AMENDED RETURN
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.

2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable

C Name of organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

D Employer identification number

21-0635001

E Telephone number

856-385-0620

F Name and address of principal officer: DENNIS W. FULLIN

303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053

G Gross receipts

$412,430,021

H(a) Is this a group return

Yes No

for subordinates?

H(b) Are all subordinates included?

Yes No

I Tax-exempt status:

501(c)(3)

J Website: www.VIRTUA.ORG

K Form of organization:

Corporation

L Year of formation: 1950

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

OUR MISSION IS TO HELP THE COMMUNITY TO BE WELL, GET WELL AND STAY WELL.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 20

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

4 18

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6 53

7a Total unrelated business revenue from Part VIII, column (C), line 12

3,858

7b Net unrelated business taxable income from Form 990-T, Part I, line 11


Revenue

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

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

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

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

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

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

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

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

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

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

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Expenses

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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 (if other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

DENNIS W. FULLIN, PRESIDENT/CEO

Date

9/26/2023

Type or print name and title

RSUSSLE ARMSTRONG

Preparer's signature

Preparer's name

GRANT THORNTON LLP

Preparer's address

2001 MARKET ST., STE. 700

PHILADELPHIA, PA 19103

Preparer's phone number

315-561-4200

PTIN

90288333

Form 990 (2021)
Amended Return

Virtua Our Lady of Lourdes Hospital, Inc.

Part III | Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission:
   WE ARE DEDICATED TO PROVIDING EACH PATIENT AND THEIR FAMILY WITH AN
   OUTSTANDING EXPERIENCE AND ENSURING THE HIGHEST QUALITY HEALTHCARE FOR
   THE COMMUNITY. WE ARE COMMITTED TO PROVIDING OUR HEALTHCARE TEAM WITH
   RESOURCES, TECHNOLOGY AND TRAINING, AS WELL AS WITH OPPORTUNITIES FOR

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 X
   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 X
   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.

   a. [Expense $82,155,155, including grants of $] (Revenue $60,642,461)
      Unreimbursed Medicaid - Virtua provided care to many community members
      That are insured under medical assistance programs, including the state
      Administered Medicaid Program, reimbursement for these programs is less
      than the cost of the service provided by approximately $21.5 million,
      as estimated by management. Services are provided on both an inpatient
      and outpatient basis, including through emergency departments and
      clinics.

   b. [Expense $12,510,516, including grants of $] (Revenue $8,405,636)
      Medical Education - Virtua Our Lady of Lourdes Hospital is one of the
      region’s leading healthcare providers, recognized nationally for
      Excellence in clinical care and service to the community. Our intern
      and resident education programs help develop and train leaders in
      medicine. Virtua’s residency programs (obstetrics and gynecology,
      family medicine, pharmacy, and podiatry) and fellowship (cardiology)
      are dedicated to provide rewarding experiences.

   c. [Expense $6,260,748, including grants of $] (Revenue $767,728)
      Charity Care - Under the guidance of its community based board of
      trustees and the support of the physicians on its open medical staff,
      Virtua Our Lady of Lourdes Hospital provides medically necessary
      services to individuals irrespective of their ability to pay. Programs
      are in place to identify and provide financial assistance to those in
      need. Some patients will qualify for charity care assistance under
      state of New Jersey defined eligibility criteria. Virtua Our Lady of
      Lourdes Hospital augments the state’s program with its own assistance
      program for which the criteria is less restrictive than that of the
      state program, providing assistance to individuals earning up to 500%
      of the federal poverty guidelines. Management estimates the total cost
      of charity care provided during 2021 to be approximately $5.5 million.

4d. Other program services (Describe on Schedule O.)
   (Expense $220,453,078, including grants of $) (Revenue $338,039,459)

4e. Total program service expenses ▶ 321,379,437.

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2021.06010 Virtua Our Lady of Lourdes Voloh_1
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**Part IV Checklist of Required Schedules**

1. **Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?**
   - If "Yes," complete Schedule A
2. **Is the organization required to complete Schedule B, Schedule of Contributors? See instructions**
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**
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**
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. H 98-19? If "Yes," complete Schedule C, Part III**
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**
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**
8. **Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III**
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**
10. **Did the organization, directly or through a related organization, hold assets in donor advised endowments or in quasi endowments? If "Yes," complete Schedule D, Part V**
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
   - a1. 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
   - b1. 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
   - c1. 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
   - d1. X
   
e. Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X
   - e1. 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
   - f1. 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

13. **Is the organization a school described in section 170(b)(1)(A)(vi)? If "Yes," complete Schedule E**
   - 13. X

14a. **Did the organization maintain an office, employees, or agents outside of the United States?**
   - 14a. X

15. **Did the organization have aggregate revenues or gross receipts from activities with 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**
   - 15. X

16. **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**
   - 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, Sea Instruction**
   - 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 or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV**
   - 21. X

22. **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 individual? If "Yes," complete Schedule F, Parts II and IV**
   - 22. X

23. **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 II and IV**
   - 23. X

24. **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, Sea Instruction**
   - 24. X

25. **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**
   - 25. X

26. **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**
   - 26. X

27. **Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H**
   - 27. X

b. **If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?**
   - 28. X

29. **Did the organization report more than $5,000 of grants or other assistance to or for any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule J, Parts I and II**
   - 29. X

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Form 990 (2021)
22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? [If "Yes," complete Schedule I, Parts I and III]  
   Yes:  
   No: x  

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? [If "Yes," complete Schedule J]  
   Yes: x  

24. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? [If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a]  
   Yes: x  

   b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
   Yes: x  

   c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
   Yes: x  

   d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  
   Yes: x  

25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? [If "Yes," complete Schedule L, Part I]  
   Yes: x  

   b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? [If "Yes," complete Schedule L, Part II]  
   Yes: x  

26. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? [If "Yes," complete Schedule L, Part III]  
   Yes: x  

27. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? [If "Yes," complete Schedule L, Part III]  
   Yes: x  

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):  
   a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? [If "Yes," complete Schedule L, Part IV]  
      Yes: x  

   b. A family member of any individual described in line 28a? [If "Yes," complete Schedule L, Part IV]  
      Yes: x  

   c. A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? [If "Yes," complete Schedule L, Part IV]  
      Yes: x  

29. Did the organization receive more than $25,000 in non-cash contributions? [If "Yes," complete Schedule M]  
   Yes: x  

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? [If "Yes," complete Schedule M]  
   Yes: x  

31. Did the organization liquidate, terminate, or dissolve and cease operations? [If "Yes," complete Schedule N, Part I]  
   Yes: x  

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? [If "Yes," complete Schedule N, Part II]  
   Yes: x  

33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-7? [If "Yes," complete Schedule R, Part I]  
   Yes: x  

34. Was the organization related to any tax-exempt or taxable entity? [If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1]  
   Yes: x  

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   Yes: x  

   b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? [If "Yes," complete Schedule R, Part V, line 2]  
   Yes: x  

36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? [If "Yes," complete Schedule R, Part V, line 2]  
   Yes: x  

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? [If "Yes," complete Schedule R, Part VI]  
   Yes: x  

38. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  
   Yes: x  

Note: All Form 990 filers are required to complete Schedule O.
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Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2055

b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Yes No 2b X

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

3a  Did the organization have unrelated business gross income of $1,000 or more during the year? Yes No 3a X

b  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b X

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)? Yes No 4a 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? Yes No 5a X

b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Yes No 5b X

c  If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Yes No 5c

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? Yes No 6a X

b  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Yes No 6b

7  Organizations that may receive deductible contributions under section 170(c).

7a  Did the organization receive a payment in excess of $50 made partly as a contribution and partly for goods and services provided to the payor? Yes No 7a X

b  If "Yes," did the organization notify the donor of the value of the goods or services provided? Yes No 7b

c  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Yes No 7c 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? Yes No 7e X

f  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No 7f

g  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Yes No 7g N/A

h  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Yes No 7h N/A

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? N/A

9  Sponsoring organizations maintaining donor advised funds.

9a  Did the sponsoring organization make any taxable distributions under section 4965? N/A

b  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b

10  Section 501(c)(7) organizations. Enter:

a  Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a

b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A 10b

11  Section 501(c)(12) organizations. Enter:

a  Gross income from members or shareholders N/A 11a

b  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 11b

12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Yes No 12a

b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 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? N/A 13a

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? Yes No 14a X

b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

15  Is the organization subject to the section 4958 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? Yes No 15 X

If "Yes," see the instructions and file Form 4720, Schedule N.

16  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Yes No 16 X

If "Yes," complete Form 4720, Schedule O.

17  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17

If "Yes," complete Form 8069.
**AMENDED RETURN**

Form 990 (2021)  
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  
21-0635001  
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### 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.

#### Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year.
   
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<th>Number of Voting Members</th>
<th>Yes</th>
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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?
   
   - Yes  | No |
   - 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?
   
   - Yes  | No |
   - 3    | X  |

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
   
   - Yes  | No |
   - 4    | X  |

5. Did the organization become aware during the year of a significant diversion of the organization's assets?
   
   - Yes  | No |
   - 5    | X  |

6. Did the organization have members or stockholders?
   
   - Yes  | No |
   - 6    | X  |

7. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
   
   - Yes  | No |
   - 7a   | X  |

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   
   - Yes  | No |
   - a.  | X  |
   - b.  | 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?
   
   - Yes  | No |
   - 9    | X  |

#### Section B. Policies

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

10. Did the organization have local chapters, branches, or affiliates?
   
   - Yes  | No |
   - 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?
   
   - Yes  | No |
   - 10b  |    |

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   
   - Yes  | No |
   - 11a  | X  |

12. Did the organization have a written conflict of interest policy?
   
   - Yes  | No |
   - 12a  | X  |
   
   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
   
   - Yes  | No |
   - 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.
   
   - Yes  | No |
   - 12c  | X  |

13. Did the organization have a written whistleblower policy?
   
   - Yes  | No |
   - 13   | X  |

14. Did the organization have a written document retention and destruction policy?
   
   - Yes  | No |
   - 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
   
   - Yes  | No |
   - 15a  | X  |
   
   b. Other officers or key employees of the organization
   
   - Yes  | No |
   - 15b  | X  |

16. Did the organization invest, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
   
   - Yes  | No |
   - 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?
   
   - Yes  | No |
   - 16b  |    |

#### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed.

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
   - Other'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.

   ROBERT M. SEGIN - 856-355-0620

303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053

2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1

13230905 137924 VOLOH
## AMENDED RETURN

**Form 990 (2021)**

**VIRTUA OUR LADY OF LOURDES HOSPITAL, INC**

**21-0635801**

**Page 7**

### Part VII

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless persons is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>DENNIS W. FULLIN</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>2,517,304.</td>
<td>55,774.</td>
</tr>
<tr>
<td>(2)</td>
<td>JOHN M. NUTZINGER</td>
<td>7.00</td>
<td>X</td>
<td>0.</td>
<td>1,193,172.</td>
<td>54,076.</td>
</tr>
<tr>
<td>(3)</td>
<td>ROBERT M. SEGIN</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>1,065,054.</td>
<td>47,864.</td>
</tr>
<tr>
<td>(4)</td>
<td>LAUREN ROWINSKI</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>664,883.</td>
<td>40,079.</td>
</tr>
<tr>
<td>(5)</td>
<td>SHAILEN SHAH, MD</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>586,180.</td>
<td>55,724.</td>
</tr>
<tr>
<td>(6)</td>
<td>ALAN POPE</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>573,190.</td>
<td>44,738.</td>
</tr>
<tr>
<td>(7)</td>
<td>MARK P NEssel</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>549,851.</td>
<td>55,649.</td>
</tr>
<tr>
<td>(8)</td>
<td>LISA C. FERRARO</td>
<td>8.00</td>
<td>X</td>
<td>0.</td>
<td>399,976.</td>
<td>37,853.</td>
</tr>
<tr>
<td>(9)</td>
<td>MARK PETRACCI</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>318,477.</td>
<td>35,501.</td>
</tr>
<tr>
<td>(10)</td>
<td>KAREN MAGARELLI</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>294,160.</td>
<td>50,710.</td>
</tr>
<tr>
<td>(11)</td>
<td>CHRISTINE DENISE PALM</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>257,588.</td>
<td>51,213.</td>
</tr>
<tr>
<td>(12)</td>
<td>BRYAN SCHEMERER</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>247,540.</td>
<td>44,629.</td>
</tr>
<tr>
<td>(13)</td>
<td>LANNIE Ewing</td>
<td>40.00</td>
<td>X</td>
<td>0.</td>
<td>237,468.</td>
<td>51,148.</td>
</tr>
<tr>
<td>(14)</td>
<td>DAVID KINDLICK</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15)</td>
<td>EDWARD B. CLOUSS</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16)</td>
<td>VICE CHAIR</td>
<td>1.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17)</td>
<td>PATRICIA CODEY</td>
<td>0.20</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(18)</td>
<td>TRUSTEE</td>
<td>1.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19)</td>
<td>TRUSTEE</td>
<td>1.80</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
**AMENDED RETURN**

Form 990 (2021)  VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  21-0635001  Page 8

**Part VII**  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below)</th>
<th>(C) Position (do not check more than one box unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES DWYER, DO</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DENNIS FLANAGAN</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GRAYLING JOHNSON</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SANIAH JOHNSON</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRATAP KHEDKAR</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>GEORGE LYNN</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>FAYE MELODY</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JEFFREY MORRIS, MD</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN PARKER</td>
<td>0.20</td>
<td>TRUSTEE</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Subtotal ........................................... 2,478,722.  6,420,669.  625,158.

c Total from continuation sheets to Part VII, Section A ........................................... 0.  0.  0.

d Total (add lines 1b and 1c) ........................................... 2,478,722.  6,420,669.  625,158.

