTPATIENT PROGRAM IN 2024 ALLOWED TEENS AGED 11-16 TO RECEIVE MENTAL HEALTH TREATMENT FROM HOME, PROVIDING A FLEXIBLE AND ACCESSIBLE SOLUTION FOR FAMILIES.

INSPIRA'S EARLY INTERVENTION PROGRAM (EIP) SUPPORTS CHILDREN FROM BIRTH TO AGE THREE WITH DEVELOPMENTAL, NEUROBEHAVIORAL, AND LEARNING DISABILITIES. BETWEEN 2022 AND 2024, THE PROGRAM SERVED 2,567 CHILDREN, PROVIDING SCREENINGS AND THERAPY IN COGNITION, COMMUNICATION, MOTOR FUNCTION, AND SOCIAL SKILLS. EIP COLLABORATES WITH FAMILIES TO CREATE INDIVIDUALIZED PLANS AND OFFERS SERVICES SUCH AS SPEECH, PHYSICAL, AND OCCUPATIONAL THERAPY, ALL DELIVERED IN THE CHILD'S NATURAL ENVIRONMENT.

FOOD AND DIET

INSPIRA HEALTH MADE NOTABLE STRIDES IN ADDRESSING FOOD INSECURITY THROUGH OUR FOOD FARMACY+ PROGRAMS. IN PARTNERSHIP WITH THE COMMUNITY FOOD BANK OF NEW JERSEY IN BRIDGETON AND THE FOOD BANK OF SOUTH JERSEY IN WOODBURY, THE PROGRAM SERVED 1,593 HOUSEHOLDS AND 4,233 INDIVIDUALS IN 2023-2024. A TOTAL OF 368 DOORDASH DELIVERIES WERE MADE TO SUPPORT INDIVIDUALS FACING TRANSPORTATION OR MOBILITY CHALLENGES, ENSURING THAT FOOD ACCESS WAS NOT RESTRICTED BY BARRIERS. EVERY FOOD FARMACY+ PROGRAM PARTICIPANT IS OFFERED NUTRITION COUNSELING AS WELL.

ADDITIONALLY, OUR SUPPORT OF THE WOODBURY SCHOOL FOOD PANTRY, WHICH DISTRIBUTED OVER 304,000 POUNDS OF FOOD TO 13,389 INDIVIDUALS, DEMONSTRATED OUR COMMITMENT TO ADDRESSING THE GROWING NEED FOR NUTRITIOUS FOOD. THE MONTHLY POP-UP FOOD PANTRY AT WOODBURY JUNIOR-SENIOR HIGH SCHOOL, OFFERS A DIGNIFIED FOOD SHOPPING EXPERIENCE FOR THE LOCAL COMMUNITY. WE ARE ALSO EXPLORING WAYS TO EXPAND THE FOOD FARMACY+ PROGRAM INTO SALEM COUNTY, FURTHERING OUR MISSION TO COMBAT FOOD INSECURITY.

LOOKING AHEAD

AS WE PREPARE OUR 2025-2027 CHNA COMMUNITY HEALTH IMPROVEMENT PLAN, INSPIRA HEALTH WILL CONTINUE TO BUILD ON THE SUCCESSES OF OUR 2022-2024 INITIATIVES. WE REMAIN DEDICATED TO ENGAGING WITH COMMUNITY MEMBERS, HEALTHCARE PROVIDERS, AND PARTNERS TO ENSURE THAT WE ARE RESPONSIVE TO EVOLVING NEEDS. THROUGH CONTINUED COLLABORATION AND INNOVATION, WE AIM TO

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.

IMPROVE HEALTH OUTCOMES AND MEET THE NEEDS OF OUR DIVERSE COMMUNITIES.

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:
[HTTPS://WWW.INSPIRAHEALTHNETWORK.ORG/PATIENTS-VISITORS/BILLING-ONLINE-PAYMENTS/PAYMENT-ASSISTANCE](https://www.inspirahealthnetwork.org/patients-visitors/billing-online-payments/payment-assistance)

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? 20

Name and address	Type of facility (describe)
1 INSPIRA HEALTH CENTER WOODBURY 509 NORTH BROAD STREET WOODBURY NJ 08096	SATELLITE ER & VARIOUS OUTPATIENT SVCS
2 INSPIRA HEALTH CENTER BRIDGETON 333 IRVING AVENUE BRIDGETON NJ 08302	SATELLITE ER & VARIOUS OUTPATIENT SVCS
3 INSPIRA CHILD DEVELOPMENT CENTER 1138 EAST CHESTNUT STREET VINELAND NJ 08360	OUTPATIENT SVCS - CHILD DEV
4 INSPIRA HLTH CTR GLASSBORO - BEH. HEALTH 200 ROWAN BOULEVARD GLASSBORO NJ 08332	OUTPATIENT SVCS - BEHAVIORAL HEALTH
5 INSPIRA ELMER CHILD PARTIAL CARE 501 WEST FRONT STREET ELMER NJ 08318	OUTPATIENT SVCS - CHILD DEV
6 INSPIRA WOUND CARE CENTER ELMER 501 WEST FRONT STREET ELMER NJ 08318	OUTPATIENT SVCS - WOUND CARE
7 INSPIRA VINELAND SLEEP CARE CENTER 1650 EAST CHESTNUT AVENUE VINELAND NJ 08361	OUTPATIENT SVCS - SLEEP CENTER
8 INSPIRA REHAB SVCS. AT WEST DEPTFORD 800 JESSUP ROAD WEST DEPTFORD NJ 08086	OUTPATIENT SERVICES - PT
9 INSPIRA HEALTH CENTER SICKLERVILLE 485 WILLIAMSTOWN ROAD SICKLERVILLE NJ 08081	OUTPATIENT SVCS - PT, IMAGING, SLEEP CENTER
10 INSPIRA ELMER SLEEP CARE CENTER 445 WEST FRONT STREET ELMER NJ 08318	OUTPATIENT SVCS - SLEEP CENTER

Schedule H (Form 990) 2024

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? _____

Name and address	Type of facility (describe)
1 INSPIRA WOOLWICH HEALTH CENTER 40 VILLAGE GREEN DRIVE WOOLWICH TOWNSHIP NJ 08085	OUTPATIENT SVCS - PT, IMAGING & SLEEP CENTER
2 INSPIRA ENDOSCOPY SUITE - VINELAND 2950 COLLEGE DRIVE, SUITE 1E VINELAND NJ 08360	OUTPATIENT SVCS - ENDOSCOPY
3 SALEM PHYSICAL THERAPY 499 BECKETT ROAD LOGAN TOWNSHIP NJ 08085	OUTPATIENT - PT
4 INSPIRA ADULT PARTIAL HOSP PRGM WOODBURY 17 WEST RED BANK AVE, SUITE 106 WOODBURY NJ 08096-1630	OUTPATIENT SVCS - BEHAVIORAL HEALTH
5 INSPIRA SLEEP CENTER WOODBURY 75 WEST RED BANK AVENUE WOODBURY NJ 08096-1694	OUTPATIENT SVCS - SLEEP CENTER
6 INSPIRA CHILDREN'S BEH HLTH CTR WOODBURY 104 WEST RED BANK AVENUE WEST DEPTFORD NJ 08096-3407	OUTPATIENT SVCS - BEHAVIORAL HEALTH
7 INSPIRA BEHAVIORAL WELLNESS WOODBURY 537 NORTH BROAD STREET WOODBURY NJ 08096-1603	OUTPATIENT SVCS - BEHAVIORAL HEALTH
8 INSPIRA AUTISM DIAG. & TREATMENT CENTER 17 WEST RED BANK AVENUE, SUITE 308 WOODBURY NJ 08096-1630	OUTPATIENT SVCS - AUTISM DIAGNOSTIC & TREATMENT
9 INSPIRA DEPTFORD HEALTH CENTER - CARDIO 1450 ALMONESSON ROAD DEPTFORD NJ 08096	OUTPATIENT SVCS - CARDIOLOGY
10 INSPIRA DEPTFORD HEALTH CENTER - REHAB 1450 ALMONESSON ROAD DEPTFORD NJ 08096	OUTPATIENT SVCS - PT

Schedule H (Form 990) 2024

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.

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.

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.

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

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.

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 (I.E. 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.

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.

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

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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:

HTTPS://WWW.NJ.GOV/HEALTH/CES/PUBLIC/RESOURCES/NJCEED.SHTML

Part VI Supplemental Information

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- 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.

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: [HTTPS://WWW.NJ.GOV/HUMANSERVICES/CICRF/](https://www.nj.gov/humanservices/cicrf/)

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

Part VI Supplemental Information

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- 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.

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 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 THE FOLLOWING WEBSITE:
[HTTPS://WWW.NJ.GOV/OAG/NJVICTIMS/HOME.HTML](https://www.nj.gov/oag/njvictims/home.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

Part VI Supplemental Information

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- 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.

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.

Part VI Supplemental Information

Provide the following information.

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- 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.
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SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I; QUESTION 7

THE ORGANIZATION UTILIZED THE COST ACCOUNTING SYSTEM.

SCHEDULE H, PART I, QUESTION 7B

INSPIRA MEDICAL CENTERS, INC. PARTNERED WITH CUMBERLAND COUNTY AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$30.4M AND

Part VI Supplemental Information

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ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2024 TOTALED APPROXIMATELY \$13.2M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, INSPIRA MEDICAL CENTERS, INC. RECEIVED MEDICAID ADD-ON PAYMENTS AND QUALITY IMPROVEMENT PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM MEDICAID ADD-ON PAYMENTS AND QIP-NJ PROGRAM DURING 2024 TOTALED APPROXIMATELY \$26.6M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF INSPIRA MEDICAL CENTERS, INC. DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE \$219,840,072 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 17.68%.

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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 INSURING THE COMMUNITY IS WELL EDUCATED ON TOPICS PROMOTING HEALTHY LIVING.

Part VI Supplemental Information

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- 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.
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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.

SCHEDULE H, PART III, SECTION B: QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 MEDICARE COST REPORT USING 2024
COST ACCOUNTING DATA.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT
AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM

Part VI Supplemental Information

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- 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.

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," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE

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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

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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.

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- 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.

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.

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.
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- 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.

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, AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE 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 FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING

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.
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- 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.

MEDICARE 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 BENEFICIARIES, 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 LEVEL. MANY OF
THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED
"DUAL ELIGIBLE."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND

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.
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- 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.

MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE 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 PORTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO")

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.
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- 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.

REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS,
CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS
ATTRIBUTABLE 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 THEIR MISSION TO THE
COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY
DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING
BILLS ARE NOT TURNED 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 NECESSARY, EXTENSIVE
DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A
RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF
UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY

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.
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- 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.

BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE
EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE
GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE
DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND
CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS
SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,
NATIONAL ORIGIN OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS
SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS
THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

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.
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- 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.

SCHEDULE H, PART III, SECTION B: QUESTION 9B

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:

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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:

(1) INSPIRA WILL PROVIDE SUFFICIENT ACCOUNT FOLLOW-UP SERVICE TO ENSURE
 THAT INSURERS AND PATIENTS RECEIVE ACCURATE ACCOUNT AND BILLING
 INFORMATION.

(2) 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:

- FOR ALL INSURED PATIENTS, INSPIRA BILLS ALL THIRD PARTY PAYER

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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

Part VI Supplemental Information

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- 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.

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.

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.

CUSTOMER SERVICE

DURING THE BILLING AND COLLECTION PROCESS, INSPIRA PROVIDES QUALITY
CUSTOMER SERVICE BY COMPLYING WITH THE FOLLOWING GUIDELINES:

(1) INSPIRA DOES NOT TOLERATE ABUSIVE, HARASSING, OFFENSIVE, DECEPTIVE,
OR MISLEADING LANGUAGE OR CONDUCT BY ITS EMPLOYEES.

(2) INSPIRA MAINTAINS A STREAMLINED PROCESS FOR PATIENT QUESTIONS AND

Part VI Supplemental Information

Provide the following information.

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- 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.
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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.

(3) 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).

(4) INSPIRA MAINTAINS A DAILY COMPLAINT AND ISSUE LOG OF PATIENT'S 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.

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.

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.
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- 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.

COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6)

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:

- 1) SUSPENDED ANY ECAS AGAINST THE INDIVIDUAL;
- 2) MAKE AND DOCUMENT AN ELIGIBILITY DETERMINATION IN A TIMELY MANNER;
- 3) NOTIFY THE RESPONSIBLE PARTY OR INDIVIDUAL IN WRITING OF THE DETERMINATION AND BASIS FOR DETERMINATION; AND
- 4) IF DEEMED FAP-ELIGIBLE INSPIRA WILL:
 - PROVIDE A BILLING STATEMENT INDICATING THE AMOUNT THE FAP-ELIGIBLE

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INDIVIDUAL OWES, HOW THAT AMOUNT WAS DETERMINED AND HOW INFORMATION

PERTAINING TO AMOUNTS GENERALLY BILLED MAY BE OBTAINED; 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.

SCHEDULE H, PART VI; QUESTION 2

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

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- 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.
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- 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.

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

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.
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- 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.

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 NEWTORK 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.

SCHEDULE H, PART VI; QUESTION 3

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.

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.
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- 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.

THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

(1) THE FINANCIAL ASSISTANCE POLICY ("FAP"), FINANCIAL ASSISTANCE APPLICATION ("APPLICATION") AND PLAIN LANGUAGE SUMMARY ("PLS") ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE:

[HTTPS://WWW.INSPIRAHEALTHNETWORK.ORG/PATIENTS-VISITORS/BILLING-ONLINE-PAYMENTS/PAYMENT-ASSISTANCE](https://www.inspirahealthnetwork.org/patients-visitors/billing-online-payments/payment-assistance)

(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 ORGANIZATION'S PRIMARY SERVICE AREA.