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 ........................................... 241

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ........................................... Yes  No

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 ........................................... Yes  No

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 ........................................... Yes  No

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ........................................... 0

See Part VII, Section A Continuation Sheets
### AMENDED RETURN

**Virtua Our Lady of Lourdes Hospital, Inc.**

**Form 990**

**Part VII** | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) Stacy Robinson</td>
<td>Trustee: 1.80 X</td>
<td>TRUSTEE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(28) Marvin Samson</td>
<td>Trustee: 1.80 X</td>
<td>TRUSTEE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(29) Roy Shubert, MD</td>
<td>Trustee: 1.80 X</td>
<td>TRUSTEE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(30) John Sweeney</td>
<td>Trustee: 1.80 X</td>
<td>TRUSTEE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(31) Charles Vila</td>
<td>Trustee: 1.80 X</td>
<td>TRUSTEE</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>Total Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a NET PATIENT SERVICES</td>
<td>621110</td>
<td>311,938,283.</td>
<td>311,938,283.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 b NET LAB REVENUE</td>
<td>621110</td>
<td>85,621,401.</td>
<td>85,621,401.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 c SCHOOL OF NURSING – TU</td>
<td>611310</td>
<td>3,193,810.</td>
<td>3,193,810.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 d QIP NJ PROGRAM</td>
<td>621990</td>
<td>2,630,350.</td>
<td>2,630,350.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 e EARLY INTERVENTION PRO</td>
<td>621990</td>
<td>1,199,358.</td>
<td>1,199,358.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 f All Other Program Service Revenue</td>
<td>621990</td>
<td>519,713.</td>
<td>519,713.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 g Total Add Lines 2a-2f</td>
<td></td>
<td>405,102,915.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment Income (Including Dividends, Interest, and Other Similar Amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43,706.</td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross Rent</td>
<td>6a</td>
<td>2,303,705.</td>
<td>(i) Real</td>
<td></td>
<td>43,706.</td>
</tr>
<tr>
<td>6 b Less: Rental Expenses</td>
<td>6b</td>
<td>2,303,705.</td>
<td>(ii) Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 c Rental Income or (Loss)</td>
<td>6c</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross Amount from Sales of Assets Other Than Inventory</td>
<td>7a</td>
<td>22,155.</td>
<td>(i) Securities</td>
<td></td>
<td>43,706.</td>
</tr>
<tr>
<td>7 b Less: Cost or Other Basis and Sales Expenses</td>
<td>7b</td>
<td>105,213.</td>
<td>(ii) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 c Gain or (Loss)</td>
<td>7c</td>
<td>-83,058.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross Income from Fundraising Events (Not Including $ of Contributions Reported on Line 1c). See Part IV, line 18</td>
<td>8a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 b Less: Direct Expenses</td>
<td>8b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 c Net Income or (Loss) from Fundraising Events</td>
<td>8c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross Income from Gaming Activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 b Less: Direct Expenses</td>
<td>9b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 c Net Income or (Loss) from Gaming Activities</td>
<td>9c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross Sales of Inventory, Less Returns and Allowances</td>
<td>10a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b Less: Cost of Goods Sold</td>
<td>10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 c Net Income or (Loss) from Sales of Inventory</td>
<td>10c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a Joint Venture Income</td>
<td>621990</td>
<td>2,752,287.</td>
<td></td>
<td>2,752,287.</td>
<td></td>
</tr>
<tr>
<td>11 b Cafeteria Income</td>
<td>722514</td>
<td>870,597.</td>
<td></td>
<td>870,597.</td>
<td></td>
</tr>
<tr>
<td>11 c Gift Shop</td>
<td>453220</td>
<td>157,180.</td>
<td></td>
<td>157,180.</td>
<td></td>
</tr>
<tr>
<td>11 d All Other Revenue</td>
<td></td>
<td>3,780,064.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total Revenue, See Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>850,410</td>
<td>760,328</td>
<td>190,082</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>104,441,534</td>
<td>83,553,227</td>
<td>20,888,307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>3,515,911</td>
<td>2,812,729</td>
<td>703,182</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>12,997,934</td>
<td>10,338,347</td>
<td>2,599,587</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>7,505,453</td>
<td>6,004,363</td>
<td>1,501,090</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, line 11g expenses on Sch 0.)</td>
<td>58,697,366</td>
<td>49,233,480</td>
<td>9,463,886</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>9,557,576</td>
<td>7,646,061</td>
<td>1,911,515</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>138,778</td>
<td>111,023</td>
<td>27,755</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>4,587,320</td>
<td>3,669,956</td>
<td>917,464</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>28,425</td>
<td>21,140</td>
<td>5,285</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>14,928,078</td>
<td>11,942,462</td>
<td>2,985,616</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>475,684</td>
<td>475,684</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 0.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a MEDICAL SUPPLIES</td>
<td>83,900,584</td>
<td>83,900,584</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b VIRTUA HEALTH ALLOCATION</td>
<td>67,500,000</td>
<td>54,000,000</td>
<td>13,500,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c HOSPITAL FEE PILOT PROG</td>
<td>4,287,927</td>
<td>4,287,927</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d NJ HOSPITAL FEE</td>
<td>1,773,798</td>
<td>1,773,798</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>985,611</td>
<td>788,408</td>
<td>197,203</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24</td>
<td>376,270,369</td>
<td>321,379,497</td>
<td>54,890,892</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
## AMENDED RETURN

### Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>437,709</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>38,397,277</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Notes and loans receivable, net</td>
<td>1,903,665</td>
</tr>
<tr>
<td>7</td>
<td>Inventories for sale or use</td>
<td>5,723,123</td>
</tr>
<tr>
<td>8</td>
<td>Prepaid expenses and deferred charges</td>
<td>108,187,387</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>208,187,387</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>30,279,933</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>258,143,822</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>19</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>21</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>22</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>23</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>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</td>
<td>26</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>27</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>28</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>29</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>58,253,665</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>258,143,821</td>
</tr>
</tbody>
</table>

Form 990 (2021)
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash ☑ Accrual ☐ Other ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>2c</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td>3b</td>
<td>X</td>
</tr>
</tbody>
</table>
### AMENDED RETURN

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) non-exempt charitable trust.  
Attach Form 990 or Form 990-EZ.  
Go to www.irs.gov/Form990 for instructions and the latest information.

**Name of the organization**  
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  
Employer identification number 21-0635001

<table>
<thead>
<tr>
<th>Part</th>
<th>Reason for Public Charity Status. (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>2</td>
<td>X 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:</td>
</tr>
</tbody>
</table>

**The organization is not a private foundation because it is:**

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)).
- [ ] 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.)
- [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- [ ] 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.)
- [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- [ ] 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:

- [ ] 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 purposes, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (see section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

- [ ] 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 publically 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 12a, 12b, and 12c.

- [ ] 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.

- [ ] 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.

- [ ] 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.

- [ ] 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.

- [ ] 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.

- [ ] Enter the number of supported organizations

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in the organization list and the supporting organization?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-31-22 Schedule A (Form 990) 2021
### AMENDED RETURN

**Schedule A (Form 990) 2021**

**VIRTUA OUR LADY OF LOURDES HOSPITAL, INC**

**Page 2**

#### 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**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total, Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2021. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2020. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test - 2021. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test - 2020. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10202 01-04-22

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH__1
## Section A. Public Support

<table>
<thead>
<tr>
<th>Event</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7 from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Event</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 11, and 13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2021 (line 6, column (f), divided by line 13, column (f))</td>
<td>16</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2020 Schedule A, Part III, line 15</td>
<td>16</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</td>
<td>17</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2020 Schedule A, Part III, line 17</td>
<td>18</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19a 33 1/3% support tests - 2021. 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

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
AMENDED RETURN
Schedule A (Form 990) 2021
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI how controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? 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 governing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's governing 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? If "Yes," provide detail in Part VI.

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? If "Yes," complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 77?

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

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? If "Yes," provide detail in Part VI.

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? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
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.

Section B. Type I Supporting Organizations

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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions).
   a [ ] The organization satisfied the Activities Test. Complete line 2 below.
   b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
   c [ ] 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.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>Average monthly value of securities</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Average monthly cash balances</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
**AMENDED RETURN**

Schedule A (Form 990) 2021  
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  
21-0635001  
Page 7

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

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3  Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4  Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6  Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7  Total annual distributions. Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9  Distributable amount for 2021 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10 Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder, Subtract lines 3g, 3h, and 3i from line 3j.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2021 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2021 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder, Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2021
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B
(Form 990)

AMENDED RETURN
Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer Identification number
21-0635901

Organization type (check one):

Filers of:
Form 990 or 990-EZ
☑ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust: not treated as a private foundation
☐ 527 political organization

Form 990-PF
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule
☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules
☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year................................. $ ____________

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

123451 11-11-21
**Name of the organization**

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 7/25/05, and not on a historic structure listed in the National Register

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

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

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

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

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

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

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

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

1a. If the organization elected, as permitted under 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.

1b. 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:
   - Revenue included on Form 990, Part VIII, line 1
   - Assets included on Form 990, Part X

2a. 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:
   - Revenue included on Form 990, Part VIII, line 1
   - Assets included on Form 990, Part X

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

Schedule D (Form 990) 2021

27

13230905 137924 VOLOH

2021.06.010 VIRTUA OUR LADY OF LOURDES VOLOH_1
AMENDED RETURN

Schedule D (Form 990) 2021 VIRTUA OUR LADY OF LOURDES HOSPITAL, INC 21-0635001 Page 2

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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a Board designated or quasi-endowment ▶ %
   b Permanent endowment ▶ %
   c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) Unrelated organizations □ Yes □ No
   (ii) Related organizations □ Yes □ No

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule A?

   □ Yes □ No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>7,665,751</td>
<td>7,665,751</td>
<td>7,665,751</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>94,735,687</td>
<td>84,488,256</td>
<td>86,247,431</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>1,002,602</td>
<td>327,434</td>
<td>675,168</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>98,706,378</td>
<td>20,767,788</td>
<td>77,938,590</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>6,076,969</td>
<td>696,455</td>
<td>5,380,514</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 177,907,454.

Schedule D (Form 990) 2021

13230905 137924 VOLOH 2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1
**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.

<table>
<thead>
<tr>
<th></th>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Col. (b) must equal Form 990, Part X, col. (B) line 12.

---

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th></th>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Col. (b) must equal Form 990, Part X, col. (B) line 13.

---

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RIGHT OF USE ASSET</td>
<td>10,914,604</td>
</tr>
<tr>
<td>2</td>
<td>INVESTMENT IN SUBSIDIARY</td>
<td>8,323,274</td>
</tr>
<tr>
<td>3</td>
<td>OTHER ACCOUNTS RECEIVABLE</td>
<td>6,487,191</td>
</tr>
<tr>
<td>4</td>
<td>DUE FROM AFFILIATES, NON CURRENT</td>
<td>1,414,968</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Column (b) must equal Form 990, Part X, col. (B) line 15.

---

**Part X Other Liabilities.**

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

1. **Description of liability**

<table>
<thead>
<tr>
<th></th>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Federal income taxes</td>
<td>79,023,176</td>
</tr>
<tr>
<td>2</td>
<td>DUE TO AFFILIATES, NET</td>
<td>47,607,879</td>
</tr>
<tr>
<td>3</td>
<td>EST SETTLEMENT DUE TO 3RD PARTY PYR</td>
<td>10,814,460</td>
</tr>
<tr>
<td>4</td>
<td>LEASE LIABILITY</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>OTHER LIABILITIES</td>
<td>1,024,844</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: Column (b) must equal Form 990, Part X, col. (B) line 25.

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.

---

Schedule D (Form 990) 2021

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1
**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.

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

**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.

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

**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.
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number

21-0635001

Part I | Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
</tr>
</tbody>
</table>

2

If the organization has multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:

- □ Applied uniformly to all hospital facilities
- □ Generally tailored to individual hospital facilities

3

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?

- □ 100%
- □ 150%
- □ 200%
- □ Other %

b Did the organization use FPG as a factor in determining eligibility for providing discounted care?

- □ 200%
- □ 250%
- □ 300%
- □ 350%
- □ 400%
- □ Other 500%

4

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.

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

- □ Yes
- □ No

5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

- □ Yes
- □ No

5c 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?

- □ Yes
- □ No

6a Did the organization prepare a community benefit report during the tax year?

- □ Yes
- □ No

6b If "Yes," did the organization make it available to the public?