(4) ALL PATIENTS ARE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE PROCESS.

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.
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- 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.

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.

SCHEDULE H, PART VI; QUESTION 4

INSPIRA HEALTH IS A CHARITABLE NONPROFIT HEALTH CARE ORGANIZATION COMMITTED TO PROVIDING AN EXCEPTIONAL EXPERIENCE FOR PATIENTS AND THEIR LOVED ONES. TRACING ITS ROOTS TO 1899, THE SYSTEM COMPRISES FOUR HOSPITALS, TWO COMPREHENSIVE CANCER CENTERS, NINE MULTI-SPECIALTY HEALTH CENTERS AND LOCATIONS THROUGHOUT SOUTH JERSEY.

INSPIRA'S SURGICAL TEAMS PROVIDE NATIONALLY ACCREDITED BARIATRIC PROCEDURES AND A WIDE ARRAY OF ROBOTIC AND MINIMALLY INVASIVE SURGERIES.

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.
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- 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.

IN PARTNERSHIP WITH COOPER UNIVERSITY HEALTHCARE, INSPIRA PROVIDES
COMPREHENSIVE NEUROSCIENCE AND CARDIOLOGY SERVICES THROUGHOUT THE REGION.

INSPIRA'S EXTENSIVE AMBULATORY SERVICES INCLUDE URGENT CARE; AMBULATORY
SURGERY CENTERS; PHYSICAL AND OCCUPATIONAL THERAPY; COMPREHENSIVE
BEHAVIORAL HEALTH; PRIMARY AND SPECIALTY PHYSICIAN PRACTICES IN
GLOUCESTER, CUMBERLAND, SALEM, CAMDEN AND ATLANTIC COUNTIES; AND
EXTENSIVE OUTPATIENT IMAGING IN PARTNERSHIP WITH ATLANTIC MEDICAL IMAGING
(AMI). ADDITIONALLY, INSPIRA EMS COVERS COMMUNITIES THROUGHOUT SOUTH
JERSEY. INSPIRA'S POPULATION HEALTH AND COMMUNITY IMPACT DEPARTMENTS
PROACTIVELY REACH OUT TO ALL COMMUNITIES AND ADDRESS SOCIAL DRIVERS OF
HEALTH THAT IMPACT INDIVIDUALS AND FAMILIES IN OUR REGION.

TOGETHER WITH ITS MEDICAL STAFF OF MORE THAN 1,400 PHYSICIANS AND
ADVANCED PRACTICE PROVIDERS, AS WELL AS MORE THAN 7,800 EMPLOYEES,
INSPIRA HEALTH PROVIDES EVIDENCE-BASED CARE TO HELP EACH PATIENT ACHIEVE
THE BEST POSSIBLE OUTCOME. AND AS A REGIONAL LEADER IN PHYSICIAN
TRAINING, INSPIRA HEALTH MENTORS AND PROVIDES EXTENSIVE CLINICAL

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.
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- 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.

OPPORTUNITIES FOR MORE THAN 280 MEDICAL RESIDENTS AND FELLOWS IN 16

NATIONALLY ACCREDITED PROGRAMS.

THE CURRENT SERVICE AREA BASED ON AN ANALYSIS OF THE GEOGRAPHIC AREA WHERE INDIVIDUALS UTILIZING THEIR SERVICES RESIDE 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 526,087 ACCORDING TO CENSUS DATA IN 2023.

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.

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.
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- 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.

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:

POPULATION STATISTICS

- CUMBERLAND COUNTY: THE PROPORTION OF HISPANICS/LATINOS AND
BLACK/AFRICAN AMERICANS IS 36.1% AND 22.3%; RESPECTIVELY.

- GLOUCESTER COUNTY: THE PROPORTION OF HISPANICS/LATINOS AND
BLACK/AFRICAN AMERICANS IS 9.2% AND 12.7%; RESPECTIVELY.

- SALEM COUNTY: THE PROPORTION OF HISPANICS/LATINOS AND BLACK/AFRICAN
AMERICANS IS 11.9% AND 15.6%; RESPECTIVELY.

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

- CUMBERLAND COUNTY: THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 29.9%.

- GLOUCESTER COUNTY: THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 9.9%.

- SALEM COUNTY: THE PERCENTAGE OF PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IS 8.1%.

- CUMBERLAND COUNTY: 16.2% OF RESIDENTS ARE AGE 65 YEARS AND OLDER.

- GLOUCESTER COUNTY: 17.9% OF RESIDENTS ARE AGE 65 YEARS AND OLDER.

- SALEM COUNTY: 19.5% OF RESIDENTS ARE AGE 65 YEARS AND OLDER.

HOUSEHOLD STATISTICS

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.
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- 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.

- CUMBERLAND COUNTY: THE MEDIAN HOME VALUE IN CUMBERLAND COUNTY IS

\$205,600.

- GLOUCESTER COUNTY: THE MEDIAN HOME VALUE IN GLOUCESTER COUNTY IS

\$283,500.

- SALEM COUNTY: THE MEDIAN HOME VALUE IN SALEM COUNTY IS \$223,000.

- CUMBERLAND COUNTY: THE AVERAGE FAMILY SIZE 2.68 INDIVIDUALS.

- GLOUCESTER COUNTY: THE AVERAGE FAMILY SIZE 2.67 INDIVIDUALS.

- SALEM COUNTY: THE AVERAGE FAMILY SIZE 2.55 INDIVIDUALS.

COMPUTER AND INTERNET USE

- CUMBERLAND COUNTY HOUSEHOLDS WITH A BROADBAND INTERNET SUBSCRIPTION IS

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.
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- 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.

87.5%

- GLOUCESTER COUNTY HOUSEHOLDS WITH A BROADBAND INTERNET SUBSCRIPTION IS

91.9%

- SALEM COUNTY HOUSEHOLDS WITH A BROADBAND INTERNET SUBSCRIPTION IS 88.7%

INCOME STATISTICS

- CUMBERLAND COUNTY: THE MEDIAN INCOME FOR HOUSEHOLDS IS \$64,499

- CUMBERLAND COUNTY: THE PROPORTION OF PERSONS LIVING IN POVERTY IS 17.0%

- GLOUCESTER COUNTY: THE MEDIAN INCOME FOR HOUSEHOLDS IS \$102,807.

- GLOUCESTER COUNTY: THE PROPORTION OF PERSONS LIVING IN POVERTY IS 8.4%

Part VI Supplemental Information

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- 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.

- SALEM COUNTY: THE MEDIAN INCOME FOR HOUSEHOLDS IS \$78,412.

- SALEM COUNTY: THE PROPORTION OF PERSONS LIVING IN POVERTY IS 10.6%.

EDUCATION STATISTICS

- CUMBERLAND COUNTY: 81.3% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL.

- GLOUCESTER COUNTY: 94.0% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL.

- SALEM COUNTY: 90.1% OF RESIDENTS HAVE GRADUATED FROM HIGH SCHOOL.

- CUMBERLAND COUNTY: 17.9% OF RESIDENTS HAVE EARNED A BACHELOR'S DEGREE
OR HIGHER.

- GLOUCESTER COUNTY: 35.8% OF RESIDENTS HAVE EARNED A BACHELOR'S DEGREE
OR HIGHER.

Part VI Supplemental Information

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- 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.

- SALEM COUNTY: 24.0% OF RESIDENTS HAVE EARNED A BACHELOR'S DEGREE OR HIGHER.

COUNTY HEALTH RANKINGS

THE 2024 COUNTY HEALTH RANKINGS NO LONGER PROVIDE A SINGLE OVERALL RANKING FOR COUNTIES. INSTEAD, THEY EMPHASIZE KEY HEALTH OUTCOME INDICATORS AND COMMUNITY CONDITIONS THAT INFLUENCE HEALTH. BELOW IS A SUMMARY OF THE MOST RELEVANT FINDINGS FOR CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES IN NEW JERSEY.

CUMBERLAND COUNTY

- LIFE EXPECTANCY: LOWER THAN THE STATE AVERAGE.
- PREMATURE DEATH: AMONG THE HIGHEST IN NEW JERSEY.
- CHILD POVERTY: SIGNIFICANTLY ABOVE THE STATE AVERAGE.
- ACCESS TO CARE: LIMITED ACCESS TO PRIMARY CARE AND MENTAL HEALTH

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.
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PROVIDERS.

- COMMUNITY CONDITIONS: HIGH RATES OF HOUSING COST BURDEN AND FOOD

INSECURITY.

GLOUCESTER COUNTY

- LIFE EXPECTANCY: CLOSE TO THE STATE AVERAGE.
- PREMATURE DEATH: MODERATE COMPARED TO OTHER NJ COUNTIES.
- CHILD POVERTY: SLIGHTLY ABOVE THE STATE AVERAGE.
- ACCESS TO CARE: BETTER THAN AVERAGE ACCESS TO PRIMARY CARE.
- COMMUNITY CONDITIONS: MODERATE HOUSING COST BURDEN AND GOOD ACCESS TO EXERCISE OPPORTUNITIES.

SALEM COUNTY

- LIFE EXPECTANCY: AMONG THE LOWEST IN THE STATE.
- PREMATURE DEATH: HIGHEST IN NEW JERSEY.
- CHILD POVERTY: HIGH RELATIVE TO STATE BENCHMARKS.
- ACCESS TO CARE: LIMITED, ESPECIALLY FOR MENTAL HEALTH SERVICES.
- COMMUNITY CONDITIONS: HIGH HOUSING COST BURDEN AND LIMITED ACCESS TO

Part VI Supplemental Information

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HEALTHY FOOD OPTIONS.

SCHEDULE H, PART VI; QUESTION 5

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

Part VI Supplemental Information

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- 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.

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;

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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.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE INSPIRA

HEALTH NETWORK:

INSPIRA HEALTH NETWORK, INC.

INSPIRA HEALTH NETWORK, INC. ("NETWORK") IS THE TAX-EXEMPT PARENT OF THE

INSPIRA HEALTH NETWORK ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY

Part VI Supplemental Information

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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 HEALTH NETWORK MEDICAL GROUP, P.C.

INSPIRA HEALTH NETWORK MEDICAL GROUP, 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 PURSUANT TO
INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE
CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY ITS
TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY NECESSARY
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

Part VI Supplemental Information

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REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR
ABILITY TO PAY.

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.

Part VI Supplemental Information

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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
SUPPORTED THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK;
PRIMARILY ITS TAX-EXEMPT ACUTE CARE HOSPITALS, WHICH PROVIDE MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY
MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION

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OR ABILITY TO PAY.

INSPIRA HEALTH CONNECTIONS, P.C.

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INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
§501(C)(3) AND AS A NON-PRIVATE FOUNDATION. THE ORGANIZATION SUPPORTS THE
CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY
INSPIRA MEDICAL CENTERS, INC., WHICH PROVIDE MEDICALLY NECESSARY
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR
ABILITY TO PAY.

INSPIRA HEALTH FOUNDATION, INC.

INSPIRA HEALTH FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE

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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 THE NETWORK AND
SPECIFICALLY INSPIRA MEDICAL CENTERS, 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.

SALEM PHYSICIAN PRACTICES, P.C.

SALEM PHYSICIAN PRACTICES, 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 PURSUANT TO INTERNAL REVENUE
CODE §509(A)(3). THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES,
PROGRAMS AND SERVICES OF INSPIRA MEDICAL CENTERS, INC. WHICH PROVIDES

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MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN, RELIGION 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.

1450 NORTH ALMONESSON ROAD, LLC

1450 NORTH ALMONESSON ROAD, LLC IS A LIMITED LIABILITY COMPANY FORMED IN
THE STATE OF NEW JERSEY WHOSE SOLE MEMBER IS INSPIRA MEDICAL CENTERS,
INC.

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OAK & MAIN SURGICENTER, LLC

OAK & MAIN SURGICENTER, 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.

SALEM MEDICAL CENTER PROPERTIES, LLC

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SALEM MEDICAL CENTER PROPERTIES, LLC IS A LIMITED LIABILITY COMPANY
FORMED IN THE STATE OF NEW JERSEY WHOSE SOLE MEMBER BECAME INSPIRA
MEDICAL CENTER, INC. ON OCTOBER 1, 2023.

BRIDGETON PHYSICIANS OFFICE CENTER, L.P.

BRIDGETON PHYSICIANS OFFICE CENTER, L.P. IS A PARTNERSHIP OWNED BY
INSPIRA HEALTH NETWORK AFFILIATES. THIS ORGANIZATION ENGAGES IN REAL
ESTATE ACTIVITY.

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.

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OWNS 51% OF INSPIRA HEALTH PARTNERS, LLC. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY INSPIRA MEDICAL CENTERS, INC. WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

TRICARE AT INSPIRA, LLC

TRICARE AT INSPITA, IS A LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP. THIS ORGANIZATION MANAGES AND OPERATES AMBULANCE SERVICE IN SOUTHERN NEW JERSEY. INSPIRA MEDICAL CENTER OWNS 75% TRICARE AT INSPITA, LLC. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY INSPIRA MEDICAL CENTERS, INC. WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

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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 IS A PARTNERSHIP OWNED BY INSPIRA HEALTH NETWORK AFFILIATES. THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY.

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INSPIRA HEALTH MANAGEMENT CORPORATION, INC.

INSPIRA HEALTH MANAGEMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS RED BANK DEVELOPMENT CORPORATION. THE ORGANIZATION IS LOCATED IN BRIDGETON, CUMBERLAND COUNTY, NEW JERSEY AND PROVIDES HEALTH, WELLNESS AND MANAGEMENT SERVICES.