- □ Yes
- □ No

7

Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (if applicable)</th>
<th>(b) Person served (if applicable)</th>
<th>(c) Total community benefit expenses</th>
<th>(d) Direct charging revenue</th>
<th>(e) Net community benefit expenses</th>
<th>(f) Percent of total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>6,260,748</td>
<td>767,728</td>
<td>5,193,020</td>
<td>1.46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>82,155,155</td>
<td>60,642,461</td>
<td>21,512,694</td>
<td>5.72%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>88,415,903</td>
<td>61,410,189</td>
<td>27,005,714</td>
<td>7.18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td>88,415,903</td>
<td>61,410,189</td>
<td>27,005,714</td>
<td>7.18%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th>(a) Number of activities or programs (if applicable)</th>
<th>(b) Person served (if applicable)</th>
<th>(c) Total community benefit expenses</th>
<th>(d) Direct charging revenue</th>
<th>(e) Net community benefit expenses</th>
<th>(f) Percent of total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>2,396,598</td>
<td>1,227,506</td>
<td>1,169,092</td>
<td>.31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>12,510,516</td>
<td>6,405,996</td>
<td>4,104,620</td>
<td>1.09%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>895,395</td>
<td>314,271</td>
<td>581,124</td>
<td>.15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>114,925</td>
<td>10,381</td>
<td>104,544</td>
<td>.03%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>66,481</td>
<td>220</td>
<td>66,261</td>
<td>.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>15,983,815</td>
<td>9,958,074</td>
<td>6,025,841</td>
<td>1.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Add lines 7d and 7i</td>
<td>104,399,818</td>
<td>71,368,263</td>
<td>33,031,555</td>
<td>8.78%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule H (Form 990) 2021

LHA

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

Schedule H (Form 990) 2021

2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1
AMENDED RETURN

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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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct operating revenue</th>
<th>(e) Total community building expense</th>
<th>(f) Percent of total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>471,149</td>
<td>250,300</td>
<td>220,849</td>
<td></td>
<td>.10%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>471,149</td>
<td>250,300</td>
<td>220,849</td>
<td></td>
<td>.10%</td>
</tr>
</tbody>
</table>

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
   - Yes
   - No
   - 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.
   - 11,064,589

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

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)
   - 112,362,437

6. Enter Medicare allowable costs of care relating to payments on line 6
   - 116,343,022

7. Subtract line 6 from line 5. This is the surplus (or shortfall)
   - -4,580,585

Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?
   - Yes
   - No
   - X

9b. 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.
   - X

Part IV Management Companies and Joint Ventures

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees: profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Schedule H (Form 990 2021)
### Part V Facility Information

#### Section A. Hospital Facilities

<table>
<thead>
<tr>
<th>Name, address, primary website address, and state license number</th>
<th>Licensed: hospital</th>
<th>icu, critical care &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER-24 hours</th>
<th>Other</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIRTUA OUR LADY OF LOURDES HOSPITAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1600 HADDON AVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMDEN, NJ 08103-3117</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.VIRTUA.ORG">WWW.VIRTUA.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE # 10494</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1

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

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)
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VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  
Page 4  

**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  
VIRTUA OUR LADY OF LOURDES HOSPITAL

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Community Health Needs Assessment**

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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.  
   3. X

   If "Yes," indicate what the CHNA report describes (check all that apply):

   a. X  A definition of the community served by the hospital facility
   b. X  Demographics of the community
   c. X  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d. X  How data was obtained
   e. X  The significant health needs of the community
   f. X  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g. X  The process for identifying and prioritizing community health needs and services to meet the community health needs plans
   h. X  The process for consulting with persons representing the community’s interests
   i. X  The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   j. Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA:  
   20 19

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

6b. 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?  
   7. X

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):

   a. X  Hospital facility’s website (list url):  WWW.VIRTUA.ORG/ABOUT/COMMUNITY
   b. Other website (list url):
   c. Made a paper copy available for public inspection without charge at the hospital facility
   d. 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:  
   9. X

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
    a. If "Yes," list url:  WWW.VIRTUA.ORG/ABOUT/COMMUNITY-ACTION-PLAN
    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(i)(8)?  
    12a. X

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
    12b

12c. 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?  
    $
<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>VIRTUA OUR LADY OF LOURDES HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
</tr>
<tr>
<td>13  Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>13 X</td>
</tr>
<tr>
<td>a) Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 500%</td>
<td></td>
</tr>
<tr>
<td>b) Income level other than FPG (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>c) Asset level</td>
<td></td>
</tr>
<tr>
<td>d) Medical indigency</td>
<td></td>
</tr>
<tr>
<td>e) Insurance status</td>
<td></td>
</tr>
<tr>
<td>f) Underinsurance status</td>
<td></td>
</tr>
<tr>
<td>g) Residency</td>
<td></td>
</tr>
<tr>
<td>h) Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>14  Explained the basis for calculating amounts charged to patients?</td>
<td>14 X</td>
</tr>
<tr>
<td>15  Explained the method for applying for financial assistance?</td>
<td>15 X</td>
</tr>
<tr>
<td>a) Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
</tr>
<tr>
<td>b) Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
</tr>
<tr>
<td>c) Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td></td>
</tr>
<tr>
<td>d) Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
</tr>
<tr>
<td>e) Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>16  Was widely publicized within the community served by the hospital facility?</td>
<td>16 X</td>
</tr>
<tr>
<td>a) The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>b) The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td></td>
</tr>
<tr>
<td>c) The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>d) The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>f) A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
</tr>
<tr>
<td>g) 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</td>
<td></td>
</tr>
<tr>
<td>h) Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
</tr>
<tr>
<td>i) 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</td>
<td></td>
</tr>
<tr>
<td>j) Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>
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21-0635001
Page 6

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group

VIRTUA OUR LADY OF LOURDES HOSPITAL

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

- ✔ Yes
- ☐ No

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  Reporting to credit agency(ies)
- ☐ b  Selling an individual's debt to another party
- ☐ c  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  Actions that require a legal or judicial process
- ☐ e  Other similar actions (describe in Section C)
- ☐ f  None of these actions or other similar actions were permitted

- ✔ 17 Yes
- ☐ 18 No

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged:

- ☐ a  Reporting to credit agency(ies)
- ☐ b  Selling an individual's debt to another party
- ☐ c  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  Actions that require a legal or judicial process
- ☐ e  Other similar actions (describe in Section C)

- ☐ 19 Yes
- ☐ 20 No

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- ☐ a  Provided a written notice about upcoming ECAs (Extraordinary Collection Actions) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- ☐ b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- ☐ c  Processed incomplete and complete FAP applications (if not, describe in Section C)
- ☐ d  Made presumptive eligibility determinations (if not, describe in Section C)
- ☐ e  Other (describe in Section C)
- ☐ f  None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

- ✔ Yes
- ☐ No

If "No," Indicate why:

- ☐ a  The hospital facility did not provide care for any emergency medical conditions
- ☐ b  The hospital facility's policy was not in writing
- ☐ c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- ☐ d  Other (describe in Section C)

- ✔ 21 Yes
- ☐ 22 No

Schedule H (Form 990) 2021
## AMENDED RETURN

**Schedule H (Form 990) 2021**

**VIRTUA OUR LADY OF LOURDES HOSPITAL, INC**

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### Part V  Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>VIRTUA OUR LADY OF LOURDES HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>d The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Schedule H (Form 990) 2021
VIRTUA OUR LADY OF LOURDES HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY

VIRTUA OUR LADY OF LOURDES HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY

VIRTUA OUR LADY OF LOURDES HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY

PART V, SECTION H, FINANCIAL ASSISTANCE POLICY ADDITIONAL DISCLOSURE:

VIRTUA'S FINANCIAL ASSISTANCE POLICY ("FAP") IS DESIGNED TO ASSIST THOSE WHO DO NOT HAVE ADEQUATE FINANCIAL RESOURCES OR HEALTH INSURANCE TO PAY FOR THE CARE THAT THEY, OR SOMEONE FOR WHOM THEY ARE RESPONSIBLE, RECEIVED. THE POLICY AND RELATED ACTIONS HAVE BEEN STRUCTURED TO COMPLY WITH SECTION 501(R) OF THE INTERNAL REVENUE CODE.

VIRTUA’S FAP PERTAINS TO THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE. THE FAP LISTS AND ExplAINS THE PROGRAMS AND REGULATIONS UNDER WHICH FINANCIAL ASSISTANCE IS AVAILABLE, AS FOLLOWS:

A) GOVERNMENT PROGRAMS SUCH AS MEDICAID AND SOCIAL SECURITY

B) THE STATE OF NEW JERSEY’S HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM

C) NEW JERSEY UNINSURED DISCOUNT (PUBLIC LAW 2003, CHAPTER 60)
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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, 3, 5, 6a, 6b, 7, 11, 13b, 13h, 15e, 16, 18a, 19a, 20a, 20b, 20c, 20d, 20e, 21a, 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.

D) NEW FAMILYCARE

E) NEW JERSEY CANCER EDUCATION AND EARLY DETECTION

F) THE CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND

G) NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE

H) AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE

I) VIRTUA’S CHARITY ASSISTANCE PROGRAM ("CAP")

VIRTUA HAS SET UP CONSPICUOUS DISPLAYS IN ITS PUBLIC HOSPITAL LOCATIONS

TO NOTIFY AND INFORM OUR PATIENTS AND MEMBERS OF THE COMMUNITY OF THE

FINANCIAL ASSISTANCE AVAILABLE. VIRTUA WILL PROVIDE PATIENTS WITH A

COPY OF A PLAIN LANGUAGE SUMMARY ("PLS") OF ITS FAP. THE FAP,

APPLICATIONS, AND PLS ARE AVAILABLE ON VIRTUA’S WEBSITE OR IN PAPER

COPY FORM IN LOCATIONS WITHIN VIRTUA’S HOSPITAL FACILITIES SUCH AS THE

EMERGENCY DEPARTMENTS AND PATIENT REGISTRATION AREAS. THE FAP,

APPLICATIONS, AND PLS ARE ALL 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 VIRTUA. VIRTUA’S AGB CALCULATIONS ARE AVAILABLE UPON REQUEST

THROUGH VIRTUA’S CUSTOMER SERVICE BUREAU. AN INDIVIDUAL DETERMINED TO

BE FAP-ELIGIBLE WILL NOT BE CHARGED MORE THAN AGB FOR EMERGENCY AND

OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES PURSUANT TO INTERNAL

REVENUE CODE SECTION 501(R)(5).

VIRTUA COMPLIES WITH ALL FEDERAL AND STATE REGULATIONS AND CONTRACTUAL

PROVISIONS WITH REGARDS TO ITS BILLING AND COLLECTION PRACTICES. FOR

UNINSURED PATIENTS OR THOSE WITHOUT SECONDARY INSURANCE COVERAGE FOR A

RESIDUAL BALANCE, VIRTUA WILL NOT ENGAGE IN EXTRAORDINARY COLLECTION

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 15h, 15e, 16j, 18a, 19e, 20a, 20b, 20c, 20d, 26e, 21d, 21e, 21f, 21g, 21h, 22, 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.

**Actions ("ECAS") Against an Individual Until Reasonable Efforts Can Be Made to Determine Whether the Individual is Eligible for Assistance**

**Made to Determine Whether the Individual is Eligible for Assistance Under Virtua’s FAP. The Accounts of Patients for Which There is No Identified Third Party Health Insurance Coverage Will Follow the Defined Self-Pay Collection Cycle, with the Responsible Party Being Made Aware of the Availability of Discounts Offered Under the FAP. If a Completed FAP Application is Received, Virtua (and Any Third Parties Acting on Virtua’s Behalf) Will Suspend Any ECAS Against the Individual Until a Qualification Determination is Made.**

For Unpaid Accounts That Have Reached the End of the Collection Cycle Without Being in the Process of Making Payment Arrangements or Approved, For Financial Assistance, an Estimation of the Responsible Party’s Annual Income May Be Obtained From an Outside Credit Agency to Determine If the Individual Would Likely Be FAP-Eligible. If So, a Reduction to Charges Will Be Applied Prior to Transferring the Account Balance to a Third Party for Collection. Virtua Will Notify the Individual Regarding the Basis for the Presumptive FAP-Eligibility Determination. Virtua Will Ensure Reasonable Efforts Have Been Taken to Determine Whether an Individual is Eligible for Financial Assistance Under the FAP Prior to Initiating ECAS. Emergent, Urgent, and Labor and Delivery Services Covered Under EmPala (Emergency Medical Treatment) and Active Labor Act) are Not Subject to Prior Payment. Virtua Will Not Engage in Any Actions That Discourage Individuals from Seeking Emergency Medical Care.

Patients Who Receive Emergency or Other Medically Necessary Care at 13230905 137924 VOLOH 2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1
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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, 3, 5a, 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, 4, 8, B, 2, 3, etc.) and name of hospital facility.

VIRTUA ARE COMMONLY ALSO SEEN BY PRIVATE PHYSICIAN GROUPS OR OTHER

THIRD PARTY HEALTH CARE PROVIDERS WHILE BEING CARED FOR BY VIRTUA.

WITHIN ITS POLICY, VIRTUA MAINTAINS A LIST OF PROVIDERS WITHIN OUR

HOSPITAL FACILITIES THAT PROVIDE EMERGENCY OR OTHER MEDICALLY NECESSARY

HEALTH CARE SERVICES. THE POLICY SPECIFIES WHICH PROVIDERS ARE COVERED

UNDER THIS FAP AND WHICH ARE NOT.

PART V, SECTION B, LINE 5 CHNA COMMUNITY ENGAGEMENT

WE CONDUCTED THE CHNA WITH ONE MAIN GOAL: TO CAREFULLY CHARACTERIZE

COMMUNITY MEMBERS’ VIEWS ON THE HEALTH NEEDS IN THEIR COMMUNITIES. FOR

THE PURPOSE OF THIS ASSESSMENT, COMMUNITY IS DEFINED AS THE THREE

COUNTRIES THAT COMPRISHE THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC)

SERVICE AREAS (BURLINGTON, CAMDEN, AND GLOUCESTER COUNTRIES), 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 AND STAKEHOLDERS 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

BOTH FROM COMMUNITY MEMBERS AND OTHER SOURCES WE IDENTIFIED THROUGH

CONSULTATION WITH TRUSTED COMMUNITY PARTNERS IN EACH COUNTY.

WE CONDUCTED A TOTAL OF 23 FOCUS GROUPS ACROSS BURLINGTON, CAMDEN, AND

GLOUCESTER COUNTRIES. OF THESE, 11 WERE WITH COMMUNITY MEMBERS AND 12

WERE WITH STAKEHOLDERS (LEADERS AND STAFF OF RELEVANT ORGANIZATIONS).

OUR MAIN OBJECTIVE WAS TO GATHER THE THOUGHTS OF COMMUNITY MEMBERS AND
STAKEHOLDERS ON HEALTH ISSUES (SUCH AS ACCESS TO CARE, HEALTH
EDUCATION, AND COMMUNICATION) AND ANY BARRIERS RESIDENTS MAY CONFRONT

IN OBTAINING CARE, ADDITIONAL AREAS OF INQUIRY INCLUDED THE STRENGTHS
AND WEAKNESSES OF THE HEALTH CARE DELIVERY SYSTEM, AS WELL POTENTIAL
AREAS OF IMPROVEMENT, THE FOCUS GROUP FORMAT ALLOWED PARTICIPANTS TO
EXPRESS THEIR OPINIONS, SUGGESTIONS, AND RECOMMENDATIONS IN A
CONFIDENTIAL FORMAT, BECAUSE THEY LIVE AND WORK WITHIN THE SOUTHERN JERSEY HEALTH COLLABORATIVE (SJHC) SERVICE AREA, COMMUNITY MEMBER AND
STAKEHOLDER INPUT WAS CRUCIAL TO THE COMMUNITY HEALTH NEEDS ASSESSMENT
PROCESS. OUR FOCUS GROUPS UTILIZED A SEMI-STRUCTURED RESEARCH
INSTRUMENT. FOCUS GROUPS RANGED IN SIZE FROM 2 TO 17 PARTICIPANTS.
INFORMED CONSENT WAS OBTAINED AFTER THE PURPOSE OF THE FOCUS GROUP WAS
EXPLAINED AND PRIOR TO THE DATA COLLECTION PROCESS, FOLLOWING THE
APPROVED IRB PROTOCOL. ONE RESEARCH TEAM MEMBER FACILITATED THE FOCUS
GROUP AND ONE TO TWO ADDITIONAL RESEARCH TEAM MEMBERS TOOK DETAILED
NOTES. FOLLOWING EACH FOCUS GROUP, THE RESEARCH TEAM COMPILED A REPORT
INCLUDING NOTES AND A SUMMARY OF THE FOCUS GROUP.