INSPIRA HEALTH NETWORK URGENT CARE, P.C.

INSPIRA HEALTH NETWORK URGENT CARE, P.C. IS AN ENTITY WHOSE NOMINEE OWNER IS INSPIRA MEDICAL CENTERS, INC. THE ORGANIZATION PROVIDES PROFESSIONAL PHYSICIAN MEDICAL SERVICES TO INDIVIDUALS AND THE COMMUNITY. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY INSPIRA MEDICAL CENTERS, INC. WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

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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.

ORIGIN, RELIGION OR ABILITY TO PAY.

INSPIRA SJ URGENT CARE, P.C.

INSPIRA SJ URGENT CARE, P.C. IS AN ENTITY WHOSE NOMINEE OWNER IS INSPIRA MEDICAL CENTERS, INC. THE ORGANIZATION PROVIDES URGENT CARE SERVICES TO INDIVIDUALS WITHIN SOUTHERN NEW JERSEY. THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE NETWORK; PRIMARILY INSPIRA MEDICAL CENTERS, INC. WHICH PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

RED BANK DEVELOPMENT CORPORATION

RED BANK DEVELOPMENT CORPORATION IS AN ENTITY WHOSE SOLE SHAREHOLDER IS

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.

INSPIRA HEALTH NETWORK, INC. THE ORGANIZATION IS LOCATED IN WOODBURY,
GLOUCESTER COUNTY, NEW JERSEY AND PROVIDES HEALTH, WELLNESS AND
MANAGEMENT SERVICES.

JUNO ASSURANCE, LTD.

JUNO ASSURANCE, LTD. IS A FOREIGN CORPORATION WHOLLY OWNED BY INSPIRA
HEALTH NETWORK, INC. THE ORGANIZATION IS A FINANCIAL VEHICLE THROUGH
WHICH THE SYSTEM INSURERS A PORTION OF ITS PROFESSIONAL LIABILITY AND
GENERAL LIABILITY RISK THROUGH THE SINGLE PARENT CAPTIVE INSURANCE
COMPANY.

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.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. 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.

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)RURAL DEVELOPMENT CORPORATON 6140 MAYS LANDING RD VINELAND, NJ 08361	51-0188108	501(C)(3)	76,500.				PROGRAM SUPPORT
(2)CHAMBER OF COMMERCE OF SOUTH JERSEY 220 LAUREL ROAD VOORHEES, NJ 08043	21-0418780	501(C)(6)	38,000.				PROGRAM SUPPORT
(3)NJHA 760 ALEXANDER RD PRINCETON, NJ 08543	21-0618622	501(C)(6)	35,000.				PROGRAM SUPPORT
(4)THE COOPER FOUNDATION 101 HADDON AVE, SUITE 302 CAMDEN, NJ 08103	22-2213715	501(C)(3)	30,000.				PROGRAM SUPPORT
(5)GATEWAY COMMUNITY ACTION PARTNERSHIP 110 COHANSEY ST. BRIDGETON, NJ 08302	22-1942357	501(C)(3)	25,000.				PROGRAM SUPPORT
(6)AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	20,000.				PROGRAM SUPPORT
(7)CITY OF WOODBURY 33 DELAWARE ST WOODBURY, NJ 08096	21-6001369	GOVT ORG	20,000.				PROGRAM SUPPORT
(8)FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)	16,250.				PROGRAM SUPPORT
(9)WPCNJ EDUCATION & TRAINING FUND P.O. BOX 3642 UNION, NJ 07083	34-1996852	501(C)(3)	15,000.				PROGRAM SUPPORT
(10)ROWAN UNIVERSITY FOUNDATION 40 N. ACADEMY STREET GLASSBORO, NJ 08028	22-2764819	501(C)(3)	13,500.				PROGRAM SUPPORT
(11)CUMBERLAND COUNTY IMPROVEMENT 745 LEBANON ROAD MILLVILLE, NJ 08332			12,500.				PROGRAM SUPPORT
(12)RUTGERS UNIVERSITY FOUNDATION P.O. BOX 193 NEW BRUNSWICK, NJ 08903	23-7318742	501(C)(3)	10,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

3 Enter total number of other organizations listed in the line 1 table 5

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEMOURS							
2200 CONCORD PIKE WILMINGTON, DE 19803	59-0634433	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) SPECIAL OLYMPICS NEW JERSEY							
1 EUNICE KENNEDY SHRIVER WAY	23-7448729	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) VIRTUA HEALTH FOUNDATION							
303 LIPPINCOTT DRIVE MARLTON, NJ 08053	04-3722352	501(C)(3)	10,000.				PROGRAM SUPPORT
(4) COMPLETE CARE FAMILY HEALTH							
14 NORTH PEARL STREET BRIDGETON, NJ 08302	81-0884971	501(C)(3)	9,500.				PROGRAM SUPPORT
(5) ACENDA INC.							
42 SOUTH DELSEA DRIVE GLASSBORO, NJ 08028	23-7001477	501(C)(3)	8,000.				PROGRAM SUPPORT
(6) GREATER WOODBURY CHAMBER OF COMMERCE							
P.O. BOX 363 WOODBURY, NJ 08096	22-2003510	501(C)(6)	7,750.				PROGRAM SUPPORT
(7) COALITION FOR FOOD AND HEALTH EQUITY							
400 CLAREMONT AVENUE, UNIT 6069	85-4380781	501(C)(3)	5,804.				PROGRAM SUPPORT
(8) SALEM COUNTY INTER AGENCY COUNCIL OF HS							
98 MARKET STREET SALEM, NJ 08079	22-2403087	501(C)(3)	5,500.				PROGRAM SUPPORT
(9) CHAMBER OF COMMERCE OF GREATER VINELAND							
2115 S DELSEA DRIVE VINELAND, NJ 08360	21-0587365	501(C)(6)	5,456.				PROGRAM SUPPORT
(10)							
(11)							
(12)							

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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NURSING SCHOLARSHIP	62	84,294.			
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.

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.

SCHEDULE J
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Employer identification number

21-0634484

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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 aren't 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 and/or 1099-NEC 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				
AMY MANSUE 1 TRUSTEE - PRESIDENT & CEO	(i)	1,210,601.	900,000.	194,296.	446,069.	55,000.	2,805,966.	183,461.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WARREN E. MOORE, FACHE 2 EVP & COO	(i)	802,263.	680,006.	234,710.	23,211.	43,825.	1,784,015.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM D. PELINO, CPA 3 SVP & CHIEF FINANCIAL OFFICER	(i)	629,355.	213,436.	12,360.	143,230.	32,974.	1,031,355.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNELIESE K. MCMENAMIN 4 SVP & CHIEF HR OFF(TERM 12/24)	(i)	397,389.	247,451.	255,495.	20,700.	10,996.	932,031.	155,705.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TONY S. REED, M.D., PHD 5 SVP CHIEF QUALITY&EXP OFFICER	(i)	556,439.	191,250.	5,880.	134,507.	34,854.	922,930.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW K. DOONAN, ESQ 6 SVP & CHIEF LEGAL OFFICER	(i)	427,689.	169,463.	86,131.	115,859.	30,241.	829,383.	55,819.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT E. WAGNER, M.D., 7 PRESIDENT - INSPIRA MED GROUP	(i)	469,028.	149,398.	77,384.	86,014.	27,303.	809,127.	47,299.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LYDIA STOCKMAN, RN, MH 8 SVP & CAO	(i)	456,449.	169,315.	6,358.	115,776.	32,729.	780,627.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBIN A. WALTON 9 SVP EXTERNAL AFFAIRS & CPO	(i)	343,934.	214,824.	3,974.	91,662.	31,397.	685,791.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID JOHNSON 10 SVP & CHIEF INNOV & INFO OFF	(i)	408,053.	152,061.	3,181.	86,769.	32,241.	682,305.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN C. LINN, M.D. 11 FORMER KEY EMPLOYEE	(i)	NONE	NONE	637,183.	NONE	21,110.	658,293.	230,983.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN SCULLIN 12 SVP MARKETING & COMMUNICATIONS	(i)	338,269.	128,848.	89,489.	20,700.	24,587.	601,893.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAYMICA PATEL, M.D. 13 CMO - WOODBURY/MH	(i)	397,739.	117,961.	1,678.	72,270.	6,885.	596,533.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
APRIL M. VENABLE, MBA, 14 SVP OPS. STRATEGY & TRANSFORM	(i)	301,234.	89,661.	899.	79,301.	32,020.	503,115.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RUTH BASH 15 VP STRATEGIC PARTNERSHIPS	(i)	330,162.	97,918.	2,192.	62,618.	6,101.	498,991.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW WARNER, M.D., 16 CMO - ELMER & VINELAND	(i)	367,411.	35,000.	1,295.	43,619.	29,002.	476,327.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) (Rev. 12-2024)

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 aren't 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 and/or 1099-NEC 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				
TERESA VENEZIANO, MSN, 1 CHIEF NURSING OFF (EFF 2/24)	(i)	302,871.	51,955.	2,893.	47,304.	22,290.	427,313.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID YHLEN 2 FORMER KEY EMPLOYEE	(i)	NONE	80,278.	327,374.	NONE	18,778.	426,430.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIE H. ELLIS, MBA, S 3 SVP & CHIEF HR OFF (EFF 12/24)	(i)	224,602.	71,192.	24,479.	48,909.	27,207.	396,389.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIA DEMPSEY-STAHLL 4 EXECUTIVE DIRECTOR - LIFE	(i)	210,255.	42,996.	1,722.	12,960.	20,761.	288,694.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS P. BALDOSARO, C 5 FORMER OFFICER	(i)	NONE	NONE	270,052.	NONE	9,849.	279,901.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID MARINI 6 PHARMACIST	(i)	178,506.	500.	3,662.	10,820.	22,919.	216,407.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER A. KAPRIELIAN 7 SVP FOUNDATION (TERM 4/24)	(i)	55,368.	109,091.	5,786.	3,357.	15,250.	188,852.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH A. SHERIDAN 8 FORMER KEY EMPLOYEE	(i)	NONE	NONE	100,275.	NONE	3,079.	103,354.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I; QUESTION 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2024 WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEVEN C. LINN, M.D., \$243,159; DAVID YHLEN, \$321,110; THOMAS P. BALDOSARO, CPA, \$266,728 AND ELIZABETH A. SHERIDAN, \$74,880.

SCHEDULE J, PART I; QUESTION 4B

THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: AMY MANSUE, \$183,461; WARREN E. MOORE, \$225,618; ANNELIESE K. MCMENAMIN, SPHR, \$247,245; MATTHEW K. DOONAN, ESQ., \$55,819; SCOTT E. WAGNER, M.D., MBA,

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.

\$47,299; STEVEN C. LINN, M.D., \$396,532; KATHLEEN SCULLIN, \$71,461 AND ELIZABETH A. SHERIDAN, \$24,584.

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 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: AMY MANSUE, \$422,768; WILLIAM D. PELINO, CPA, MBA, \$127,970; TONY S. REED, M.D., PH.D., MBA, \$113,807; MATTHEW K. DOONAN, ESQ., \$95,159; SCOTT E. WAGNER, M.D., MBA, \$65,314; LYDIA STOCKMAN, RN, MHA, \$95,076; ROBIN A. WALTON, \$71,226; DAVID JOHNSON, \$85,389; JAYMICA PATEL, M.D., \$51,570; APRIL M. VENABLE, MBA, FACHE, \$60,486; RUTH BASH, \$42,808; MATTHEW WARNER, M.D., MBA, \$37,709; TERESA VENEZIANO, MSN, RN, \$29,274 AND JULIE H. ELLIS, MBA, SHRM-SCP, \$33,508.

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.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2024 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 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 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

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.

SCHEDULE J, PART II; COLUMN F

THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND ARE NOW BEING REPORTED AGAIN ON THIS YEAR'S FORM 990. THESE AMOUNTS HAVE BEEN TREATED AS TAXABLE INCOME AND WERE REPORTED ON EACH INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE K
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Employer identification number

21-0634484

Part I Bond Issues

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790AW6	06/30/2016	201,351,988.	SEE SCHEDULE K, PART IV		X		X		X
B NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	645790LQ7	08/17/2017	287,424,492.	SEE SCHEDULE K, PART IV		X		X		X
C NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	31846V203	08/29/2024	266,209,474.	SEE SCHEDULE K, PART IV		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	201,351,988.		287,424,492.		266,209,474.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	16,814,852.				374.			
7 Issuance costs from proceeds	1,500,371.		2,114,547.		2,058,462.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			285,309,945.					
11 Other spent proceeds	183,036,765.							
12 Other unspent proceeds					264,150,638.			
13 Year of substantial completion	2017							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use**TAX-EXEMPT BOND LIABILITIES**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			
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			
c Are there any research agreements that may result in private business use of bond-financed property?	X		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?	X		X		X			
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	NONE %		NONE %		NONE %			
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	NONE %		NONE %		NONE %			
6 Total of lines 4 and 5	NONE %		NONE %		NONE %			
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	NONE %		NONE %		NONE %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				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		

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

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, 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 K; PART I, LINE C, COLUMN F

THE PROCEEDS OF THE SERIES 2024A TAX-EXEMPT BONDS WERE USED TO:

- REFINANCE THE 2017B VARIABLE BOND.
- FINANCE THE CONSTRUCTION OF A NEW TOWER AT INSPIRA'S MULLICA HILL, NEW JERSEY ACUTE-CARE HOSPITAL AND MEDICAL CENTER.
- OTHER HOSPITAL UPGRADES ACROSS CAMPUSES.