WE CONDUCTED 5 INTERVIEWS WITH KEY STAKEHOLDERS IN THE COUNTIES WHO
WERE IDENTIFIED BY SJHC. THE INTERVIEWS WERE COMPLETED USING A
SEMİ-STRUKTUREDİ RESEARCH INSTRUMENT, AND THE GOALS OF THE INTERVIEW
WERE SIMILAR TO THOSE 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 IN A PRIVATE SETTING.
RESEARCH TEAM MEMBERS TOOK NOTES, AND SOME INTERVIEWS WERE ALSO
AUDIO-RECORDED. 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 AND WEAKNESSES OF

THE HEALTH CARE DELIVERY SYSTEM AS WELL POTENTIAL AREAS OF IMPROVEMENT.

BOTH THE RESEARCH INSTRUMENT AND THE PROTOCOL FOR THE INTERVIEW WERE

DEVELOPED BASED ON THE GROUNDED THEORY APPROACH WITHIN THE QUALITATIVE

RESEARCH FRAMEWORK. THIS METHOD PERMITS RESEARCH STUDY PARTICIPANTS TO

ANSWER THE QUESTIONS IN THE WAY THAT THEY FEEL COMFORTABLE.

FURTHERMORE, THIS METHOD ALLOWS A FREE FLOWING CONVERSATION BETWEEN THE

INTERVIEWER AND INTERVIEWEE AND ALLOWS THE PARTICIPANT TO DETAIL AND

EXPLAIN VARIOUS VIEWPOINTS THROUGHOUT THE INTERVIEW. ANOTHER BENEFIT IS

THAT THE INTERVIEWER IS NOT CONSTRAINED TO THE QUESTIONS ON THE

INSTRUMENT AND IS PERMITTED TO ASK APPROPRIATE FOLLOW-UP QUESTIONS, FOR

INSTANCE, WHEN CLARITY IS NEEDED.

A LIST OF ALL LOCATIONS, PARTICIPATION NUMBERS AND PARTICIPATING

AGENCIES IS INCLUDED AS APPENDICES IN CHNA REPORT.

PART V, SECTION B, LINE 6A CHNA COOPERATING HOSPITALS

- COOPER UNIVERSITY HEALTH CARE

- JEFFERSON HEALTH

- LOURDES HEALTH SYSTEM (NOW VIRTUA)

- VIRTUA HEALTH

PART V, SECTION B, LINE 6B CHNA NON-HOSPITAL COOPERATING ORGANIZATIONS

- BURLINGTON COUNTY HEALTH DEPARTMENT,

- CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND
PArt V, Section B, Line 11: CHNA Assessment

The CHNA revealed the communities' key issues and areas of opportunity.

The assessment contributes supporting data and enables Virtua Health to take an in-depth look at its greater community and to develop innovative and evidence-based implementation strategies, significant results from the CHNA are integrated into the process of prioritization of health needs and the development of a health system implementation plan.

Based on community needs, four areas have been identified as critical:

Community needs and are addressed in this implementation plan:

Behavioral health and substance abuse, accessing care, communications, and relationships, and obesity.

Virtua Health, as a comprehensive healthcare system with a mission to help the South Jersey community to be well, get well, and stay well,

embraces the opportunity to utilize its resources to assist its SJHC partners in addressing these priority areas. The CHNA team collaborated with colleagues across the Virtua system to identify resources that could be leveraged to provide solutions to the problems and gaps identified by South Jersey residents. This collaboration revealed both the vast amount of work already underway within Virtua and the opportunity to coordinate this work to best address the needs identified in the 2019 CHNA, following a series of meetings involving a multi-disciplinary group of Virtua leaders, the following goals,
OBJECTIVES, STRATEGIES WERE DEVELOPED AS PART OF THE COMMUNITY HEALTH

IMPROVEMENT PLAN (CHIP) FOR 2020-2022 PERIOD.

1. BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

BRIEF DESCRIPTION OF NEED: BEHAVIORAL HEALTH DESCRIBES THE CONNECTION
BETWEEN A PERSON'S BEHAVIORS AND THE HEALTH AND WELL-BEING OF THE BODY
AND MIND. IT INCLUDES STRATEGIES AIMED AT PROMOTING AND IMPROVING
MENTAL HEALTH, AS WELL AS STRATEGIES AIMED AT PREVENTING OR INTERVENING
IN ADDICTIONS. BROADLY, COMMUNITY MEMBERS DESCRIBED THE PREVALENCE OF
NEEDS RELATED TO BEHAVIORAL HEALTH, THE LINKS BETWEEN MENTAL HEALTH AND
SUBSTANCE ABUSE, THE INADEQUACY OF RESOURCES, AND SPECIFIC POPULATIONS
THAT ARE PARTICULARLY AT RISK FOR BEHAVIORAL HEALTH CHALLENGES.

GOAL: OFFER A RANGE OF ACCESSIBLE BEHAVIORAL HEALTH PREVENTION AND
TREATMENT OPTIONS THAT FIT THE NEEDS OF INDIVIDUALS.

OBJECTIVES:

- INCREASE SCREENINGS FOR BEHAVIORAL HEALTH NEEDS IN A VARIETY OF
HEALTH CARE SETTINGS.

- INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR MENTAL
HEALTH AND/OR SUBSTANCE ABUSE.

STRATEGIES:

- PROVIDE SUICIDE SCREENINGS TO EMERGENCY DEPARTMENT PATIENTS AND
REFER FOR TREATMENT AS NEEDED

- SUICIDE SEVERITY RATING SCALE IN EMERGENCY DEPARTMENTS

- PROVIDE DEPRESSION SCREENINGS IN PRIMARY CARE AND URGENT CARE

- PHQ SCREENING TOOLS
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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, 3, 5, 6a, 6b, 7, 8, 9, 11, 12, 13a, 13b, 14a, 15a, 16a, 16b, 18a, 19a, 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.

- EXPLORE IMPLEMENTATION OF ALCOHOL AND SUBSTANCE USE SCREENING TOOL

IN PRIMARY CARE

- PROVIDE MEDICATION ASSISTED TREATMENT (MAT) IN INPATIENT AND

OUTPATIENT CARE SETTING

- MAT INITIATION IN INPATIENT SETTING - VIRTUA MEMORIAL

BEHAVIORAL HEALTH UNIT

- MAT OFFERED IN OUTPATIENT SETTING - VIRTUA BERLIN

- PROMOTE AWARENESS ABOUT VIRTUA HEALTH'S ONLINE BEHAVIORAL HEALTH RESOURCES

DIRECTORY

- EDUCATE STAFF ON ONLINE BEHAVIORAL HEALTH RESOURCE

ISSUES

- MENTAL HEALTH EDUCATION AT COMMUNITY HEALTH EVENTS

2. ACCESSING CARE

BRIEF DESCRIPTION OF NEED: COMMUNITY MEMBERS' CONCERNS ABOUT ACCESSING

CARE TOOK SEVERAL FORMS, INCLUDING THE COSTS OF CARE AND INSURANCE, THE

TIME INVOLVED IN GETTING CARE, DIFFICULTY NAVIGATING THE HEALTH CARE SYSTEM AND TREATMENT PLANS, AND TRANSPORTATION, LACK OF PROVIDERS

GENERALLY NOT SEEN AS A MAJOR BARRIER TO HEALTH CARE. DESPITE THIS,

A LACK OF SPECIALISTS AND POPULATION-SPECIFIC NEEDS MADE PROVIDERS AN

IMPORTANT NEED.

GOAL: OFFER SUPPORTIVE SERVICES THAT ASSIST THE COMMUNITY WITH

ACHIEVING ACCESSIBLE HEALTH CARE.
OBJECTIVES:

- REDUCE TRANSPORTATION BARRIERS FOR RESIDENTS TO RECEIVE CARE.

- IMPROVE NAVIGATION OF HEALTH CARE SERVICES TO LINK INDIVIDUALS TO APPROPRIATE, TRANSPARENT, AND COST-EFFECTIVE CARE.

STRATEGIES:

- IMPROVE ACCESS TO SERVICES AND RESOURCES IN VIRTUA AND THE COMMUNITY
  - MOBILE PEDIATRIC VAN- FLU SHOTS, BLOOD LEAD LEVEL

SCREENINGS

- MOBILE MAMMOGRAPHY PROGRAM

- COMPREHENSIVE PRIMARY CARE PSYCHOTHERAPY PROGRAM

- CONTINUE TO PROVIDE TRANSPORTATION SERVICES FOR PATIENTS EXPERIENCING TRANSPORTATION BARRIERS

- RIDES FOR ELIGIBLE PATIENTS TO PRIMARY AND SPECIALTY CARE APPOINTMENTS

- IMPROVE ACCESS TO VIRTUA SERVICES BY ENHANCING HOW WE CONNECT AND SUPPORT OUR COMMUNITY.

  - DIGITAL ACCESS THROUGH "CHAT SESSIONS"

  - "MY CHART" PROMOTION TO INCREASE SPECIALIST APPOINTMENTS

  - SUPPORT CHERRY HILL FREE CLINIC REFERRALS

3. COMMUNICATIONS AND RELATIONSHIPS

BRIEF DESCRIPTION OF NEED: COMMUNITY MEMBERS REPORTED THAT

COMMUNICATION AROUND HEALTH CARE WAS A BARRIER TO CARE, RUSHED OR UNCLEAR COMMUNICATION BETWEEN PATIENTS AND PROVIDERS LEFT COMMUNITY MEMBERS FEELING UNCERTAIN ABOUT THEIR DIAGNOSES AND TREATMENT PLANS. COMMUNITY MEMBERS AND STAKEHOLDERS ALIKE WORRIED THAT STIGMA ASSOCIATED WITH IDENTITY OR DIAGNOSES IMPACTED EFFECTIVE COMMUNICATION BETWEEN
PATIENTS AND PROVIDERS, STAKEHOLDERS WORRIED THAT POOR COMMUNICATION

BETWEEN AGENCIES RESULTED IN DUPLICATE SERVICES AND KEPT PATIENTS FROM

RECEIVING AVAILABLE SERVICES. COMMUNITY MEMBERS AND STAKEHOLDERS

MENTIONED A NEED FOR BETTER COMMUNICATION BETWEEN HEALTH SYSTEMS AND

THE PUBLIC. IN MANY CASES, DESPITE ACTIVE PROMOTION BY HEALTH SYSTEMS,

COMMUNITY MEMBERS WERE NOT AWARE OF PROGRAMS AND SERVICES PROVIDED BY

THE HEALTH SYSTEMS. FINALLY, COMMUNITY MEMBERS AND STAKEHOLDERS

MENTIONED THE NEED TO HAVE POPULATION-SPECIFIC COMMUNICATIONS

STRATEGIES.

GOAL: IMPROVE COMMUNICATION AND COORDINATION ACROSS THE HEALTH CARE

CONTINUUM, INCLUSIVE OF PATIENTS, PROVIDERS, AND OTHER COMMUNITY

ORGANIZATIONS.

OBJECTIVES:

- IMPROVE COMMUNICATION BETWEEN PROVIDERS AND PATIENTS TO ESTABLISH

CLEARER PATIENT UNDERSTANDING OF THE CARE PLAN.

- ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING

THEIR HEALTH CARE.

- IMPROVE COMMUNICATION BETWEEN HEALTH CARE AGENCIES.

STRATEGIES:

- EDUCATE STAFF AND PROVIDERS TO REDUCE IMPLICIT BIAS AND INCREASE

CULTURAL COMPETENCY

- UNCONSCIOUS BIAS CONTENT INCLUDED IN COMPLIANCE TRAINING

- ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING THEIR HEALTH CARE
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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, 3, 5, 6a, 6b, 6d, 11, 13b, 13h, 15a, 15e, 16, 16a, 16b, 18a, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 21f, 21i, 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.

- "MY CHART" PROMOTION AND UTILIZATION
- IMPROVE COMMUNICATION BETWEEN PROVIDERS AND PATIENTS TO ESTABLISH
- CLEARER PATIENT UNDERSTANDING OF THE CARE PLAN
- PATIENT SATISFACTION SURVEY ANALYSIS
- CONTINUE TO PROMOTE VIRTUA HEALTH SERVICES AND PROGRAMS IN THE COMMUNITY
- CRM DATA MINING FOR CUSTOMIZED MARKETING CAMPAIGNS OF VIRTUA

PROGRAMS AND SERVICES
- IMPROVE COMMUNICATION BETWEEN HEALTH CARE AGENCIES
- PARTICIPATION IN LOCAL COUNTY BOARDS OF HEALTH AND MOBILIZING

ACTION BY PLANNING AND PROMOTION (NAPP) MEETINGS

4. OBESITY

BRIEF DESCRIPTION OF NEED: COMMUNITY MEMBERS RANKED OBESITY AS A TOP HEALTH ISSUE IN THEIR COMMUNITIES. WHEN ASKED TO IDENTIFY HEALTH ISSUES FACING THEIR COMMUNITIES, OVER 1/3 OF ALL RESPONSES WERE DIRECTLY RELATED TO OBESITY, THE CAUSES OF OBESITY, AND THE CHRONIC DISEASES THAT ARE ASSOCIATED WITH OBESITY. ACROSS THE BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES, JUST OVER HALF OF COMMUNITY MEMBERS IDENTIFIED ADULT OBESITY AS AN ISSUE FACING THEIR COMMUNITY, COMMUNITY MEMBERS SELECTED AS IMPORTANT HEALTH ISSUES BOTH THE CAUSES OF OBESITY AND ITS CONSEQUENCES.

GOAL: INCREASE ACCESS TO EDUCATION, HEALTHY FOOD OPTIONS, AND PARTICIPATION IN PHYSICAL ACTIVITY.

OBJECTIVES:

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- PROVIDE ASSISTANCE SO INDIVIDUALS CAN REDUCE UNHEALTHY FOOD CHOICES.

- INCREASE ENGAGEMENT IN PROGRAMMING THAT PROMOTES A HEALTHY LIFESTYLE.

STRATEGIES:

- INCREASE ACCESS TO HEALTHY FOOD OPTIONS
  - VIRTUA MOBILE FARMERS MARKET
  - FOOD AS MEDICINE PROGRAM

- INCREASE ACCESS TO EDUCATION AROUND HEALTHY LIFESTYLE
  - HEALTHY LIFESTYLE EDUCATION VIA SOCIAL MEDIA PLATFORMS
  - COOKING DEMOS AT NUTRITION AND WEIGHT LOSS PROGRAMS

- INCREASE ACCESS TO PHYSICAL ACTIVITY
  - EXERCISE AND FITNESS CLASSES

OVER THE NEXT THREE YEARS, VIRTUA HEALTH, IN COLLABORATION WITH OUR COMMUNITY PARTNERS AND LOCAL PUBLIC HEALTH AGENCIES WILL WORK TOWARD IMPLEMENTING THESE STRATEGIES TO ADDRESS THE CONCERNS IDENTIFIED BY OUR COMMUNITY. WE EMBRACE THE CHALLENGE OF CONFRONTING THE NEEDS IDENTIFIED BY OUR COMMUNITY AND PROVIDING THE RESOURCES TO BE WELL, STAY WELL, AND GET WELL.
### 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? 1

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 VIRTUA HEALTH &amp; WELLNESS CTR CHERRY HIL 1 BACE RD, ST C CHERRY HILL, NJ 08034</td>
<td>OTHER OUTPATIENT MEDICAL FACILITY</td>
</tr>
</tbody>
</table>
AMENDED RETURN

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.

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**PART I, LINE 3C:**

**NOT APPLICABLE**

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**PART I, LINE 6A, COMMUNITY BENEFIT REPORT**

**THE COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION IS INCLUDED IN THE REPORT PREPARED BY A RELATED ORGANIZATION, VIRTUA HEALTH, INC. THIS REPORT IS MADE AVAILABLE TO THE PUBLIC VIA VIRTUA HEALTH’S WEBSITE, WWW.VIRTUA.ORG.**

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**PART I, LINE 7, FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS AT COST**

A COST ACCOUNTING SYSTEM THAT ADDRESSED ALL PATIENT SEGMENTS WAS USED TO CALCULATE THE FINANCIAL ASSISTANCE, MEANS-TESTED GOVERNMENT PROGRAMS (ITEMS 7A THROUGH 7D) AND SUBSIDIZED HEALTH SERVICES (ITEM 7G) COST.

THE CALCULATION OF COST FOR ALL OTHER BENEFITS (ITEMS 7E, 7F, 7H, AND 7I) IS BASED ON ACTUAL COST.

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

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DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES:

VIRTUA COMMITS EXTENSIVE RESOURCES TO THE COMMUNITIES IT SERVES THROUGH

DIRECT FINANCIAL CONTRIBUTIONS AS WELL AS IN HEALTH/COMMUNITY-IMPROVEMENT

PROGRAMMING AND PROFESSIONAL TIME AND EXPERTISE. VIRTUA FOCUSES ITS

RESOURCES ON PROGRAMS THAT WILL HAVE THE MOST SIGNIFICANT IMPACT ON HEALTH

IMPROVEMENT, SOCIAL DETERMINANTS OF HEALTH LIKE ACCESS TO GOOD MEDICAL

CARE AND NUTRITIOUS FOOD ARE A CENTERPIECE OF VIRTUA'S COMMUNITY HEALTH

IMPROVEMENT EFFORTS. VIRTUA HAS A YEAR-ROUND, WEEKLY MOBILE FARMERS MARKET

SITE AT THE CAMDEN CAMPUS, WHICH INCREASED HEALTHY FOOD ACCESS AND

PURCHASES THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP).

FOOD DRIVES WERE ORGANIZED TO SUPPORT VIRTUA’S FOOD ACCESS PROGRAMS, WHICH

INCLUDE TWO FOOD PANTRIES THAT PROVIDE AND NON-PERISHABLES TO PATIENTS WHO

SCREEN POSITIVE FOR FOOD INSECURITY AT NO COST. THE 2021 ANNUAL TURKEY AND

PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY MEALS, INCLUDING A WHOLE

TURKEY, FOR MORE THAN 1,500 FAMILIES IN CAMDEN CITY AND WILLINGBORO, NJ.

VIRTUA HEALTH ORGANIZED, OR COLLABORATED WITH COMMUNITY STAKEHOLDERS,

PARTICIPATION IN DOZENS OF COMMUNITY ENGAGEMENT AND BUILDING EVENTS, A

SAMPLING INCLUDES, NUMEROUS DISEASE-SPECIFIC SUPPORT GROUPS, VARIOUS

HEALTH AND WELLNESS FAIRS, COMMUNITY/SCHOOL CLEAN-UPS, AND EDUCATIONAL

EVENTS ON A VARIETY OF HEALTH SERVICES TOPICS. VIRTUA'S MOBILE FARMERS

MARKET, HOSPITAL-BASED FOOD PANTRIES, AND MOBILE UNITS FOR PEDIATRICS AND

MAMMOGRAPHY HAVE PROVIDED A CRITICAL SAFETY NET IN COMMUNITIES WITH THE

GREATEST NEED.

VIRTUA COLLABORATES WITH OTHER TRUSTED COMMUNITY ORGANIZATIONS, SCHOOLS,

NON-PROFIT FOUNDATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH AS MANY

AREA RESIDENTS AS POSSIBLE. VIRTUA WORKS WITH THESE PARTNERS TO EDUCATE
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THE PUBLIC, PROMOTE HEALTH SERVICES AND WELLNESS ACTIVITIES, AND BRING

VIRTUA SERVICES DIRECTLY TO THE PEOPLE WHO LIVE THERE. THE RIDE HEALTH

TRANSPORTATION ASSISTANCE PROGRAM, WHICH PROVIDES FREE NON-EMERGENCY

MEDICAL TRANSPORTATION FOR ESTABLISHED PATIENTS WHO FACE BARRIERS TO

ACCESSING HEALTHCARE SERVICES, IS ANOTHER DIRECT WAY VIRTUA HELPS THEIR

PATIENTS ON A DAILY BASIS.

OUR FACILITIES PROVIDED FREE MEETING SPACE FOR A WIDE RANGE OF COMMUNITY

GROUPS, AND OUR EMERGENCY SERVICES EXPERTS SUPPORT AN EXTENSIVE NETWORK OF

DISASTER PLANNING ORGANIZATIONS THROUGHOUT THE STATE OF NEW JERSEY TO

ENSURE COMMUNITY READINESS IN THE EVENT OF A MAJOR EMERGENCY. VIRTUA'S

EMERGENCY SERVICES STAFF ALSO PROVIDE FREE SUPPORT AND EDUCATION AT

COMMUNITY EVENTS THROUGHOUT THE YEAR.

AS THE REGION'S LEADING PROVIDER OF MATERNITY AND WOMEN'S HEALTH SERVICES,

VIRTUA PROVIDES EXPANSIVE PROGRAMMING, INCLUDING BREAST-FEEDING SUPPORT,

FREE SCREENINGS FOR POST-PARTUM DEPRESSION AND SUPPORT FOR FAMILIES

FOLLOWING THE LOSS OF AN INFANT.

VIRTUA PROVIDES A WIDE RANGE OF FREE SERVICES FOR THE ENTIRE COMMUNITY AND

HEALTH PROFESSIONALS, FROM SUPPORT GROUPS FOR THOSE AFFECTED BY CANCER AND

DIABETES, TO COVID-19 SUPPORT GROUP, TO HEALTH EDUCATION, SCREENING, AND

FREE LAB WORK TO THOSE WHO CANNOT AFFORD TO PAY. VIRTUA IS ALSO A

SUPPORTER OF THE CHERY HILL FREE CLINIC, WHICH PROVIDES CARE TO THE

WORKING POOR - RESIDENTS WHO ARE UNINSURED BUT NOT ELIGIBLE FOR PUBLIC

ASSISTANCE SUCH AS MEDICAID.

IN 2021, VIRTUA CONTINUED THE BRIDGE EMPOWERMENT PROGRAM WHICH HAS A
AMENDED RETURN

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Part VI  Supplemental Information (Continuation)

MISSION OF ENPOWERING PEOPLE TO LIVE THEIR BEST LIVES THROUGH ENHANCING
LIFE SKILLS, BUILDING HEALTHY COMMUNITIES, AND LIVING WITH A PURPOSE.

UNDER THIS PROGRAM, YOUNG ADULT LEADERS HAVE THE OPPORTUNITY TO HAVE A
FORMAL MENTORSHIP PROGRAM WITH VIRTUA LEADERS AS WELL AS HAVING
INDIVIDUALIZED SUPPORT FOR THEM AND THEIR FAMILIES.

VIRTUA MANAGERS DONATE THEIR TIME AND SKILL TO A WIDE RANGE OF COMMUNITY
ORGANIZATIONS, SUCH AS THE FOOD BANK OF SOUTH JERSEY AND CATHEDRAL
KITCHEN. VIRTUA MANAGERS GIVE HUNDREDS OF HOURS OF THEIR TIME EACH YEAR TO
PROVIDE HEALTH EDUCATION AND SUPPORT TO SCHOOL-AGE CHILDREN IN CAMDEN.
PROJECTS INCLUDED PACKING NUTRITIOUS MEALS THAT ARE DELIVERED TO AT-RISK
SENIORS AS WELL AS COOKING AND SERVING MEALS TO INDIVIDUALS WHO ARE
HOMELESS, LOW-INCOME RESIDENTS, AND LOCAL FAMILIES.

PART III, LINE 2:

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC., ADOPTED ASU 2014-09 (ASC TOPIC
606) AS OF JULY 1, 2019, UNDER THE PROVISIONS OF ASU 2014-09, THE
ESTIMATED UNCOLLECTIBLE AMOUNTS OF ACCOUNTS RECEIVABLE ARE GENERALLY
CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO
PATIENT ACCOUNTS RECEIVABLE AND NOT PATIENT SERVICE REVENUE, RATHER THAN
AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT EXPENSE. VIRTUA ESTIMATES
IMPLICIT PRICE CONCESSIONS BY EVALUATING THE COLLECTABILITY OF PATIENT
ACCOUNTS RECEIVABLE, ANALYZING HISTORICAL DATA AND IDENTIFYING TRENDS FOR
EACH OF ITS MAJOR PAYER SOURCES OF REVENUE.

PART III, LINE 3:

NOT APPLICABLE
AMENDED RETURN

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PART VI  Supplemental Information (Continuation)

PART III, LINE 4:

THE FOOTNOTE REGARDING BAD DEBT EXPENSE, OR IMPLICIT PRICE CONCESSIONS AS

DEFINED BY ASU 2014-02, CAN BE FOUND ON PAGE 15 OF THE ATTACHED FINANCIAL

STATEMENTS.

PART III, LINE 5  COMMUNITY BENEFIT SHORTFALL

VIRTUA BELIEVES THAT IT IS APPROPRIATE TO RECOGNIZE THE MEDICARE

REVENUE SHORTFALL AS COMMUNITY BENEFIT. IT HAS BEEN WIDELY RECOGNIZED

THAT MEDICARE PAYMENT RATES IN AGGREGATE HAVE BEEN SET AT A LEVEL THAT

DOES NOT COVER THE TOTAL COST OF CARE, BY BEARING THE REIMBURSEMENT

SHORTFALL RESULTING FROM THE BELOW COST MEDICARE PAYMENT LEVEL, VIRTUA

AND OTHER HOSPITALS ARE ALLEVIATING THE GOVERNMENT’S BURDEN WHICH

PROMOTES THE CHARITABLE PURPOSE OF THE ORGANIZATION.

THE FILED MEDICARE COST REPORT IS THE BASIS FOR THE ALLOWABLE COST

REPORTED ON LINE 6.

PART III, LINE 9B, COLLECTION POLICY

VIRTUA IS DEDICATED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR OUR

COMMUNITY, REGARDLESS OF ABILITY TO PAY. WE RECOGNIZE THAT THE COST OF

HEALTH CARE CAN BE AN EXCESSIVE FINANCIAL BURDEN FOR OUR UNINSURED

PATIENTS, FOR OUR UNINSURED PATIENTS WHO WERE INELIGIBLE FOR STATE OR

FEDERAL ASSISTANCE (E.G., MEDICARE, CHARITY CARE, MEDICAID), THERE IS AN OPPORTUNITY FOR FINANCIAL RELIEF UNDER THE

VIRTUA CHARITY ASSISTANCE PROGRAM.

IF YOU MEET THE FOLLOWING CRITERIA, YOU CAN BE ELIGIBLE FOR A

SIGNIFICANT REDUCTION TO YOUR HOSPITAL BILL:

YOU HAVE NO INSURANCE COVERAGE.

13230905 137924 VOLOH  2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
YOU ARE NOT ELIGIBLE FOR MEDICAID.

YOU ARE NOT ELIGIBLE FOR A 100% ADJUSTMENT UNDER THE STATE OF NEW JERSEY CHARITY CARE PROGRAM.

YOU ARE NOT ELIGIBLE FOR REIMBURSEMENT FROM ANY THIRD PARTY (E.G., LAWSUIT, EMPLOYER, SCHOOL, CHURCH).

THE GROSS ANNUAL INCOME FOR YOUR HOUSEHOLD IS LESS THAN $211,900.