SCHEDULE K, PART IV; QUESTION 2

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

THE REBATE COMPUTATION FOR THE 2016A TAX-EXEMPT BOND ISSUANCE WAS LAST
PERFORMED JULY 21, 2021.

THE REBATE COMPUTATION FOR THE 2017 TAX-EXEMPT BOND ISSUANCES WAS LAST
PERFORMED SEPTEMBER 22, 2022.

A REBATE COMPUTATION FOR THE 2024A TAX-EXEMPT BOND ISSUANCE HAS NOT BEEN
PERFORMED BECAUSE THE BOND IS LESS THAN ONE YEAR OLD.

SCHEDULE L
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

**Open To Public
Inspection**

Name of the organization

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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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

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) MADISON PARKER	FAMILY MEMBER OF OFFICER	29,184.	EMPLOYEE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

21-0634484

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

INSPIRA MEDICAL CENTERS, INC. ("IMC") IS A PROVIDER OF GENERAL ACUTE AND AMBULATORY HEALTHCARE SERVICES BASED IN GLOUCESTER, CUMBERLAND AND SALEM COUNTIES, 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 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

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(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

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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

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Supplemental Information to Form 990 or 990-EZ

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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

=====

IMC IS A NON-PROFIT HEALTHCARE ORGANIZATION THAT PROVIDES A BROAD SPECTRUM OF INPATIENT CARE AND AMBULATORY CARE. IN ADDITION TO ITS GENERAL MEDICAL, SURGICAL, OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC AND PSYCHIATRIC SERVICES, IMC OFFERS A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT MODALITIES AND VARIOUS SPECIALTY SERVICES.

INSPIRA MEDICAL CENTERS, INC. (IMC) IS COMPRISED OF FOUR ACUTE CARE HOSPITALS AND THREE HOSPITAL-BASED AMBULATORY CARE CENTERS.

INSPIRA MEDICAL CENTER VINELAND, LOCATED IN VINELAND, CUMBERLAND COUNTY, NEW JERSEY, IS A 441,000 SQUARE-FOOT, 276-BED ACUTE CARE FACILITY LOCATED ON A 62.5-ACRE CAMPUS. INSPIRA MEDICAL CENTER VINELAND OPERATES THE FOLLOWING SERVICE: NEONATAL INTENSIVE CARE; INPATIENT PEDIATRICS; MATERNAL-FETAL MEDICINE; MATERNITY; OBSTETRICS AND GYNECOLOGY; PULMONARY

SCHEDULE O
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Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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► Attach to Form 990 or 990-EZ.

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INSPIRA MEDICAL CENTERS, INC.

21-0634484

REHAB AND UROGYNECOLOGY.

INSPIRA HEALTH CENTER BRIDGETON, LOCATED IN BRIDGETON, CUMBERLAND COUNTY,
NEW JERSEY, IS A 78-BED FACILITY. INSPIRA HEALTH CENTER BRIDGETON
OPERATES THE FOLLOWING SERVICES: DIALYSIS CENTER; AUTISM DIAGNOSTIC
CENTER; BEHAVIORAL HEALTH; IMAGING; LABORATORY SERVICES; REHAB CARE;
SATELLITE EMERGENCY DEPARTMENT AND SLEEP CENTER.

INSPIRA MEDICAL CENTER ELMER IS A 56-BED ACUTE CARE FACILITY LOCATED IN
ELMER, SALEM COUNTY, NEW JERSEY. INSPIRA MEDICAL CENTER ELMER OFFERS THE
FOLLOWING SERVICES: PULMONARY REHAB AND WOUND CARE.

INSPIRA MEDICAL CENTER MANNINGTON, LOCATED IN MANNINGTON, SALEM COUNTY,
IS A 68-BED ACUTE CARE FACILITY INSPIRA MEDICAL CENTER MANNINGTON
OPERATES THE FOLLOWING SERVICES: EMERGENCY DEPARTMENT; WOUND CARE AND
SURGICAL ASSOCIATES.

INSPIRA MEDICAL CENTER MULLICA HILL, LOCATED IN MULLICA HILL, GLOUCESTER
COUNTY, IS A 220 BED ACUTE CARE FACILITY. INSPIRA MEDICAL CENTER MULLICA
HILL OPERATES THE FOLLOWING SERVICES: MATERNITY; NEONATAL INTERMEDIATE
CARE; PULMONARY REHAB AND WOUND CARE.

INSPIRA HEALTH CENTER WOODBURY LOCATED IN WOODBURY, GLOUCESTER COUNTY,
NEW JERSEY, IS A 20-BED FACILITY. INSPIRA HEALTH CENTER WOODBURY OPERATES
THE FOLLOWING SERVICES: INPATIENT BEHAVIORAL HEALTH AND SATELLITE

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Name of the organization

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Supplemental Information to Form 990 or 990-EZ

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EMERGENCY DEPARTMENT.

EACH MEDICAL CENTER CAMPUS OFFERS 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 AND INSPIRA HEALTH CENTER WOODBURY ARE BOTH HOME TO SATELLITE
EMERGENCY DEPARTMENTS THAT SERVE PATIENTS 24 HOURS A DAY, SEVEN DAYS A
WEEK, AND A VARIETY OF BEHAVIORAL HEALTH AND OUTPATIENT SERVICES.

INPATIENT CARE CENTERS

IMC IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A 501(C)(3)
TAX-EXEMPT ORGANIZATION. IN ALIGNMENT WITH ITS CHARITABLE MISSION, IMC
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. IMC OPERATES IN ACCORDANCE WITH THE
CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

AWARDS AND RECOGNITION

=====

1.) AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) GOLD-LEVEL BEACON
AWARD FOR EXCELLENCE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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-DEBORAH F. SAGER NEONATAL INTENSIVE CARE UNIT VINELAND

2.) AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES

- INSPIRA MEDICAL CENTER ELMER - STROKE GOLD PLUS

- INSPIRA MEDICAL CENTERS MULICA HILL AND VINELAND - STROKE GOLD PLUS

WITH TARGET: STROKE HONOR ROLL AND TARGET: TYPE 2 DIABETES HONOR ROLL

3.) AMERICAN HEART ASSOCIATION MISSION LIFELINE GOLD AWARD - EMS

4.) BEACON AWARD FOR EXCELLENCE

- INSPIRA MEDICAL CENTER VINELAND'S CARDIAC INTENSIVE CARE UNIT

- INSPIRA MEDICAL CENTER VINELAND'S PROGRESSIVE CARE UNIT

- INSPIRA MEDICAL CENTER ELMER'S INTENSIVE CARE UNIT

5.) BLUE CROSS BLUE SHIELD (BCBS) BLUE DISTINCTION

- INSPIRA BARIATRICS MULICA HILL

6.) DNV CERTIFIED ACUTE STROKE READY

-INSPIRA MEDICAL CENTER ELMER

7.) DNV CERTIFIED PRIMARY STROKE CENTERS

- INSPIRA MEDICAL CENTER MULICA HILL

- INSPIRA MEDICAL CENTER VINELAND

8.) GREATER PHILADELPHIA BUSINESS COALITION ON HEALTH (GPBCH) REGIONAL

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QUALITY AND SAFETY HOSPITAL AWARD

- INSPIRA MEDICAL CENTER MULICA HILL (GENERAL)
- INSPIRA MEDICAL CENTER VINELAND (GENERAL)
- INSPIRA MEDICAL CENTER ELMER (MATERNITY)

9.) LEAPFROG SPRING AND FALL 2024

- INSPIRA MEDICAL CENTER VINELAND RECEIVED AN "A" HOSPITAL SAFETY GRADE
- INSPIRA MEDICAL CENTER ELMER RECEIVED AN "A" HOSPITAL SAFETY GRADE
- INSPIRA MEDICAL CENTER MULICA HILL RECEIVED AN "A" HOSPITAL SAFETY GRADE

10.) PATHWAY TO EXCELLENCE DESIGNATION

- INSPIRA HEALTH CENTER WOODBURY
- INSPIRA HEALTH CENTER MULICA HILL

11.) TOP DOCTOR AWARDS

- JERSEY'S BEST CANCER CARE TOP DOCS
- NEW JERSEY MONTHLY TOP DOCS
- PHILADELPHIA MAGAZINE 2024 TOP DOCTORS
- SJ MAGAZINE TOP DOCS
- SJ MAGAZINE TOP DOCS FOR KIDS
- SJ MAGAZINE TOP FEMALE DOCTORS
- SOUTH JERSEY MAGAZINE TOP DOCS
- SOUTH JERSEY MAGAZINE TOP PHYSICIANS FOR WOMEN
- SUBURBAN FAMILY MAGAZINE 5 STAR PHYSICIANS

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12.) TOP WORKPLACE AWARDS

- NJ.COM 2024 NEW JERSEY TOP WORKPLACE
- PHILADELPHIA INQUIRER 2024 PHILADELPHIA TOP WORKPLACE

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INSPIRING MEDICINE

=====

INSPIRA HEALTH IS THE REGION'S LEADING NETWORK OF HEALTH CARE PROVIDERS,
DELIVERING THE FULL CONTINUUM OF PRIMARY, ACUTE AND ADVANCED CARE
SERVICES.

INSPIRA HEALTH IS A CHARITABLE NONPROFIT HEALTH CARE ORGANIZATION
COMMITTED TO PROVIDING AN EXCEPTIONAL EXPERIENCE FOR PATIENTS AND THEIR
LOVED ONES. TRACING ITS ROOTS TO 1899, THE SYSTEM COMPRISES FOUR
HOSPITALS, TWO COMPREHENSIVE CANCER CENTERS, NINE MULTI-SPECIALTY HEALTH
CENTERS AND LOCATIONS THROUGHOUT SOUTH JERSEY.

INSPIRA'S SURGICAL TEAMS PROVIDE NATIONALLY ACCREDITED BARIATRIC
PROCEDURES AND A WIDE ARRAY OF ROBOTIC AND MINIMALLY INVASIVE SURGERIES.
IN PARTNERSHIP WITH COOPER UNIVERSITY HEALTHCARE, INSPIRA PROVIDES
COMPREHENSIVE NEUROSCIENCE AND CARDIOLOGY SERVICES THROUGHOUT THE REGION.

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INSPIRA'S EXTENSIVE AMBULATORY SERVICES INCLUDE URGENT CARE; AMBULATORY
SURGERY CENTERS; PHYSICAL AND OCCUPATIONAL THERAPY; COMPREHENSIVE
BEHAVIORAL HEALTH; PRIMARY AND SPECIALTY PHYSICIAN PRACTICES IN
GLOUCESTER, CUMBERLAND, SALEM, CAMDEN AND ATLANTIC COUNTIES; AND
EXTENSIVE OUTPATIENT IMAGING IN PARTNERSHIP WITH ATLANTIC MEDICAL IMAGING
(AMI). ADDITIONALLY, INSPIRA EMS COVERS COMMUNITIES THROUGHOUT SOUTH
JERSEY. INSPIRA'S POPULATION HEALTH AND COMMUNITY IMPACT DEPARTMENTS
PROACTIVELY REACH OUT TO ALL COMMUNITIES AND ADDRESS SOCIAL DRIVERS OF
HEALTH THAT IMPACT INDIVIDUALS AND FAMILIES IN OUR REGION.

TOGETHER WITH ITS MEDICAL STAFF OF MORE THAN 1,400 PHYSICIANS AND
ADVANCED PRACTICE PROVIDERS, AS WELL AS MORE THAN 7,800 EMPLOYEES,
INSPIRA HEALTH PROVIDES EVIDENCE-BASED CARE TO HELP EACH PATIENT ACHIEVE
THE BEST POSSIBLE OUTCOME. AND AS A REGIONAL LEADER IN PHYSICIAN
TRAINING, INSPIRA HEALTH MENTORS AND PROVIDES EXTENSIVE CLINICAL
OPPORTUNITIES FOR MORE THAN 280 MEDICAL RESIDENTS AND FELLOWS IN 16
NATIONALLY ACCREDITED PROGRAMS. ACCREDITED BY DNV HEALTHCARE, THE
SYSTEM'S CLINICAL AND SUPPORT STAFF ARE FOCUSED ON PROVIDING QUALITY CARE
AS A HIGH RELIABILITY ORGANIZATION. TO LEARN MORE ABOUT INSPIRA HEALTH,
VISIT INSPIRAHEALTHNETWORK.ORG OR CALL 1-800-INSPIRA.

OUR MISSION, VISION AND VALUES GUIDE US

OUR MISSION: TO PROVIDE A SAFE AND COMPASSIONATE EXPERIENCE THAT IMPROVES

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THE HEALTH AND WELL-BEING OF OUR COMMUNITY BY PLACING THE SAFETY OF OUR
PATIENTS AND SUPPORT OF OUR EMPLOYEES AT THE CENTER OF ALL WE DO.

OUR VISION: INSPIRA HEALTH INSPIRES AND EMPOWERS HEALTHIER COMMUNITIES BY
CREATING THE HIGHEST QUALITY AND MOST DESIRABLE PATIENT EXPERIENCE IN THE
REGION.

OUR VALUES: INNOVATION, COMPASSION, RELIABILITY, EMPATHY, ACCESS,
TEAMWORK, EMPOWERMENT:

- INNOVATION WE STRIVE TO EMPLOY INGENUITY AND NEW STANDARDS OF CARE TO
IMPROVE OUR WORK EVERY DAY.
- COMPASSION WE TREAT EVERYONE EQUALLY WITH KINDNESS AND RESPECT.
- RELIABILITY WE PUT THE SAFETY OF OUR PATIENTS, COMPLIANCE AND BEST
PRACTICE AT THE FOREFRONT OF ALL WE DO.
- EMPATHY WE LISTEN AND GENUINELY RELATE TO OTHERS IN ORDER TO MAKE THEM
FEEL SEEN AND APPRECIATED.
- ACCESS WE PROVIDE A HIGH-QUALITY PATIENT EXPERIENCE TO ALL PEOPLE.
- TEAMWORK WE COLLABORATE AND UTILIZE THE FULL BREADTH OF THE INSPIRA
NETWORK TO IMPROVE THE EXPERIENCE OF OUR PATIENTS.
- EMPOWERMENT WE EDUCATE AND INSPIRE POSITIVE CHANGE AND HEALTHIER
LONG-TERM OUTCOMES.