THE HEALTH SYSTEM REGULARLY MONITORS ALL APPLICABLE POLICIES FOR COMPLIANCE WITH 501R REGULATIONS, AND HAS MADE ANY NECESSARY CHANGES.

PART VI, LINE 2:

DESCRIPTION OF NEEDS ASSESSMENT: VIRTUA HAS BEEN AN ACTIVE PARTICIPANT IN INITIATIVES UNDERTAKEN BY THE THREE COUNTIES THAT COMPRISE ITS PRIMARY SERVICE AREA IN SOUTHERN NEW JERSEY: BURLINGTON COUNTY, CAMDEN COUNTY, AND GLOUCESTER COUNTY. INDIVIDUALLY THESE COUNTIES HAVE ASSESSED THE HEALTH CARE NEEDS OF THEIR RESIDENTS, WHICH HAVE RESULTED IN THE CREATION OF THREE DISTINCT REPORTS: THE BURLINGTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN, THE CAMDEN COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION COMMUNITY HEALTH IMPROVEMENT PLAN, AND ACHIEVING A Healthier Gloucester County. Burlington County has identified AS PRIORITIES EMERGENCY PREPAREDNESS, NUTRITION AND PHYSICAL ACTIVITY, PREVENTATIVE HEALTH CARE, ENVIRONMENTAL HEALTH, PEACE AND WELL-BEING INCLUDING ALCOHOL AND DRUG ABUSE REDUCTION, AND PARENTING. Camden County PRIORITIES INCLUDE OBESITY AND NUTRITION, CARDIOVASCULAR HEALTH, CANCER, ENVIRONMENTAL HEALTH, AND MENTAL HEALTH. IN THE GLOUCESTER COUNTY ASSESSMENT, PRIORITY AREAS INCLUDE INCREASING AWARENESS OF EXISTING SERVICES (HEALTH EDUCATION), ENCOURAGING REGULAR SCREENINGS AND CHECK-UPS (ESPECIALLY FOR HEART, CANCER, DIABETES, AND SEXUALLY TRANSMITTED
VIRTUA ALSO IS INVOLVED WITH THE CAMDEN CITY HEALTHY FUTURES COMMITTEE,

WHICH HAS CONDUCTED A HEALTH NEEDS ASSESSMENT OF THE CITY AND HAS PUT

ACTION PLANS IN PLACE FOR EACH OF THE TOP HEALTH PRIORITIES IDENTIFIED.

PRIORITIES HAVE BEEN SET RELATIVE TO OBESITY (HEART DISEASE, DIABETES, AND

STROKE), ACCESS TO CARE, THE HIGH CANCER MORTALITY RATE, MENTAL HEALTH,

VIOLENCE AND SAFETY, ENVIRONMENTAL HEALTH (LEAD POISONING AND ASTHMA), AND

FAMILY HEALTH (SPECIFICALLY TEEN PREGNANCY AND ACCESS TO DENTAL CARE).

VIRTUA ALSO WORKS WITH THE CAMDEN COUNTY CANCER COALITION, A GROUP THAT

HAS COMPLETED A CANCER NEEDS ASSESSMENT FOR THE COUNTY. CAMDEN COUNTY’S

MAJOR STRATEGY FOR ELIMINATING DISPARITIES IN CANCER CARE IS THE CANCER

EDUCATION AND EARLY DETECTION (CEED) PROGRAMS. THERE ARE CEED PROGRAMS

BASED AT VIRTUA AND THEY ARE THE FORCE BEHIND THE PLANS TO INCREASE

MINORITY SCREENING RATES, INCREASE PROSTATE CANCER SCREENING RATES, AND

REDUCE SMOKING.

VIRTUA PARTICIPATES IN DISASTER AND FLU PLANNING GROUPS IN BOTH BURLINGTON

COUNTY AND CAMDEN COUNTY, AS WELL AS THEIR PUBLIC HEALTH PLANNING

COMMITTEES, PART OF THE MISSION IS TO IDENTIFY AND DETERMINE HOW TO

ADDRESS COMMUNITY PUBLIC HEALTH NEEDS. VIRTUA HAS IMPLEMENTED A RISK

ASSESSMENT AND SCREENING PROCESS FOR ADMITTED HOSPITALIZED IN-PATIENTS

WITH A MULTI-DRUG RESISTANT ORGANISM, BASED ON PREVALENCE STUDIES WITHIN

THE HOSPITALS AND COMMUNITY EVALUATION, THESE EFFORTS HAVE RESULTED IN

PATIENT SCREENING AND ISOLATION PROTOCOLS. THROUGH PARTICIPATION IN

VARIOUS COMMUNITY MEETINGS AND FORUMS, VIRTUA RECEIVES INPUT FROM ITS

SERVICE AREA RELATIVE TO COMMUNITY HEALTH NEEDS. VIRTUA ALSO MONITORS
COMMUNITY NEEDS SPECIFIC TO ITS SERVICE LINES AND IDENTIFIES AVAILABLE

RESOURCES IT CAN CALL UPON TO ADDRESS THEM.

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) 2019 WAS CONDUCTED BY THE

WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS AT RUTGERS UNIVERSITY-CAMDEN

(WRI) ON BEHALF OF THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC). THE SJHC

CONSISTS OF COOPER UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, LOURDES

HEALTH SYSTEM (NOW VIRTUA HEALTH), AND VIRTUA HEALTH. 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 AND STAKEHOLDERS 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 BOTH FROM COMMUNITY MEMBERS AND

OTHER SOURCES WE IDENTIFIED THROUGH CONSULTATION WITH TRUSTED COMMUNITY

PARTNERS IN EACH OF THE THREE COUNTIES—CAMDEN, BURLINGTON, AND

GLOUCESTER. PRIMARY DATA IS CONSIDERED DATA COLLECTED AND ANALYZED BY THE

WRI RESEARCH TEAM, AND SECONDARY DATA IS DATA COLLECTED BY OTHER ENTITIES

AND ANALYZED BY THE WRI RESEARCH TEAM.

PART VI, LINE 3:

DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE

AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN ENGLISH AND

SEVERAL OTHER LANGUAGES IN A VARIETY OF WAYS. FINANCIAL ASSISTANCE

INFORMATION IS PROVIDED BY REGISTRATION STAFF AND IS COVERED IN FINANCIAL

COUNSELING APPOINTMENTS. BROCHURES ARE DISTRIBUTED AND ALSO MADE

AVAILABLE IN THE PATIENT/FAMILY WAITING AREAS. BILINGUAL SIGNS ARE POSTED

Schedule H (Form 990)
AMENDED RETURN

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Part VI  Supplemental Information (Continuation)

THROUGHOUT THE HOSPITAL, INCLUDING IN THE EMERGENCY DEPARTMENTS AND

OUTPATIENT REGISTRATION AREAS, THE ADMISSION BOOKLET AND HANDOUTS

PROVIDED AT REGISTRATION/ADMISSION CONTAIN INFORMATION ABOUT FINANCIAL

COUNSELING AND GUIDANCE SHOULD THE PATIENT HAVE DIFFICULTY IN PAYING THEIR

HOSPITAL BILL. AVAILABILITY OF CHARITY CARE ASSISTANCE IS ALSO INDICATED

ON ALL STATEMENTS AND LETTERS SENT TO PATIENTS. VIRTUA'S WEBSITE CONTAINS

INFORMATION ON CHARITY CARE ASSISTANCE ALONG WITH THE APPLICATION. THE

HEALTH SYSTEM REGULARLY MONITORS ALL APPLICABLE POLICIES FOR COMPLIANCE

WITH 501R REGULATIONS, AND HAS MADE ANY NECESSARY CHANGES.

ON A ONE-TO-ONE BASIS, FINANCIAL COUNSELING SERVICES ARE PROVIDED TO

PATIENTS THAT ARE UNINSURED OR UNDERINSURED. SUPPORT IS PROVIDED TO HELP

PATIENTS COMPLETE RELEVANT APPLICATIONS FOR ASSISTANCE UNDER THE STATE OF

NEW JERSEY CHARITY CARE PROGRAM GUIDELINES, THE STATE OF NEW JERSEY

MEDICAID PROGRAM, VIRTUA'S OWN CHARITY CARE PROGRAM, AND ANY OTHER

ASSISTANCE FOR WHICH THEY MAY BE ELIGIBLE. COMPLETION OF APPLICATIONS IS

CONDUCTED THROUGH BEDSIDE INTERVIEWS WITH ADMITTED PATIENTS, AND VIA

LETTERS, PHONE CALLS, AND FIELD SERVICE VISITS TO PATIENT HOMES, WHEN

APPROPRIATE. BILINGUAL STAFF ARE AVAILABLE ON-SITE AND INTERPRETATION

SERVICES ARE AVAILABLE OVER THE PHONE.

PART VI, LINE 4:

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY THE WALTER

RAND INSTITUTE ON BEHALF OF THE SJHC. THE SJHC CONSISTS OF COOPER

UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, LOURDES HEALTH SYSTEM (NOW

VIRTUA HEALTH), AND VIRTUA HEALTH. FOR THE PURPOSE OF THIS ASSESSMENT,

COMMUNITY IS DEFINED AS THE THREE COUNTIES THAT COMPOSE THE SJHC SERVICE

AREAS (BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES).

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THE SJHC SERVICE AREA REPRESENTS A DIVERSE POPULATION, BURLINGTON AND GLOUCESTER COUNTIES ARE PRIMARILY WHITE COMMUNITIES WITH SIMILAR OR BETTER SOCIOECONOMIC INDICATORS COMPARED TO THE STATE, CAMDEN COUNTY IS THE MOST RACIALLY AND ETHNICALLY DIVERSE OF THE THREE COUNTIES, AND THE MOST IMPACTED BY POORER SOCIAL DETERMINANTS OF HEALTH, ACROSS THE SJHC SERVICE AREA, DATA SHOWS THAT BLACK/AFRICAN AMERICAN AND HISPANIC/LATINO RESIDENTS ARE IMPACTED BY POORER SOCIAL DETERMINANTS OF HEALTH AND HEALTHY DISPARITY.

POPULATION SNAPSHOT

BURLINGTON COUNTY

- PRIMARILY WHITE, AND SLIGHTLY OLDER
  - 14% MINORITY POPULATION
  - HIGHEST MEDIAN INCOME; LOWEST POVERTY RATES
  - 6.1% OF THE POPULATION IS BELOW THE POVERTY LINE

- LOWEST UNEMPLOYMENT RATE

- HIGHEST CONCENTRATION EDUCATIONAL ATTAINMENT

- 37.2% WITHOUT ACCESS TO A LARGE GROCERY STORE

- 1.5X THE NATIONAL AVERAGE OF OVERDOSE DEATHS

- HIGHEST PROPORTION OF VETERANS

CAMDEN COUNTY

- MOST RACIALLY/ETHNICALLY DIVERSE
  - 44% MINORITY POPULATION

  - 2.5X MORE SPANISH SPEAKERS THAN BURLINGTON AND GLOUCESTER

COUNTIES

- LOWEST MEDIAN INCOME, HIGHEST POVERTY RATES
- 12% BELOW POVERTY, 6.5% UNINSURED, 5% WITHOUT CAR ACCESS

- ONLY COUNTY WITH FOOD ENVIRONMENT INDEX SCORE (8.4) LOWER THAN

STATE SCORE (5.4)

- HIGHEST UNEMPLOYMENT RATE

- LOWEST EDUCATIONAL ATTAINMENT

- GREATEST SOCIOECONOMIC DISPARITY AMONG RACIAL/ETHNIC POPULATIONS

- SMOKING RATE, POOR MENTAL HEALTH DAYS, AND ADULTS IN POOR/FAIR GENERAL HEALTH ALL HIGHER THAN STATE.

- 1.5X THE NATIONAL AVERAGE OF OVERTDOSE DEATHS.

GLOUCESTER COUNTY

- PRIMARILY WHITE AND OLDEST POPULATION IN NJ

- 21% MINORITY POPULATION

- SECOND LOWEST MEDIAN INCOME; LOWER UNEMPLOYMENT AND POVERTY RATES THAN THE STATE

- 44% DO NOT HAVE ACCESS TO LARGE GROCERY STORE

- OVERTDOSE DEATHS ARE 2X NATIONAL AVERAGE

- 7.5% OF POPULATION IS BELOW FEDERAL POVERTY LEVEL

- LEAST LIKELY TO ATTAIN HIGHER EDUCATION; MORE LIKELY TO HAVE A HIGH SCHOOL DIPLOMA

PART VI, LINE 5:

DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITY: VIRTUA’S ACCOUNTABLE CARE ORGANIZATION (ACO) OVERSEES SPECIFIC PATIENT POPULATIONS UNDER AGREEMENTS WITH MEDICARE AND MAJOR MANAGED CARE INSURERS IN ITS REGION.

THE OBJECTIVE OF THE ACO IS TO MANAGE THE HEALTH OF THE PATIENT POPULATIONS INCLUDED IN THE PROGRAM, ADVANCING PROPER MANAGEMENT OF CHRONIC HEALTH CONDITIONS, AND PROMOTING OVERALL HEALTH AND WELLNESS. DONE
EFFECTIVELY, THESE WILL ALSO HAVE THE RELATED BENEFIT OF REDUCING THE COSTS OF HEALTH CARE. THE ACC’S SCOPE IS EXPECTED TO EXPAND MOVING FORWARD IN TERMS OF THE NUMBER OF COMMUNITY MEMBERS FOR WHICH VIRTUA IS RESPONSIBLE FOR THEIR HEALTH AND WELLNESS.

VIRTUA OFFERS TRANSPORTATION ASSISTANCE TO PATIENTS WHO QUALIFY BASED ON MEDICAL NEEDS, TRANSPORTATION NEEDS, AND/OR FINANCIAL CONSIDERATIONS.

VIRTUA PROVIDES TRANSPORTATION ASSISTANCE TO NEEDY PATIENTS AS A PART OF COMMUNITY BENEFIT INITIATIVE UNDER THE” RIDE HEALTH PROGRAM.” DURING 2021, VIRTUA PROVIDED 11,480 FREE RIDES TO NEEDY PATIENTS FOR THEIR MEDICAL APPOINTMENTS AND HOSPITAL DISCHARGES.