CANCER SERVICES

=====

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THE INSPIRA FRANK AND EDITH SCARPA REGIONAL CANCER PAVILION IS 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 AS A PRIVATE MEDICAL ONCOLOGY GROUP, MAKING ACCESS TO MULTIPLE PHYSICIANS AVAILABLE WITH A SINGLE APPOINTMENT.

THE LEADING EDGE CANCER CENTER AT INSPIRA MEDICAL CENTER MULLICA HILL OPENED IN MARCH 2020. THIS COMPREHENSIVE CENTER MIMICS THE CORE ELEMENTS OF CONVENIENCE HIGHLIGHTED AT THE VINELAND CAMPUS, BRINGING ALL OF THE CORE ONCOLOGY PATIENT SERVICES UNDER ONE ROOF. THE CENTER, DESIGNED WITH

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PATIENT INPUT, PUTS THE PATIENT EXPERIENCE AT THE FOREFRONT OF CARE DELIVERY. THE CENTER HOUSES A RADIATION ONCOLOGY DEPARTMENT CONSISTING OF (2) LINEAR ACCELERATORS, PROVIDING THE SERVICES NOTED ABOVE. HOUSED ON THE SECOND FLOOR OF THE CANCER CENTER, THE INFUSION SUITE INCLUDES 22 CHAIRS AND PROVIDES A COMPREHENSIVE OFFERING OF BOTH ONCOLOGIC AND NON-ONCOLOGIC INFUSION THERAPIES. THE THIRD FLOOR FEATURES MULTIDISCIPLINARY CLINIC SPACE FOR A RANGE OF ONCOLOGY-RELATED SPECIALISTS. THE CANCER PROGRAM IS ALSO ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS A COMMUNITY CANCER PROGRAM.

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. MOST RECENTLY, INSPIRA INTRODUCED SOZO TECHNOLOGY, A BIOIMPEDENCE DEVICE THAT ALLOWS FOR THE DETECTION OF PRE-CLINICAL LYMPHEDEMA (OFTEN A SIDE EFFECT OF BREAST CANCER SURGERY) AND ENABLES CLINICIANS TO INTERVENE EARLY, LEADING TO BETTER PATIENT OUTCOMES. ADDITIONALLY, INSPIRA IS UTILIZING ARTIFICIAL INTELLIGENCE (AI) TO SUPPORT THE CANCER PROGRAM. AI IS USED TO CONNECT NEWLY DIAGNOSED

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PATIENTS WTH NAVIGATION SERVICES. IT IS ALSO USED TO IDENTIFY INCIDENTAL LUNG NODULES AND ENABLE INSPIRA TO CONNECT THESE PATIENTS TO FOLLOW UP CARE. INSPIRA WAS THE FIRST IN THE REGION TO OFFER BREAST CANCER PATIENTS SAVI SCOUT, A NEW TECHNOLOGY THAT TARGETS BREAST LUMPS MORE 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.

COMPREHENSIVE CARDIOVASCULAR SERVICES

=====

INSPIRA AND COOPER UNIVERSITY HEALTH CARE HAVE FORMED AN AFFILIATION TO COMPLETELY INTEGRATE CARDIAC SERVICES. THIS AFFILIATION, CALLED COOPER AND INSPIRA CARDIAC CARE, PROVIDES PATIENTS IN THE SOUTH JERSEY REGION WITH ACCESS TO MORE COORDINATED AND COMPREHENSIVE CARDIAC SERVICES ACROSS THE CONTINUUM OF CARE. THE COMBINATION OF THE TWO SYSTEMS' COMPLEMENTARY HEART SERVICES MAKE COOPER AND INSPIRA CARDIAC CARE THE LARGEST CARDIAC PROGRAM IN SOUTH JERSEY.

- COOPER AND INSPIRA CARDIAC CARE IS THE MOST COMPREHENSIVE HEART CARE CENTER IN SOUTHERN NEW JERSEY, PROVIDING THE MOST ADVANCED CARDIAC CARE - IN YOUR NEIGHBORHOOD.

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- NATIONALLY AND INTERNATIONALLY RENOWNED CLINICAL AND INTERVENTIONAL
CARDIOLOGISTS.
- THE MOST ADVANCED MINIMALLY INVASIVE TECHNIQUES.
- LARGEST VOLUME OF CARDIOTHORACIC SURGERY IN THE REGION.
- RECOGNIZED BY THE SOCIETY OF THORACIC SURGEONS FOR SUPERIOR SURGICAL
OUTCOMES.
- WOMEN'S HEART PROGRAM WITH THE LARGEST FEMALE CARDIOLOGY GROUP IN SOUTH
JERSEY.
- STATE-OF-THE-ART DIAGNOSTIC CAPABILITIES.
- INDIVIDUALIZED CARE DESIGNED TO MEET YOUR NEEDS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMPREHENSIVE NEUROSCIENCE SERVICES

=====

COOPER AND INSPIRA NEUROSCIENCE IS AN AFFILIATION BETWEEN TWO LEADING
HEALTH SYSTEMS TO FULLY INTEGRATE NEUROLOGICAL SERVICES. THIS AFFILIATION
PROVIDES PATIENTS ACROSS SOUTHERN NEW JERSEY AND GREATER PHILADELPHIA

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WITH ACCESS TO COORDINATED, COMPREHENSIVE NEUROSCIENCE CARE ACROSS THE
CONTINUUM OF CARE. COMBINING THE TWO SYSTEMS' COMPLEMENTARY STRENGTHS
MAKES COOPER AND INSPIRA NEUROSCIENCE THE MOST COMPREHENSIVE NEUROSCIENCE
PROGRAM IN THE REGION. PATIENTS BENEFIT FROM WORLD-RENOWNED NEUROLOGISTS
AND NEUROSURGEONS, INNOVATIVE MINIMALLY INVASIVE AND ROBOTIC PROCEDURES,
AND STATE-OF-THE-ART DIAGNOSTIC AND INTERVENTIONAL TECHNOLOGIES.
SPECIALIZED PROGRAMS INCLUDE STROKE CARE, NEURO ONCOLOGY, PARKINSON'S
DISEASE, ALZHEIMER'S DISEASE, EPILEPSY, AND MORE. BOTH HEALTH SYSTEMS
HAVE RECEIVED NATIONAL RECOGNITION FOR STROKE CARE, AND THIS PARTNERSHIP
ADVANCES THEIR SHARED MISSION TO IMPROVE ACCESS AND ELEVATE THE PATIENT
EXPERIENCE THROUGH INTEGRATED, CUTTING-EDGE NEUROLOGICAL CARE.

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.

BREAST IMAGING CENTER OF EXCELLENCE

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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.

LUNG CANCER SCREENING CENTER OF EXCELLENCE

=====

INSPIRA MEDICAL CENTER VINELAND HAS BEEN 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.

MATERNAL AND CHILD HEALTH

=====

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HOSPITAL-BASED MATERNITY SERVICES ARE OFFERED AT INSPIRA MEDICAL CENTER VINELAND AND INSPIRA MEDICAL CENTER MULLICA HILL, 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 LDRP (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.

NEONATAL INTENSIVE CARE UNIT (NICU)

=====

INSPIRA MEDICAL CENTER VINELAND OFFERS ADVANCED CARE FOR PREMATURE, LOW BIRTH-WEIGHT/CRITICALLY ILL INFANTS AT THE LEVEL III DEBORAH F. SAGER NEONATAL INTENSIVE CARE UNIT. THE UNIT IS SUPPORTED 24 HOURS A DAY, 7 DAYS A WEEK BY NEONATOLOGISTS FROM NEMOURS CHILDREN'S HOSPITAL.

NEUROSURGERY

=====

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AT INSPIRA MEDICAL CENTERS MULICA HILL 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.

IMC SPORTS REHABCARE VINELAND

=====

THE DEDICATED STAFF OF IMC SPORTS REHABCARE WORK 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 ALTERG ANTI-GRAVITY TREADMILL INTRODUCES TECHNOLOGY

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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.

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.

ROBOTIC SURGERY

=====

IMC VINELAND UTILIZES THE STATE OF THE ART DAVINCI FOR ROBOTIC SURGERY IN
THE FOLLOWING SPECIALTIES: GENERAL SURGERY, UROLOGY, THORACIC SURGERY,
GYNECOLOGY, GYNECOLOGY ONCOLOGY AND UROGYNECOLOGY. ROBOTIC SURGERY IS
MINIMALLY INVASIVE, RESULTING IN SHORTER LENGTH OF STAY, REDUCED
COMPLICATIONS, LESS POST-OPERATIVE PAIN AND A DECREASED NEED FOR
POST-OPERATIVE REHABILITATION.

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BEHAVIORAL HEALTH SERVICES

=====

BEHAVIORAL HEALTH SERVICES EXPANDED BETWEEN 2022-2024:

- REDESIGNATING INVOLUNTARY INPATIENT MENTAL HEALTH BEDS IN MANNINGTON,
ALLOWING MORE SALEM COUNTY RESIDENTS TO RECEIVE CARE LOCALLY. FROM 2023
TO 2024, PATIENT CARE DAYS INCREASED FROM 604 TO 2,868.

- OPENING OF 19-BED VOLUNTARY INPATIENT MENTAL HEALTH UNIT IN BRIDGETON,
EXPANDING CAPACITY AND PROVIDING A MORE SPECIALIZED ENVIRONMENT FOR
HEALING.

- OPENING THE INSPIRA HEALTH CENTER WOODBURY PAVILION, WHICH ALLOWED OUR
EXISTING INPATIENT BEHAVIORAL HEALTH PROGRAM TO MOVE INTO A NEW INPATIENT
BEHAVIORAL HEALTH CENTER OFFERING 20, FIRST-OF-ITS-KIND IN THE REGION,
PRIVATE ROOMS; ENHANCING PRIVACY AND SAFETY.

- BEHAVIORAL HEALTH OUTPATIENT VISITS CONTINUE TO GROW, WITH 121,000 IN
2024- MAKING UP ABOUT 20% OF OUR OUTPATIENT VISITS.

- BEHAVIORAL ASSISTANCE RECOVERY TEAM (BART) COACHES CONNECT ER PATIENTS
TO THE APPROPRIATE LEVEL OF CARE - BEFORE THEY ARE DISCHARGED, ALWAYS
WORKING TO FIND CARE THAT IS CLOSE THE PATIENT'S HOME.

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- BART COACHES HAVE HAD MORE THAN 45,400 ENCOUNTERS WITH ER PATIENTS FROM
2022 TO 2024.

- OPENED AUTISM DIAGNOSTIC CENTERS IN WOODBURY AND BRIDGETON, NJ IN 2024.

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. INSPIRA'S 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 NEWLY
RENOVATED 14 BED UNIT OFFERS GROUP AND INDIVIDUAL THERAPY AS WELL AS

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AROUND-THE-CLOCK NURSING CARE.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INTENSIVE OUTPATIENT PROGRAMS (AGES 11 TO 17) - INSPIRA HEALTH CENTER

BRIDGETON OFFERS AN INTENSIVE OUTPATIENT PROGRAM, WHICH ASSISTS

ADOLESCENTS IN CUMBERLAND & SALEM COUNTIES FIND BETTER PATHWAYS TO

HEALTHY DEVELOPMENT.

THERAPEUTIC NURSERY (AGES 3 TO 5) - INSPIRA OFFERS A THERAPEUTIC NURSERY

PROGRAM 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

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

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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 SERVICES, WHICH INCLUDE WEEKLY, HOUR-LONG INDIVIDUAL, FAMILY AND GROUP SESSIONS ALONG WITH PSYCHIATRIC EVALUATIONS

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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 TO ASSIST
COMMUNITY MEMBERS IN ACCESSING THE NEW FEDERAL HEALTHCARE EXCHANGE AND 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

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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 HEALTHCARE 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.

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- 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.

- 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 ELDERS)
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.