VIRTUA’S CLINICIANS AND STAFF PROVIDE HEALTH EDUCATION TO THOUSANDS OF COMMUNITY MEMBERS AT HUNDREDS OF EVENTS. INCLUDED WITHIN THESE ARE DIABETES SCREENING AND EDUCATION, FREE DIAGNOSTIC TESTING, CANCER-SPECIFIC EDUCATION, PARAMEDIC SAFETY EDUCATION, FREE CAR SEAT SAFETY CHECKS,

CLINICS FOR CHILDREN TO HELP DISPEL FEAR OF HOSPITALS, AND OTHER PROGRAMS ATTENDED BY THOUSANDS OF COMMUNITY MEMBERS. VIRTUA CLINICIANS ALSO ATTEND AND PARTICIPATE IN MANY EVENTS SPONSORED BY THE LOCAL COMMUNITIES. VIRTUA IS ALSO AN ACTIVE SPONSOR IN MANY COMMUNITY WELLNESS EVENTS, SUCH AS FITNESS RUNS. THE MEMBERS OF VIRTUA’S BOARD OF TRUSTEES ARE ALMOST ENTIRELY FROM THE LOCAL COMMUNITIES, MANY OF WHICH HAVE SPENT MOST OR ALL OF THEIR LIVES RESIDING IN. THEY ARE INDIVIDUALS WITH VARYING PROFESSIONAL BACKGROUNDS, INCLUDING SOME PHYSICIANS, BECAUSE OF THEIR EXPERIENCES FROM LIVING IN THE HOSPITAL’S PRIMARY SERVICE AREA, THEY ARE TRUE ADVOCATES FOR THE COMMUNITY. VIRTUA HAS UTILISED ITS FINANCIAL RESOURCES TO INVEST IN PROJECTS, TECHNOLOGIES, AND PROGRAMS THAT WILL CONTRIBUTE TO IMPROVED HEALTH STATUS FOR ITS COMMUNITY MEMBERS. WITHIN THE LAST FIVE YEARS,
VIRTUA HAS INVESTED IN CONSTRUCTING A NEW STATE-OF-THE-ART HOSPITAL AND OUTPATIENT CENTERS THAT PROVIDE EASY ACCESS TO A WIDE VARIETY OF COMPREHENSIVE SERVICES. THE ORGANIZATION HAS AN OPEN MEDICAL STAFF THAT PROVIDES PRIVILEGES TO QUALIFIED PHYSICIANS FROM WITHIN THE COMMUNITY.

VIRTUA PROVIDES COMPREHENSIVE HEALTH CARE SERVICES AND FOOD ACCESS PROGRAMS IN ORDER TO ADDRESS THE CONNECTION BETWEEN DIET AND CHRONIC DISEASE. VIRTUA IS COMMITTED TO OUR MISSION TO HELP OUR COMMUNITIES BE WELL, GET WELL, AND STAY WELL. OUR GOAL IS TO IMPROVE HEALTH AND ENSURE GOOD NUTRITION IN THE UNDERSERVED AREAS OF CAMDEN AND BURLINGTON COUNTIES, WHICH HAVE BEEN IDENTIFIED AS FOOD DESERTS. FOOD DESERTS ARE THOSE AREAS DEFINED AS LACKING IN RELIABLE ACCESS TO SUFFICIENT, AFFORDABLE, NUTRITIOUS FOOD.

OUR PROGRAMS PROVIDE INTEGRATED INTERVENTIONS THROUGH A PHILOSOPHY OF FOOD AS MEDICINE, AND OUR TOUCH POINTS ARE THE FOOD FARMACY, MOBILE FARMERS MARKET (MFM), AND MOBILE GROCERY STORE. VIRTUA ALSO PROVIDES WRAP-AROUND SOCIAL SERVICES, HEALTH EDUCATION, AND NUTRITION LITERACY, IT IS OUR GOAL FOR THESE PROGRAMS TO HAVE A MEASURABLE HEALTH IMPROVEMENT IMPACT IN THE COMMUNITIES WE SERVE.

HAVE DISTRIBUTED OVER 179,000 POUNDS OF FOOD TO PATIENTS WITH A DUAL

DIAGNOSIS OF FOOD INSECURITY AS WELL AS ONE OR MORE DIET IMPACTED CHRONIC

CONDITION, BY THE END OF THE YEAR 2021, CLOSE TO 100 PATIENTS COMPLETED

THE PROGRAM IN ITS ENTIRETY, WITH RESPECT TO DISEASE MANAGEMENT, ON

AVERAGE, PATIENTS ENROLLED IN THE FOOD FARMACY PROGRAM FOR MORE THAN 3

MONTHS HAD A 33% INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, 9.4 POINT

DECREASE IN A1C, AND 5.7 AND 3.9 RESPECTIVE DECREASE IN SYSTOLIC AND

DIASTOLIC BLOOD PRESSURE.

ALSO IN 2021, VIRTUA’S MOBILE FARMERS MARKET DISTRIBUTED OVER 51,000

POUNDS OF HIGH-QUALITY PRODUCE, INCLUDING LOCAL PRODUCE SOURCED FROM BIPOC

OWNED FARMS IN SOUTHERN NEW JERSEY. IN THE SAME YEAR, OVER 7,400 RESIDENTS

WERE SERVED BY MFM AND OVER 6,600 BAGS OF PRODUCE WERE DISTRIBUTED.

SHOPPERS SERVED BY THE MFM REPORTED A SIGNIFICANT DECREASE IN OBSTACLES TO

OBTAINING FRESH FRUIT AND VEGETABLES, AS OF THE MFM’S LAST CUSTOMER

SURVEY, GREATER THAN 90% OF CUSTOMERS WHO SHOP AT THE MARKET ONCE A WEEK

REPORT THAT THEY HAVE MORE ACCESS TO FRESH, HEALTHY PRODUCE BECAUSE OF THE

MFM. THE MFM TYPICALLY PROVIDES ACCESS TO A VARIETY OF HEALTHY PRODUCE

FOUR DAYS A WEEK, YEAR ROUND. THIS 23-FOOT BUS IS BRIMMING WITH FRESH

FRUITS AND VEGETABLES THAT ARE SOLD AT SIGNIFICANTLY REDUCED PRICES IN

COMMUNITIES THROUGHOUT BURLINGTON AND CAMDEN COUNTIES. BY THE END OF 2021,

OVER 9% OF TOTAL GROSS SALES WERE SNAP TRANSACTIONS, 403 STOPS WERE

COMPLETED, AND CLOSE TO 800 POUNDS OF FOOD WAS DONATED.

IN FEBRUARY 2021, VIRTUA LAUNCHED THE EAT WELL MOBILE GROCERY STORE; A

SUPERMARKET ON WHEELS HOUSED INSIDE A RETROFITTED TRANSIT BUS. THIS MOBILE

MARKET VISITS LOW-INCOME NEIGHBORHOODS TO SELL, AT BELOW-MARKET PRICES,

FRESH FRUITS, VEGETABLES, MEATS, DAIRY ITEMS, AND BASIC DRY GOODS WITH A
VARIETY OF PAYMENT OPTIONS INCLUDING CREDIT, CASH, AND SNAP. WE BRING

HEALTHY FOOD TO COMMUNITIES WHERE THE NEED IS GREATEST, AT PRICES THAT ARE

WELL BELOW GROCERY STORE RATES. OUR DIETITIANS PROVIDE NUTRITION

COUNSELING BASED ON EACH INDIVIDUAL’S SPECIFIC HEALTH CONCERNS. IN ITS

FIRST YEAR OF OPERATION, THE EAT WELL MOBILE GROCERY STORE HAD 303 STOPS

THROUGHOUT THE REGION, SEEING MORE THAN 3,000 TRANSACTIONS. ON AVERAGE,

CUSTOMERS SPEND $10, WHICH, AGAIN, REPRESENTS AT LEAST A 40% REDUCTION IN

TOTAL PURCHASE PRICE COMPARED WITH TRADITIONAL RETAILERS. AT THE END OF

2021, OVER 35% OF TOTAL GROSS SALES WERE SNAP TRANSACTIONS.

VIRTUA’S FOOD ACCESS PROGRAMS ARE COMMITTED TO PROVIDING THE HIGHEST

QUALITY AND MOST NUTRITIOUS PRODUCE FOR OUR PATIENTS AND CUSTOMERS. OUR

PROGRAM DIETICIANS CURATE RECIPES AND OFFERINGS BASED ON CLIENT INPUT AND

COMMUNITY VOICE, WHICH INCREASES OUR DIVERSITY IN VARIETY AND CULTURAL

COMPETENCY. DOING SO OFFERS NEW OPPORTUNITIES TO MEET THE CLIENT WHERE

THEY ARE IN THEIR NUTRITION JOURNEY AND ENCOURAGES INCORPORATING NEW AND

HEALTHY FOODS INTO THEIR DIET. THE 1:1 NUTRITION EDUCATION ENSURES ADVICE

IS TAILORED TO THE CLIENT AND NOT ONLY INCREASES ACCESS TO HEALTHY FOOD,

BUT ALSO CREATES SUSTAINABLE BEHAVIOR CHANGES THAT PROMOTE LIFE-LONG

HEALTHY EATING PATTERNS.

THE MOBILE FARMERS MARKET, MOBILE GROCERY STORE, AND THE VIRTUA FOOD

FARMACY ARE UPSTREAM COMMUNITY HEALTH PROGRAMS MANAGED BY THE VIRTUA

COMMUNITY HEALTH COLLABORATIVE (CHC), THE CHC IS DEDICATED TO ERADICATING

HEALTH DISPARITIES IN UNDERSERVED COMMUNITIES AND IS COMPRISED OF A WIDE

RANGE OF HEALTH CARE, CLINICAL, AND PUBLIC HEALTH PROFESSIONALS WORKING

TOGETHER, ALONG WITH COMMUNITY PARTNERS, TO ADVANCE HEALTH EQUITY. VIRTUA

ALSO WORKS CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS, SUCH THE CAMDSN
AMENDED RETURN

Part VI, Supplemental Information (Continuation)

Coalition of Healthcare Providers and Parkside Business Coalition in

Partnership to engage residents and local stakeholders, Virtua is also on

The forefront of the nutrition incentive movement, piloting innovative

Programs aimed at measure the impacted the produce prescriptions have on

Food insecurity and chronic disease management.

Part VI, Line 6:

Description of promoting the health of the communities served: Virtua our

Lady of Lourdes Hospital is a controlled entity of a community-owned

Health system, Virtua Health, Inc. Virtua is committed to helping the

People of South Jersey be well, get well, and stay well by providing the

Complete spectrum of advanced, accessible, and trusted health care

Services, Virtua’s 14,000 colleagues provide tertiary care, including a

Renowned cardiology program, complemented by a community-based care

Portfolio. In addition to five acute care hospitals, two satellite

Emergency departments, and more than 280 other locations, Virtua brings

Health services directly into communities through home health,

Rehabilitation, mobile screenings, and its Paramedic program. Virtua has

2,850 affiliated doctors and other clinicians, and its specialties include

Orthopedics, advanced surgery, and maternity. Virtua is affiliated with

Fenn medicine for cancer and neuroscience, and the Children's Hospital of

Philadelphia for pediatrics. As a not-for-profit, Virtua is committed to

The well-being of the community and provides innovative outreach programs

That address social challenges affecting health, from addiction and other

Behavioral issues to lack of nutritious food and stable housing, a

Magnet recognized health system ranked by U.S. News and World Report,

Virtua has received many awards for quality, safety, and its outstanding

Work environment. The individual hospitals develop, implement, and fund

Schedule H (Form 990)
PROGRAMS SPECIFIC TO THE NEEDS OF ITS LOCAL COMMUNITY. IN ADDITION, UNDER
THE PARENT COMPANY’S CENTRALIZED PROGRAM OF EXCELLENCE STRUCTURE,
INITIATIVES ARE UNDERTAKEN THAT HAVE IMPACT ACROSS ALL VIRTUA ENTITIES AND
COMMUNITIES.

PART VI, LINE 7
THE STATE OF NEW JERSEY DOES NOT REQUIRE FILING OF THE COMMUNITY
BENEFIT REPORT.
**SCHEDULE J**

**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.

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

Attach to Form 990.

**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 II to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] 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.

1b

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?

2

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.

- [ ] Compensation committee
- [ ] Written employment contract
- [ ] Independent compensation consultant
- [ ] Compensation survey or study
- [ ] Form 990 of other organizations
- [ ] 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:

4a X Receive a severance payment or change-of-control payment?

4b X Participate in or receive payment from a supplemental nonqualified retirement plan?

4c X 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.

4d [ ]

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

5a X 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:

- [ ] The organization?

5b X

5c X

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:

- [ ] The organization?