COMMUNITY BENEFIT EFFORTS

=====

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

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SUPPORTED WITH A CASH DONATION INCLUDED: AC JOSEPH MEDIA, AMI, ACENDA,
ADVOCATES FOR CHILDREN OF NJ, ALICIA ROSE VICTORIOUS FOUNDATION,
ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN CANCER SOCIETY
/ RK CHEVROLET, AMERICAN RED CROSS, APPEL FARM, BANCROFT, BIG BROTHERS
BIG SISTERS CUMBERLAND SALEM, BILL BOTTINO CANCER FOUNDATION, BOYS &
GIRLS CLUB OF GLOUCESTER COUNTY, BOYS & GIRLS CLUBS OF CUMB. CO.,
BRIDGETON AREA CHAMBER OF COMMERCE, BRIDGETON AREA CHAMBER OF COMMERCE /
ROTARY, BRIDGETON REDEVELOPMENT ASSOC., CEO GROUP, THE, CALVARY COMMUNITY
DEVELOPMENT CORP, CAMDEN COALITION OF HEALTHCARE PROVIDERS, CANCER
SUPPORT COMMUNITY NJ (GILDA'S CLUB), CHAMBER OF COMMERCE SOUTHERN NEW
JERSEY, COALITION FOR FOOD AND HEALTH EQUITY, COLLEEN SORBELLO BREAST
CANCER FOUNDATION, COMMUNITY FOOD BANK OF NJ, COMMUNITY PLANNING &
ADVOCACY COUNCIL, COMPLETE CARE, COOPER FOUNDATION, COOPER UNIV. HEALTH
SECTION OF MILITARY, CUMBERLAND CO. IMPROVEMENT AUTHORITY, CUMBERLAND CO.
SHERIFF'S DEPT., CUMBERLAND CO. WOMEN'S HALL OF FAME, CYSTIC FIBROSIS
FOUNDATION, DEERFIELD TWP., DOOR DASH, EMMANUEL CANCER FOUNDATION, FAMILY
PROMISE OF SOUTHWEST NJ, FEDERATION OF NEIGHBORHOOD CNTRS./THREE LITTLE
BIRDS, FOOD BANK OF SOUTH JERSEY, FRANCHESHINI FARMS, FRIENDS OF INDIA,
FRONT RUNNER NJ, GARDEN STATE BOY SCOUTS OF AMERICA, GATEWAY COMMUNITY
ACTION PARTNERSHIP, GLASSBORO, GLOUCESTER COUNTY CHAMBER, GLOUCESTER
COUNTY HERO SCHOLARSHIP, GLOUCESTER COUNTY PRAYER COMMITTEE, GREATER
MILLVILLE CHAMBER OF COMMERCE, GREATER VINELAND CHAMBER OF COMMERCE,
GREATER WOODBURY CHAMBER OF COMMERCE, GUIDANCE CENTER, THE, HEADSTRONG
FOUNDATION, HABITAT FOR HUMANITY, GLOUC. CO., HABITAT FOR HUMANITY, SALEM
CO., HARRISON TWP., IBEW LOCAL 351, ITALIAN CULTURAL FOUNDATION, KNIGHTS

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OF COLUMBUS, LEUKEMIA / LYMPHOMA SOCIETY, LOCAL 322, MAIN STREET
WOODBURY, MARYVILLE, INC., MILLVILLE PBA, NAACP (GLOUC. CO.), NJ CHAMBER
OF COMMERCE, NJBIZ, NATIONAL COALITION OF 100 BLACK WOMEN, NEMOURS, NEW
JERSEY HEALTHCARE QUALITY INSTITUTE, NEW JERSEY HOSPITAL ASSOC., NEW
JERSEY STATE NURSES ASSOC./INST. OF NURSING, NOR'EASTER NICK'S RAINY DAY
PROJECT, OUTTA BOUNDZ MENTORING GROUP, PRAC OF SOUTHERN NJ, PAUL A
VANHOUTEN - PINE STREET FAMILY PRACTICE, PAUL M DONAHUE MEMORIAL
FOUNDATION, PITTSBORO TWP., RANCH HOPE, REVIVE SOUTH JERSEY, RON
JAWORSKI FND.- JAWS YPB, ROWAN - VIRTUA SOM, ROWAN COLLEGE FOUNDATION,
ROWAN COLLEGE FOUNDATION, ROWAN RIPPAC, ROWAN UNIVERSITY EMS, RURAL
DEVELOPMENT CORP., RUTGERS UNIV. FOUNDATION, SALEM CO. MEALS ON WHEELS,
SALEM CO. COMMISSION ON WOMEN, SALEM CO. FAIR COOPERATIVE ASSOC.,

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SALEM CO. INTER AGENCY COUNCIL OF HUMAN SERVICES, SALEM COMMUNITY
COLLEGE, SALEM COMMUNITY COLLEGE FOUNDATION, SALEM COUNTY CHAMBER OF
COMMERCE, SALEM COUNTY VOCATIONAL TECHNICAL FOUNDATION, SALVATION ARMY,
SOUND MIND SOUND BODY NJ, SOUTH JERSEY DREAM CENTER, SOUTHERN JERSEY
HOUSING ASSISTANCE, SOUTHERN NJ DEVELOPMENT COUNCIL, SPECIAL OLYMPICS NEW
JERSEY, SPIRIT & TRUTH MINISTRIES / VINELAND SOUP KITCHEN, STAND UP FOR
SALEM, SWEDSBORO BUS. ASSOC., SWEDSBORO WOOLWICH DAY COMMITTEE, TEAM MB
HUNT FOR THE CURE, VINELAND ROTARY, VIRTUA HEALTH, WHEATON ARTS, CITY OF
WOODBURY AND YOUR PLACE AT THE TABLE.

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COMMUNITY SERVICE AND COMMUNITY BUILDING PROGRAMS

IMC 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.

FOOD PANTRIES: IN THE 2024-2025 SCHOOL YEAR INSPIRA SPONSORED MONTHLY
FOOD DISTRIBUTIONS AT WOODBURY SCHOOL THAT PROVIDED OVER 75,000 POUNDS OF
FRESH PRODUCE AND SHELF STABLE FOOD ITEMS TO ABOUT 937 FAMILIES (MORE
THAN 4,000 INDIVIDUALS).

FOOD FARMACY+ PROGRAMS: INSPIRA'S FOOD FARMACY+ PROGRAM IS A RESOURCE FOR
PATIENTS WHO FACE FOOD INSECURITY, MEANING THEIR FOOD INTAKE IS
NEGATIVELY IMPACTED BY A LACK OF MONEY OR OTHER RESOURCES. THE PROGRAM
USES FOOD AS MEDICINE, CONNECTING PATIENTS WITH A REGISTERED DIETITIAN TO
RECEIVE NUTRITIOUS FOOD TAILORED TO THEIR MEDICAL NEEDS, AT NO CHARGE.

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

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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, AND THE SALEM COUNTY CHAMBER OF COMMERCE.

AMERICAN RED CROSS BLOOD DRIVE - IMC SUPPORTS THE MISSION OF THE AMERICAN RED CROSS BY HOSTING FOUR BLOOD DRIVES EACH YEAR. THE RED CROSS IS THE LARGEST SINGLE SUPPLIER OF BLOOD AND BLOOD PRODUCTS IN THE UNITED STATES, COLLECTING AND PROCESSING MORE THAN 40 PERCENT OF THE BLOOD SUPPLY AND DISTRIBUTING IT TO SOME 3,000 HOSPITALS AND TRANSFUSION CENTERS NATIONWIDE.

BEHAVIORAL HEALTH COLLABORATION - IMC'S CHILDREN'S BEHAVIORAL HEALTH PROGRAM PARTICIPATED IN BOTH THE GLOUCESTER COUNTY CIACC AND TRI-COUNTY CIACC THROUGHOUT 2024. THE CIACC GROUP IS MADE UP OF A VARIETY OF AGENCIES IN GLOUCESTER, SALEM AND CUMBERLAND COUNTIES, PLUS COMMUNITY MEMBERS FROM THOSE SAME COUNTIES, WHO MEET REGULARLY TO COORDINATE SERVICES, COMMUNICATE REGARDING CHANGES IN THE BEHAVIORAL HEALTH SERVICES IN THE COUNTIES AND ADVOCATE FOR PATIENT RIGHTS/SERVICES.

IMC HAS BEEN AN ACTIVE PARTICIPANT IN NATIONAL AND REGIONAL INITIATIVES, INCLUDING THE FOLLOWING:

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1. 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).

2. 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).

3. NEW JERSEY HOSPITAL ASSOCIATION INITIATIVES: PARTICIPANTS IN THE NJHA

PRESSURE ULCER COLLABORATIVE (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 RECIEVES 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.

EMERGENCY MEDICAL ACADEMY PROGRAMS

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- EMT EMERGENCY MEDICAL TECHNICIAN CLASS
- PEDIATRIC EDUCATION FOR PRE-HOSPITAL PROFESSIONALS ("PEPP")
- PEDIATRIC ADVANCED LIFE SUPPORT ("PALS")
- PRE-HOSPITAL TRAUMA LIFE SUPPORT ("PHTLS")
- HEALTHCARE PROVIDER CPR
- CPR-BASIC LIFE SUPPORT INSTRUCTOR
- COMMUNITY EMERGENCY RESPONSE TEAM TRAINING
- AUTOMATIC EXTERNAL DEFIBRILLATOR ("AED") & EPINEPHRINE AUTO INJECTORS
- MICU GROUND SUPPORT
- TACTICAL EMS EDUCATION
- INCIDENT COMMAND SYSTEMS/STRUCTURE LEVEL 300
- INCIDENT COMMAND SYSTEMS/STRUCTURE LEVEL 400
- EMS SYMPOSIUM
- GERIATRIC EDUCATION FOR EMS

- IMPACT (INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING) WAS DEVELOPED THROUGH COLLABORATION BETWEEN IMC 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.

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- 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.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- 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 STAFF CONDUCTS PRESENTATIONS THROUGHOUT THE COUNTY EXPLAINING THE BENEFITS OF LIFELINE TO PROSPECTIVE SUBSCRIBERS AND/OR THEIR CAREGIVERS AND HEALTH PROVIDERS. ALTHOUGH THE LIFELINE PROGRAM IS A PAID SERVICE, DISCOUNTED AND FREE INSTALLATIONS OCCUR FOR ELIGIBLE PERSONS.

- 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

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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.

- THE INSPIRA FRANK AND EDITH SCARPA REGIONAL CANCER PAVILION IS 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,

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AS WELL A PRIVATE MEDICAL ONCOLOGY GROUP, MAKING ACCESS TO MULTIPLE
PHYSICIANS AVAILABLE WITH A SINGLE APPOINTMENT.

THE LEADING EDGE CANCER CENTER AT INSPIRA MEDICAL CENTER MULLICA HILL
OPENED IN MARCH 2020. THIS COMPREHENSIVE CENTER MIMICS THE CORE ELEMENTS
OF CONVENIENCE HIGHLIGHTED AT THE VINELAND CAMPUS, BRINGING ALL OF THE
CORE ONCOLOGY PATIENT SERVICES UNDER ONE ROOF. THE CENTER, DESIGNED WITH
PATIENT INPUT, PUTS THE PATIENT EXPERIENCE AT THE FOREFRONT OF CARE
DELIVERY. THE CENTER HOUSES A RADIATION ONCOLOGY DEPARTMENT CONSISTING OF
2 LINEAR ACCELERATORS, PROVIDING THE SERVICES NOTED ABOVE. HOUSED ON THE
SECOND FLOOR OF THE CANCER CENTER, THE INFUSION SUITE INCLUDES 22 CHAIRS
AND PROVIDES A COMPREHENSIVE OFFERING OF BOTH ONCOLOGIC AND NON-ONCOLOGIC
INFUSION THERAPIES. THE THIRD FLOOR FEATURES MULTIDISCIPLINARY CLINIC
SPACE FOR A RANGE OF ONCOLOGY-RELATED SPECIALISTS. THE CANCER PROGRAM IS
ALSO ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER
AS A COMMUNITY CANCER PROGRAM.

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.

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INSPIRA OFFERS INNOVATIVE SERVICES RELATED TO THE DIAGNOSIS AND TREATMENT OF CANCER. MOST RECENTLY, INSPIRA INTRODUCED SOZO TECHNOLOGY, A BIOIMPEDENCE DEVICE THAT ALLOWS FOR THE DETECTION OF PRE-CLINICAL LYMPHEDEMA (OFTEN A SIDE EFFECT OF BREAST CANCER SURGERY) AND ENABLES CLINICIANS TO INTERVENE EARLY, LEADING TO BETTER PATIENT OUTCOMES. ADDITIONALLY, INSPIRA IS UTILIZING ARTIFICIAL INTELLIGENCE TO SUPPORT THE CANCER PROGRAM. AI IS USED TO CONNECT NEWLY DIAGNOSED PATIENTS WITH NAVIGATION SERVICES. IT IS ALSO USED TO IDENTIFY INCIDENTAL LUNG NODULES AND ENABLE INSPIRA TO CONNECT THESE PATIENTS TO FOLLOW UP CARE. INSPIRA WAS THE FIRST IN THE REGION TO OFFER BREAST CANCER PATIENTS SAVI SCOUT, A NEW TECHNOLOGY THAT TARGETS BREAST LUMPS MORE 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.

- GARDEN AHEC PROGRAMS - THROUGH ACADEMIC AND COMMUNITY PARTNERSHIPS, GARDEN AHEC PROVIDES HEALTH CAREER RECRUITMENT PROGRAMS AND INCREASES ACCESS TO HEALTHCARE IN MEDICALLY UNDERSERVED AREAS. GARDEN AHEC ADDRESSES HEALTHCARE WORKFORCE NEEDS BY INTRODUCING STUDENTS AND ADULTS TO HEALTHCARE CAREER OPPORTUNITIES, ESTABLISHING COMMUNITY-BASED TRAINING SITES FOR MEDICAL STUDENTS AND PROVIDING CONTINUING EDUCATION PROGRAMS FOR LOCAL HEALTHCARE PROFESSIONALS. ITS FUNDAMENTAL PURPOSE IS TO IMPROVE ACCESS TO QUALITY HEALTHCARE IN MEDICALLY UNDERSERVED AREAS AND TO UNDERSERVED POPULATIONS IN ITS SERVICE AREA. BY WORKING TO RECRUIT, TRAIN

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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 GARDEN AHEC IS WORKING WITH COMMUNITY PARTNERS TO IMPROVE THE HEALTH AND WELL-BEING OF THE SOUTH JERSEY AREA.

- FOOD FOR THOUGHT IS A GARDEN AHEC HEALTHY EATING EDUCATION PROGRAM FOR HIGH SCHOOL STUDENTS THAT RECENTLY REPLACED STEPS FOR KIDS. FOOD FOR THOUGHT INVOLVES LIVE IN-PERSON EDUCATION TO STUDENTS FROM A LICENSED DIETICIAN, AS WELL AS ONLINE EDUCATION (ENTITLED HEALTHY HABITS) THROUGH ONLINE TEACHING PLATFORMS. HEALTHY HABITS ONLINE FOCUSES ON HOW TO EAT HEALTHY FOODS ON A BUDGET, HOW TO CREATE LOW-CALORIE MEALS, HYDRATION, HOW TO MAKE PHYSICAL ACTIVITY PART OF EVERYDAY LIFE AND MORE. THIS EDUCATION WAS DEVELOPED BY A LICENSED DIETICIAN. FOOD FOR THOUGHT IS COMPLETELY FUNDED AND RUN BY IMC THROUGH ITS GARDEN AHEC DEPARTMENT.

- HEALTH FAIRS AND SCREENINGS - A NUMBER OF HEALTH FAIRS AND COMMUNITY FOCUSED HEALTH SCREENING EVENTS WERE CONDUCTED THROUGHOUT 2024. IMC STRIVES TO TEACH HEALTH AND WELLNESS, ANSWER QUESTIONS ABOUT HEALTH-RELATED ISSUES, PROMOTE SERVICES AND RESOURCES FOR PEOPLE WITH VARIOUS DISEASES, AND ATTEMPT TO REACH AS MANY UNINSURED OR UNDERINSURED AS POSSIBLE.

IMC ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DO NOT REGULARLY COME

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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.

- MOBILE OUTREACH - INSPIRA EXPANDED MOBILE OUTREACH TO BRING CLINICAL
STAFF TO THE COMMUNITY THROUGH USE OF OUR MOBILE UNIT AND PARTICIPATION
AT COMMUNITY EVENTS.

COMMUNITY IMPACT 2024 OUTCOMES:

- TOTAL MOBILE SCREENINGS - 703
- TOTAL SCREENING/OUTREACH/EDUCATIONAL EVENTS - 120
- HEALTH LITERACY (INDIVIDUALS REACHED WITH EDUCATIONAL MATERIALS ABOUT
PREVENTATIVE HEALTH AND INSPIRA SERVICES) - 25,026

- INSPIRA CANCER GRANT TRANSPORTATION PROGRAM - BETWEEN 2022-2024 BELOW.
WE HAVE FACILITATED OVER 4,000 TRANSPORTS FOR INSPIRA CANCER PATIENTS
THROUGH THE INSPIRA CANCER GRANT TRANSPORTATION PROGRAM.

- NJCEED - 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. IHN ALSO HAS A DEDICATED STAFF THAT GOES OUT INTO THE COMMUNITY
TO SPEAK ABOUT THE AVAILABILITY OF FREE SCREENINGS AND THE CEED PROGRAM.

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THE PURPOSE OF THE CEED PROGRAM IS TO EDUCATE AND SCREEN UNINSURED AND UNDERINSURED RESIDENTS OF THE COUNTY, PARTICULARLY MINORITIES, WHO EARN LESS THAN 250% OF THE FEDERAL POVERTY LEVEL. THE PROGRAM IS FUNDED IN PART BY GRANTS FROM THE STATE OF NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES, CENTER FOR DISEASE CONTROL AND THE SUSAN G. KOMEN BREAST CANCER FOUNDATION.

INSPIRA NJCEED PROGRAM OUTCOMES:

- 1,396 TOTAL CANCER SCREENINGS COMPLETED AMONG UNINSURED/UNDERINSURED COMMUNITY MEMBERS ACROSS CUMBERLAND, SALEM, AND GLOUCESTER COUNTIES DURING FY24.

INSPIRA QUIT CENTER PROGRAM OUTCOMES:

- 199 TOTAL NEW PATIENT ASSESSMENTS WERE COMPLETED DURING FY24.
- 179 PATIENTS WERE ELIGIBLE FOR A LUNG CANCER SCREENING.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PSYCHOLOGICAL OR EMOTIONAL ISSUES RELATED 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

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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.

- COMMUNITY EDUCATION CLASSES - IMC OFFERS FREE EDUCATION 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. WOODBURY'S EMERGENCY
DEPARTMENT PLAYS A KEY ROLE IN EDUCATING AND PROMOTING HEALTH AND SAFETY
AWARENESS THROUGH COMMUNITY BULLETIN BOARDS AND EDUCATIONAL PRESENTATIONS
AT AREA SCHOOLS, COLLEGES, POLICE ACADEMIES AND COMMUNITY PROGRAMS. SOME
TOPICS MAY INCLUDE INJURY PREVENTION, FORENSIC NURSING AND DOMESTIC
VIOLENCE AWARENESS.

- VOLUNTEER PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR
COMFORTING PATIENTS AT THEIR BEDSIDE, VOLUNTEERS PLAY AN IMPORTANT ROLE
IN IHN'S TRADITION OF COMPASSIONATE CARE. OUR SUCCESSFUL VOLUNTEER
PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGES FROM 14 TO 96 WHO
PROVIDE ASSISTANCE IN A VAST ARRAY OF AREAS SUCH AS ACCOUNTING,
EDUCATION, PUBLIC RELATIONS, LAUNDRY, EMERGENCY ROOM, SURGICAL SERVICES,
PEDIATRICS, NURSING AND MORE. IN 2024 A TOTAL OF 490 VOLUNTEERS PROVIDED
OVER 42,084 HOURS OF SERVICE FOR INSPIRA.

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HEALTH PROFESSIONALS EDUCATION

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IMC 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.

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. GARDEN AHEC OFFERS A SEVEN-WEEK ONLINE PROGRAM TO HIGH SCHOOL STUDENTS ENTITLED FUTURE HEALTH PROFESSIONALS. THIS PROGRAM TEACHES STUDENTS ABOUT VARIOUS HEALTHCARE CAREER OPTIONS. 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.

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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 PERIODIC CME IN-TAKE FORMS AND EVALUATIONS. HOWEVER, DUE TO THE PANDEMIC THE SYMPOSIA OFFERINGS HAVE BEEN LIMITED IN SINCE 2022 BUT OUR ONGOING CME ACTIVITIES (APPROX. 216 ANNUALLY) ARE OPEN TO INSPIRA MEDICAL STAFF AND COMMUNITY HEALTH PROVIDERS.

GARDEN AREA HEALTH EDUCATION CENTER ("AHEC") - A PROGRAM AFFILIATED WITH THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE WHICH FACILITATES IMPROVED COMMUNITY HEALTH OUTCOMES THROUGH COLLABORATIVE INITIATIVES LINKING NEEDS TO EDUCATIONAL RESOURCES. TARGETING THE EDUCATIONAL NEEDS OF NURSES 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, LEGAL DOCUMENTATION, DE-ESCALATION TECHNIQUES, CARE FOR THE DETERIORATING PATIENT, SEIZURE DISORDERS, WOUND CARE, MENTAL HEALTH, CHILDHOOD OBESITY, AND MANY OTHERS.

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RESIDENCY PROGRAMS - THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE HAS DESIGNATED IHN AS A MAJOR CLINICAL AFFILIATE OF THE MEDICAL SCHOOL. THIS PARTNERSHIP SUPPORTS INSPIRA MEDICAL CENTER VINELAND & MULLICA HILL RESIDENCY PROGRAMS THAT WILL HELP TO ADDRESS THE ANTICIPATED PHYSICIAN SHORTAGE IN OUR REGION BY TRAINING THE NEXT GENERATION OF PHYSICIANS RIGHT HERE IN OUR COMMUNITY. THESE MEDICAL SCHOOL GRADUATES WORK SIDE-BY-SIDE WITH EXPERIENCED MEMBERS OF THE IMC MEDICAL STAFF IN PODIATRY, SPORTS MEDICINE, URO-GYNECOLOGY, CRITICAL CARE, OBSTETRICS AND GYNECOLOGY, FAMILY MEDICINE, ORTHOPEDIC SURGERY, INTERNAL MEDICINE, TRADITIONAL ROTATING INTERNSHIP, EMERGENCY MEDICINE AND GENERAL SURGERY. AT THE SAME TIME, THEY ENHANCE PATIENT CARE WITH THE KNOWLEDGE OF THE LATEST TREATMENTS AND PHILOSOPHIES MEDICINE HAS TO OFFER. THEY ALSO BRING A LEVEL OF INTELLECTUAL CURIOSITY THAT STRENGTHENS OUR CARE TEAMS AND BENEFITS OUR PATIENTS.

IN 2024, INSPIRA TRAINED 283 MEDICAL RESIDENTS AND FELLOWS IN 16 NATIONALLY ACCREDITED PROGRAMS. 94 MEDICAL RESIDENTS GRADUATED IN JULY AND ALL 106 RESIDENT SLOTS WERE FILLED DURING THE MATCH AND POST-MATCH PROCESSES.

RESEARCH

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INSPIRA HEALTH ROUTINELY CONDUCTS A VARIETY OF COOPERATIVE GROUP (NATIONAL CANCER INSTITUTE), INDUSTRY SPONSORED, AND ORIGINAL (ACADEMIC)

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RESEARCH STUDIES. INSPIRA CHOOSES INDUSTRY AND COOPERATIVE GROUP TRIALS
THAT WILL BE OF THE MOST BENEFIT TO THE HEALTH AND WELLBEING OF OUR
COMMUNITY. FOR EXAMPLE, DURING THE COVID-19 PANDEMIC, INSPIRA
PARTICIPATED IN A TOTAL OF FIVE COVID-19 TREATMENT STUDIES.

CURRENTLY INSPIRA IS OFFERING STUDIES WHICH RELATE TO COMMON COMMUNITY
HEALTH NEEDS SUCH AS CARDIAC DISEASE, OBESITY, AND DIABETIC
COMPLICATIONS. WHEN EXAMINING POTENTIAL ONCOLOGY STUDIES, INSPIRA IS
ALWAYS SURE TO PLACE AN EMPHASIS ON CANCER CARE DELIVERY AND QUALITY OF
LIFE STUDIES, IN ADDITION TO TREATMENT STUDIES, THAT WILL AID IN
ADDRESSING THE CONCOMITANT HEALTH NEEDS OF OUR COMMUNITY. FOR EXAMPLE,
INSPIRA RECENTLY PARTICIPATED IN STUDIES THAT SOUGHT TO ASSIST PATIENTS
IN MAINTAINING ADHERENCE WITH THEIR PRESCRIBED MEDICATION REGIMEN AND
THAT HELPED FACILITATE SMOKING CESSATION AND RECENTLY CONCLUDED A DEVICE
TRIAL WHICH SEEKS TO MITIGATE THE RISK OF ORAL MUCOSITIS SECONDARY TO
STOMATOTOXIC CHEMOTHERAPIES. INSPIRA'S ACADEMIC AND ORIGINAL RESEARCH
STUDIES ARE UNFUNDED STUDIES THAT ARE DEVELOPED INTERNALLY TO ADDRESS
UNIQUE PRACTICE PROBLEMS FOR WHICH EVIDENCE-BASED SOLUTIONS ARE NOT IN
EXISTENCE OR TO INCREASE THE BODY OF EXISTING KNOWLEDGE IN HOT-TOPIC
AREAS. THESE STUDIES ARE DRAFTED AND CONDUCTED WITH THE SUPPORT OF
VOLUNTEER RESEARCH MENTORS FROM AMONG THE NURSING AND MEDICAL STAFF.
EXAMPLES OF ORIGINAL RESEARCH STUDIES RECENTLY CONDUCTED INCLUDE
EXAMINING THE IMPACT OF COVID-19 HEALTHCARE WORKER STRESS, ASSESSING THE
RELIABILITY AND VALIDITY OF A FALL-RISK ASSESSMENT TOOL SPECIFIC TO
PERI-PARTUM WOMEN, AND IMPROVING THE THERAPEUTIC MILIEU IN OUR INPATIENT

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BEHAVIORAL HEALTH UNIT.

INSPIRA ALSO ASSISTS MEDICAL RESIDENTS, PHARMACY RESIDENTS, AND NURSING DOCTORAL CANDIDATES IN COMPLETING ACADEMIC STUDIES AS PART OF FULFILLING THEIR DEGREE REQUIREMENTS. EXAMPLES OF THESE TYPES OF PROJECTS THE CAUSES OF LOW HPV UPTAKE IN OUR COMMUNITIES AND DETERMINING BEST PRACTICES FOR TRIGGER FINGER INJECTION TECHNIQUES. EACH OF THESE ORIGINAL STUDIES IS REVIEWED BY THE INSPIRA INSTITUTIONAL REVIEW BOARD (IRB) WHOSE PURPOSE IS TO REVIEW ALL PROPOSED RESEARCH PROJECTS TO ENSURE THE RIGHTS, WELLBEING, AND WELFARE OF HUMAN RESEARCH SUBJECTS IS PROTECTED.

NO RESEARCH ACTIVITIES CAN OCCUR WITHOUT REVIEW BY AN ACCREDITED IRB AND PROJECTS (WHICH MEET CRITERIA) ARE RE-REVIEWED ON AN ONGOING BASIS AS REQUIRED BY REGULATORY GUIDANCE. MEMBERS OF THE IRB VOLUNTEER FOR THE ROLE AND RECEIVE SPECIAL TRAINING ON HUMAN SUBJECTS PROTECTION. THE IRB INCLUDES BOTH EMPLOYEES AND COMMUNITY MEMBERS. IN THE CASES OF INDUSTRY SPONSORED TRIALS, WHEN A CENTRAL IRB MAY BE USED, INSPIRA COMPLETES A RELIANCE AGREEMENT WITH THE CENTRAL IRB ONLY AFTER THE POTENTIAL PRINCIPAL INVESTIGATOR, THE AVP FOR CLINICAL RESEARCH, AND THE IRB CHAIR HAVE AGREED THAT THE BENEFITS OF THE STUDY OUTWEIGH THE RISKS.

CORE FORM, PART V; QUESTION 15

AMY MANSUE IS INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION ON A FULL-TIME BASIS. SHE IS EMPLOYED AND RECEIVES A FEDERAL

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FORM W-2 FROM THIS ORGANIZATION. ACCORDINGLY, HER COMMON LAW
EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH INSPIRA MEDICAL CENTERS, INC.
(EIN: 21-0634484). INSPIRA MEDICAL CENTERS, INC. FILED A 2024 FORM 4720
WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MS. MANSUE'S
COMPENSATION IN EXCESS OF \$1M.

WARREN E. MOORE, FACHE IS INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF
THIS ORGANIZATION ON A FULL-TIME BASIS. HE IS EMPLOYED AND RECEIVES A
FEDERAL FORM W-2 FROM THIS ORGANIZATION. ACCORDINGLY, HIS COMMON LAW
EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH INSPIRA MEDICAL CENTERS, INC.
(EIN: 21-0634484). INSPIRA MEDICAL CENTERS, INC. FILED A 2024 FORM 4720
WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. MOORE'S
COMPENSATION IN EXCESS OF \$1M.

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.

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

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MEMBER OF THE NETWORK'S AUDIT COMMITTEE FOR REVIEW AND THEREAFTER
APPROVAL BY THE MEMBERS AT THE 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'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S
FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING SENIOR VICE PRESIDENT
AND CHIEF LEGAL OFFICER, SENIOR 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

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REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN
PRESENTED TO THE NETWORK'S AUDIT COMMITTEE AND PROVIDED TO THE
ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

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

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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 SENIOR VICE PRESIDENT AND CHIEF LEGAL OFFICER FOR REVIEW.
THEREAFTER, THE SENIOR VICE PRESIDENT AND CHIEF LEGAL OFFICER 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.

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THE COMPLETED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE RETURNED TO THE SYSTEM'S SENIOR VICE PRESIDENT AND CHIEF LEGAL OFFICER FOR REVIEW. THEREAFTER, THE SENIOR VICE PRESIDENT AND CHIEF LEGAL OFFICER PRESENTS ANY CONFLICTS OF INTEREST TO THE NETWORK'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION.

CORE FORM, PART VI, SECTION B; QUESTION 15

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

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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

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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 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.

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS
EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26:
2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF
THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND

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SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN
CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT
OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION
AFTER FILING ITS FORM 990 WITH THE IRS.

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. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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.
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.

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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.

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"). 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

INSPIRA MEDICAL CENTERS, INC.

21-0634484

CORE FORM, PART IX

THE ORGANIZATION IS AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK; A
TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). CERTAIN
EXPENSES INCLUDED WITHIN CORE FORM, PART IX REPRESENT THE PORTION OF
EXPENSES ALLOCATED TO, NOT NECESSARILY PAID BY, INSPIRA MEDICAL CENTERS,
INC.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- GAIN ON INTEREST RATE SWAP - \$400,899;
- NET TRANSFERS TO AFFILIATES - (\$30,499,715);
- CHANGE IN BENEFICIAL INTEREST IN TEMPORARY TRUSTS; DONOR RESTRICTED -
\$188,783;
- CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS; DONOR RESTRICTED -
\$231,133;
- NET ASSETS RELEASED FROM RESTRICTIONS; DONOR RESTRICTED - \$27,774,037;
- NET ASSETS RELEASED FROM RESTRICTIONS - (\$322,907);
- NET PERIODIC PENSION ADJUSTMENT - (\$22,517,197);
- PENSION LIABILITY ADJUSTMENT - \$25,490,000;
- PENSION SETTLEMENT LOSS - (\$20,790,473); AND
- OTHER CHANGES IN NET ASSETS - \$76,892.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

INSPIRA MEDICAL CENTERS, INC.

21-0634484

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, 2024 AND DECEMBER 31, 2023; 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 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.

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 AS SET FORTH IN THE UNIFORM GUIDANCE, 2 C.F.R., PART
200, SUBPART F. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO
PREPARE AND ISSUE THE UNIFORM GUIDANCE AUDIT.

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Employer identification number

21-0634484

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO PROVIDE A SAFE AND COMPASSIONATE EXPERIENCE THAT IMPROVES THE
HEALTH AND WELL-BEING OF OUR COMMUNITY BY PLACING THE SAFETY OF OUR
PATIENTS AND SUPPORT OF OUR EMPLOYEES AT THE CENTER OF ALL WE DO.
PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT
INCLUDED IN SCHEDULE O.

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Employer identification number

21-0634484

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

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.

Name of the organization

INSPIRA MEDICAL CENTERS, INC.

Employer identification number

21-0634484

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
SYMMETRY WORKFORCE SOLUTIONS P.O. BOX 392800 PITTSBURGH, PA 15251-9800	STAFFING	31,656,384.
COOPER UNIVERSITY PHYSICIANS 1 FEDERAL ST., SUITE NV-400A CAMDEN, NJ 08103-1161	MEDICAL	22,590,340.
QUEST DIAGNOSTICS P.O. BOX 828669 PHILADELPHIA, PA 19182-8669	LABORATORY	22,236,058.
PHILIPS HEALTHCARE P.O. BOX 100355 ATLANTA, GA 30384-0355	EQUIP MAINTENANCE	18,031,110.
HUNTER ROBERTS CONSTRUCTION GROUP 1717 ARCH STREET, SUITE 3410 PHILADELPHIA, PA 19103	CONSTRUCTION	15,179,299.

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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 32-0483850 165 BRIDGETON PIKE MULLICA HILL, NJ 08062	HEALTHCARE	NJ	NONE	6,690,427.	IMC
(2) 1450 NORTH ALMONESSON ROAD, LLC 87-1421657 208 S. PRINCETON AVENUE WENONAH, NJ 08090	REAL ESTATE	NJ	273,415.	5,474,181.	IMC
(3) OAK & MAIN SURGICENTER, LLC 22-3532371 907 NORTH MAIN ROAD VINELAND, NJ 08360	HEALTHCARE	NJ	1,687,924.	1,379,414.	IMC
(4) SALEM MEDICAL CENTER PROPERTIES, LLC 92-0398689 165 BRIDGETON PIKE MULLICA HILL, NJ 08062	REAL ESTATE	NJ	NONE	NONE	IMC
(5)					
(6)					

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.

(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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO

INSPIRA HOMECARE & HOSPICECARE, INC. 333 IRVING AVENUE	22-6067549 BRIDGETON, NJ 08302 HEALTH SVCS.	NJ	501(C)(3)	10	NETWORK		X
INSPIRA HEALTH NETWORK, INC. 333 IRVING AVENUE	22-2508425 BRIDGETON, NJ 08302 HEALTH SVCS.	NJ	501(C)(3)	12C	N/A		X
INSPIRA HEALTH NETWORK LIFE, INC. 2950 COLLEGE DRIVE, SUITE 1E	26-4827936 VINELAND, NJ 08360 HEALTH SVCS.	NJ	501(C)(3)	10	NETWORK		X
INSPIRA HEALTH FOUNDATION, INC. 165 BRIDGETON PIKE	22-2333409 MULLICA HILL, NJ 08062 FUNDRAISING	NJ	501(C)(3)	7	IMC	X	
TRI-COUNTY CARDIOVASCULAR SERVICES, P.C. 509 NORTH BROAD STREET	45-4199382 WOODBURY, NJ 08096 INACTIVE	NJ	501(C)(3)	12A	NETWORK		X
INSPIRA HEALTH CONNECTIONS, P.C. 333 IRVING AVENUE	45-4203973 BRIDGETON, NJ 08302 HEALTH SVCS.	NJ	501(C)(3)	3	NETWORK		X
INSPIRA HEALTH NETWORK MEDICAL GROUP, PC 2950 COLLEGE DRIVE, SUITE 1E	22-5745047 VINELAND, NJ 08360 HEALTH SVCS.	NJ	501(C)(3)	12A	IMC	X	
SALEM PHYSICIAN PRACTICES, P.C. 310 WOODSTOWN ROAD	83-1552401 SALEM, NJ 08079 HEALTH SVCS.	NJ	501(C)(3)	12A	IMC	X	

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 22-2956029 333 IRVING AVENUE BRIDGETON, N	REAL ESTATE	NJ	N/A									
(2) INSPIRA HLTH PTRS 46-5550615 2950 COLLEGE DRIVE VINELAND, N	HEALTHCARE ACO	NJ	N/A									
(3) INSPIRA SJ UC MGT 81-3186749 165 BRIDGETON PIKE MULICA HIL	URGENT CARE MGT.	NJ	N/A									
(4) WMCA, LLP 22-3006705 1060 N. KINGS HWY CHERRY HILL,	HEALTHCARE SVCS.	NJ	N/A									
(5) TRICARE AT INSPIRA, LLC 99-272 165 BRIDGETON PIKE MULICA HIL	MANAGEMENT SVCS.	NJ	N/A	RELATED	2,873,423.	26,756,629.	X			X		75.0000
(6)												
(7)												

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 22-2502241 2950 COLLEGE DRIVE, SUITE 1E VINELAND, NJ 08360	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X
(2) JUNO ASSURANCE, LTD. POINT HOUSE, 6 FRONT STREET HAMILTON, BD HM11	FINANCIAL VEHICLE	BD	N/A	FOREIGN CORP.					X
(3) INSPIRA HEALTH NETWORK URGENT CARE, P.C. 45-2900402 201 TOMLIN STATION ROAD MULICA HILL, NJ 08062	HEALTHCARE SVCS.	NJ	IMC	C CORP.	18,505,132.	10,487,391.	100.0000	X	
(4) RED BANK DEVELOPMENT CORPORATION 22-2814053 509 NORTH BROAD STREET WOODBURY, NJ 08096	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X
(5) INSPIRA SJ URGENT CARE, P.C. 81-3165654 165 BRIDGETON PIKE MULICA HILL, NJ 08062	HEALTHCARE SVCS.	NJ	IMC	C CORP.	3,373,262.	1,352,006.	100.0000	X	
(6)									
(7)									

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.		X
b Gift, grant, or capital contribution to related organization(s).		X
c Gift, grant, or capital contribution from related organization(s).	X	
d Loans or loan guarantees to or for related organization(s).	X	
e Loans or loan guarantees by related organization(s).	X	
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).	X	
k Lease of facilities, equipment, or other assets from related organization(s).	X	
l Performance of services or membership or fundraising solicitations for related organization(s).		X
m Performance of services or membership or fundraising solicitations by related organization(s).		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
o Sharing of paid employees with related organization(s).	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses.		X
r Other transfer of cash or property to related organization(s).	X	
s Other transfer of cash or property from related organization(s).	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) INSPIRA HEALTH NETWORK URGENT CARE, PC	E	281,147.	COST
(2) INSPIRA HEALTH NETWORK MEDICAL GROUP, PC	J	1,073,685.	COST
(3) INSPIRA HEALTH FOUNDATION, INC.	C	2,137,069.	COST
(4) INSPIRA HEALTH FOUNDATION, INC.	K	641,165.	COST
(5) INSPIRA HEALTH FOUNDATION, INC.	O	754,361.	COST
(6)			

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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. THESE 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.

RENT AND ROYALTY INCOME

Taxpayer's Name INSPIRA MEDICAL CENTERS, INC.				Identifying Number 21-0634484	
DESCRIPTION OF PROPERTY RENTAL INCOME					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you actively participate in the operation of the activity during the tax year?	
TYPE OF PROPERTY:					
REAL RENTAL INCOME					
OTHER INCOME:					
RENTAL INCOME				3,080,080.	
TOTAL GROSS INCOME					3,080,080.
OTHER EXPENSES:					
TAXES				12,311.	
UTILITIES				590,740.	
OTHER EXPENSES				3,336,997.	
DEPRECIATION (SHOWN BELOW)					
LESS: Beneficiary's Portion					
AMORTIZATION					
LESS: Beneficiary's Portion					
DEPLETION					
LESS: Beneficiary's Portion					
TOTAL EXPENSES					3,940,048.
TOTAL RENT OR ROYALTY INCOME (LOSS)					-859,968.
Less Amount to					
Rent or Royalty					
Depreciation					
Depletion					
Investment Interest Expense					
Other Expenses					
Net Income (Loss) to Others					
Net Rent or Royalty Income (Loss)					-859,968.
Deductible Rental Loss (if Applicable)					

SCHEDULE FOR DEPRECIATION CLAIMED

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME	3,080,080.

	3,080,080.
	=====

OTHER DEDUCTIONS

CONTRACTED SERVICES	1,491,637.
OCCUPANCY	1,845,360.

	3,336,997.
	=====

RENT AND ROYALTY SUMMARY
=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	3,080,080.		3,940,048.	-859,968.
	-----	-----	-----	-----
TOTALS	3,080,080.		3,940,048.	-859,968.
	=====	=====	=====	=====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2024

Name of estate or trust

Employer identification number

INSPIRA MEDICAL CENTERS, INC.

21-0634484

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	70,471,682.			70,471,682.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 70,471,682.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2024

Part III Summary of Parts I and II**Caution:** Read the instructions **before** completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		70,471,682.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a.	19		70,471,682.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3); or b \$3,000	20	()
-----------	--	-----------	-----

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$3,150	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$15,450	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Schedule D (Form 1041) 2024

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

INSPIRA MEDICAL CENTERS, INC.

21-0634484

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SECURITIES	VARIOUS	VARIOUS	70,471,682.00				70,471,682.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				70,471,682.				70,471,682.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.