6a X

6b X

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

7

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

8

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

9

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021**

132111 11-02-21

13230905 137924 VOLOH 2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH_1
# AMENDED RETURN

Schedule J (Form 990) 2021

**VIRTUA OUR LADY OF LOURDES HOSPITAL, INC**

**Page 2**

| 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DENNIS W. PULLIN</td>
<td><strong>PRESIDENT/CFO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(ii)</td>
<td><strong>Bonus &amp; incentive compensation</strong></td>
<td>1,448,929.</td>
<td>1,055,375.</td>
<td>12,000.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(2) JOHN M. NAYINGER</td>
<td>** EVP/CFO**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(ii)</td>
<td><strong>Bonus &amp; incentive compensation</strong></td>
<td>808,414.</td>
<td>372,358.</td>
<td>12,400.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(3) ROBERT H. SNIN</td>
<td><strong>TREASURER - EVP/CFO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(ii)</td>
<td><strong>Bonus &amp; incentive compensation</strong></td>
<td>687,964.</td>
<td>346,298.</td>
<td>30,792.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(4) LAUREN ROWINSKI</td>
<td><strong>SECRETARY - SVP &amp; GENERAL COUNSEL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>478,592.</td>
<td>177,291.</td>
<td>9,000.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(5) SHAILEN SHAH, MD</td>
<td><strong>PHYSICIAN &amp; TRUSTEE</strong></td>
<td></td>
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</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(ii)</td>
<td><strong>Bonus &amp; incentive compensation</strong></td>
<td>512,414.</td>
<td>54,266.</td>
<td>19,590.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(6) ALAN POPE</td>
<td><strong>VP CMO - LOURDES HOSPITAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>417,325.</td>
<td>117,373.</td>
<td>28,500.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(7) MARK F. NESSEL</td>
<td><strong>VP INTEGRATED OPERATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>408,122.</td>
<td>113,269.</td>
<td>28,500.</td>
<td>13,050.</td>
</tr>
<tr>
<td>(8) LISA C. FERRARO</td>
<td><strong>SVP PATIENT CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(ii)</td>
<td><strong>Bonus &amp; incentive compensation</strong></td>
<td>300,671.</td>
<td>73,444.</td>
<td>20,951.</td>
<td>11,081.</td>
</tr>
<tr>
<td>(9) MARK PETRACCI</td>
<td><strong>PERFUSIONIST SUPERVISOR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>317,477.</td>
<td>1,000.</td>
<td>0.</td>
<td>5,354.</td>
</tr>
<tr>
<td>(10) KAREN MAGARELLI</td>
<td><strong>VP PATIENT CARE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td><strong>Base compensation</strong></td>
<td>208,884.</td>
<td>65,393.</td>
<td>19,936.</td>
<td>8,626.</td>
</tr>
</tbody>
</table>

| (11) CHRISTINE DENISE PALMS | **VP TRANSPLANT SERVICE LINE** |
| (i) | **Base compensation** | 197,235. | 41,865. | 18,488. | 9,283. | 41,930. | 308,801. | 0. |
| (12) BRYAN SCHEMEL | **PERFUSIONIST/ECMO COORDINATOR** |
| (i) | **Base compensation** | 246,940. | 1,000. | 0. | 4,065. | 40,764. | 292,769. | 0. |
| (13) INNIS EHING | **AVP PATIENT CARE SERVICES** |
| (i) | **Base compensation** | 202,729. | 34,743. | 0. | 8,238. | 42,910. | 288,661. | 0. |

Schedule J (Form 990) 2021

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AMENDED RETURN

Schedule J (Form 990) 2021                    VIRTUA OUR LADY OF LOURDES HOSPITAL, INC         21-0535001

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.

PART I, LINE 3:

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. ADOPTS THE POLICIES OF VIRTUA HEALTH, INC. REGARDING ESTABLISHING THE COMPENSATION OF THE ORGANIZATION’S

CEO/EXECUTIVE DIRECTOR. THE POLICY USES THE FOLLOWING: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE VIRTUA BOARD OR

COMPENSATION COMMITTEE.

PART I, LINE 4B:

THE NONQUALIFIED 457(F) RETIREMENT PLAN WAS REPLACED WITH A QUALIFIED COLLATERAL ASSIGNMENT SPLIT DOLLAR PLAN, WHICH IS DESCRIBED IN SCHEDULE G.

PART I, LINE 7:

PAY AT RISK AND/OR DISCRETIONARY BONUSES PROVIDED TO THE INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A ARE BASED ON THE ACHIEVEMENT OF SIGNIFICANT QUANTITATIVE, QUALITATIVE, AND/OR PROGRAMMATIC GOALS AND ARE APPROVED BY THE COMPENSATION COMMITTEE FOR DISQUALIFIED INDIVIDUALS AND BY THE CEO FOR ALL OTHERS.
AMENDED RETURN
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.

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

Name of the organization
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL GROWTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADDITIONAL COMMUNITY BENEFITS, SUCH AS:

BENEFIT OPERATIONS:

EXPENSE OF $2,396,598

REVENUE OF $1,227,506

SUBSIDIZED HEALTH SERVICES: PROVIDE SEVERAL OUTPATIENT SERVICES TO MEET COMMUNITY NEED.

EXPENSE OF $855,395

REVENUE OF $314,271

RESEARCH: PERFORMED ONCOLOGY CLINICAL RESEARCH STUDIES.

EXPENSE OF $114,925

REVENUE OF $10,381

FINANCIAL AND IN-KIND CONTRIBUTIONS: PROVIDED CONTRIBUTIONS TO NON-PROFIT COMMUNITIES AND HEALTHCARE ORGANIZATIONS THROUGHOUT CAMDEN AND GLOUCESTER COUNTIES. ALSO PROVIDED MEETING SPACES TO ORGANIZATIONS AND MEDICAL SUPPLIES TO FAMILIES IN NEED.

EXPENSE OF $66,481

REVENUE OF $220

COMMUNITY BUILDING ACTIVITIES: HELD EVENTS THROUGHOUT THE YEAR TO FEED AND PROVIDE PRESENTS TO MANY FAMILIES IN NEED.

EXPENSE OF $471,149

REVENUE OF $250,300

PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITALS

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

Schedule O (Form 990) 2021

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
AMENDED RETURN

Schedule O (Form 990) 2021

Name of the organization
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

EXPENSE OF $216,508,530

REVENUE OF $336,232,781.

EXPENSES $220,453,978. INCLUDING GRANTS OF $0. REVENUE $336,035,459.

FORM 990, PART V, LINE 1A AND PART VII, SECTION B

IN CONNECTION WITH THE COORDINATED APPROACH OF THE ENTITIES AS A HEALTH CARE SYSTEM ALL ACCOUNTS PAYABLE TRANSACTIONS ARE CONDUCTED BY VIRTUA WEST JERSEY HEALTH SYSTEM, INC. (21-0634532).

FORM 990, PART VI, SECTION A, LINE 6:

VIRTUA HEALTH, INC. IS THE SOLE CORPORATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNANCE COMMITTEE OF VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. BOARD OF TRUSTEES MAKES RECOMMENDATIONS FOR NEW MEMBERSHIP AND THE VIRTUA HEALTH, INC. BOARD OF TRUSTEES GIVES THE FINAL APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CHAIRS OF THE VARIOUS COMMITTEES OF VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. PRESENT THEIR RECOMMENDATIONS ON SIGNIFICANT MATTERS TO THE FULL VIRTUA HEALTH, INC. BOARD OF TRUSTEES FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY IN HOUSE COUNSEL, EXTERNAL TAX CONSULTANTS, AND THE BOARD OF TRUSTEES. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
FORM 990, PART VI, SECTION B, LINE 12C:

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. ADOPTS THE POLICIES OF VIRTUA HEALTH, INC. REGARDING MONITORING AND ENFORCING A CONFLICT-OF-INTEREST POLICY. VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. REQUIRES EACH TRUSTEE, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS TO ANNUALLY SIGN A STATEMENT IN WHICH THEY AGREE TO COMPLY WITH THE CONFLICT-OF-INTEREST POLICY. THE BOARD OF TRUSTEES IS RESPONSIBLE FOR ENSURING THAT PERIODIC REVIEWS OF OPERATIONS ARE CONDUCTED SO THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING TRUSTEES OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. EXECUTIVES ARE COMPENSATED BY VIRTUA OUR LADY OF LOURDES HOSPITAL, INC., HOWEVER NOT EXCLUSIVELY; IN SOME CASES EXECUTIVES ALSO RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SEE SCHEDULE J, PART III (REFERENCE TO SCHEDULE J, PART I, LINE 3) FOR A DESCRIPTION OF THE MANNER IN WHICH VIRTUA HEALTH, INC. UTILIZES TO DETERMINE THE COMPENSATION PAID TO THE EXECUTIVES.
FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION’S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WERE

NOT MADE AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE POSTED ON THE

VIRTUA HEALTH WEBSITE AT HTTPS://WWW.VIRTUA.ORG/ABOUT/FINANCIAL-INFORMATION

AND ALSO ARE AVAILABLE THROUGH THE REPOSITORY WEBSITES EMMA (ELECTRONIC

MUNICIPAL MARKET ACCESS SYSTEM) AND DAC (DIGITAL ASSURANCE CERTIFICATION),

OR UPON REQUEST.

FORM 990, PART VII, SECTION A

EACH OFFICER IS COMPENSATED BY VIRTUA HEALTH, INC. (EIN 22-3524939), A

RELATED ORGANIZATION, AND EACH KEY EMPLOYEE IS COMPENSATED BY EITHER

VIRTUA HEALTH, INC. OR VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. SOME

OFFICERS AND KEY EMPLOYEES DEVOTE 40 HOURS A WEEK TO VIRTUA HEALTH,

INC. THE AMOUNT OF TIME DEVOTED TO RELATED ORGANIZATIONS IS DEPENDENT

UPON THEIR INVOLVEMENT IN THOSE ORGANIZATIONS, AS A RESULT, THE TOTAL

AVERAGE HOURS PER WEEK FOR EACH OFFICER AND KEY EMPLOYEES MAY VARY.

FORM 990, PART VII, SECTION A

ONE OR MORE OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES IN

PART VII HAD TRANSACTIONS RELATED TO THE ‘COLLATERAL ASSIGNMENT SPLIT

DOLLAR’ (CASS) PROGRAM OFFERED BY VIRTUA HEALTH, INC. ALL TRANSACTIONS

RELATED TO THIS PROGRAM WERE BETWEEN THE INDIVIDUAL AND VIRTUA HEALTH.

INC (EIN 22-3524939). THEREFORE, ALL PART X AND SCHEDULE L REPORTING

RELATED TO THESE TRANSACTIONS WERE REPORTED ON VIRTUA HEALTH'S RETURN.

FORM 990, PART IX, LINE 110, OTHER FEES:

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2021.06010 VIRTUA OUR LADY OF LOURDES VOLOH__1
## AMENDED RETURN

**Schedule O (Form 990) 2021**

**Name of the organization:** VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

**Employer identification number:** 21-0635001

### MEDICAL SPECIALIST FEES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE EXPENSES</td>
<td>$23,788,485</td>
</tr>
<tr>
<td>MANAGEMENT AND GENERAL EXPENSES</td>
<td>$5,947,121</td>
</tr>
<tr>
<td>FUNDRAISING EXPENSES</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$29,735,606.00</strong></td>
</tr>
</tbody>
</table>

### OUTSIDE SVCS FEES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE EXPENSES</td>
<td>$14,157,909</td>
</tr>
<tr>
<td>MANAGEMENT AND GENERAL EXPENSES</td>
<td>$3,516,765</td>
</tr>
<tr>
<td>FUNDRAISING EXPENSES</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$17,674,674.00</strong></td>
</tr>
</tbody>
</table>

### AGENCY LABOR:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICE EXPENSES</td>
<td>$11,287,086</td>
</tr>
<tr>
<td>MANAGEMENT AND GENERAL EXPENSES</td>
<td>$0.00</td>
</tr>
<tr>
<td>FUNDRAISING EXPENSES</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$11,287,086.00</strong></td>
</tr>
</tbody>
</table>

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A**

- **$58,697,366.00**

### FORM 990, PART XI, LINE 2, CHANGES IN NET ASSETS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFER WITH AFFILIATE - VIRTUA</td>
<td>$53,671</td>
</tr>
<tr>
<td>TRANSFER WITH AFFILIATE - VMG</td>
<td>$14,703,944</td>
</tr>
<tr>
<td>TRANSFER WITH AFFILIATE - LOURDES FOUNDATION</td>
<td><strong>$-2,231</strong></td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990, PART XI, LINE 9</strong></td>
<td><strong>$14,755,384.00</strong></td>
</tr>
</tbody>
</table>

### FORM 990, PART X

**CERTAIN INTANGIBLE ASSETS WERE MOVED FROM LINE 15 TO LINE 14 IN COLUMN**

| (A) BEGINNING OF YEAR TO MATCH THE END OF YEAR PRESENTATION. |

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13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
AMENDED RETURN

Schedule O (Form 990) 2021

Name of the organization
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635081

FORM 990 AMENDED RETURN

SCHEDULE J, PART II, COLUMN (C) HAS BEEN AMENDED. AS A RESULT OF A SOFTWARE IMPORT DEFECT, THE ORIGINAL RETURN ERRONEOUSLY REFLECTED THE SUM OF ALL COMPENSATION RATHER THAN RETIREMENT AND OTHER DEFERRED COMPENSATION. THE AMENDED RETURN NOW REFLECTS THE APPROPRIATE RETIREMENT AND OTHER DEFERRED COMPENSATION AMOUNTS FOR THE LISTED INDIVIDUALS.

13230905 137924 VOLOH 2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
## Part I — Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 513(d)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIRTUA HEALTH, INC. - 22-3524939</td>
<td></td>
<td></td>
<td></td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part VII for continuations.
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<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
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<th>(f) Direct controlling entity</th>
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### Part III
Identification of Related Organizations Taxable as a Partnership

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<th>(c) Legal domicile (state or foreign county)</th>
<th>(d) Direct controlling entity</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(i) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV
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<th>Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
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<td>VIRTUA ASSURANCE - 20-3025606 76 SAINT PAUL ST., SUITE 500 BURLINGTON, VT 05401</td>
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<td>VRJ, INC. - 26 0247120 303 LIPFINTCOTT DR, 4/FLR MARLTON, NJ 08053</td>
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<td>HEALTH MANAGEMENT SERVICES ORGANIZATION, INC - 22-3366580, 303 LIPFINTCOTT DR, 4/FLR, MEDICAL MARLTON, NJ 08053</td>
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SEE PART VII FOR CONTINUATIONS
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<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations</th>
<th>(i) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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132223
84-01-21

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**AMENDED RETURN**

Schedule R (Form 990)  
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC  
21-0635001

### Part III
Continuation of Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
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<th>(h) Disproportionate allocations?</th>
<th>(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)</th>
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<td>VIRTUA-SCA HOLDINGS, LLC - 47-3247166, 569 BROOKWOOD VILLAGE, SUITE 501, BIRMINGHAM, AL 35203</td>
<td>MEDICAL</td>
<td>AL</td>
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AMENDED RETURN

Schedule R (Form 990) 2021  VIRTUOUS LADY OF LOURDES HOSPITAL, INC  21-0635001  Page 3

Part V  Transactions With Related Organizations. Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 350, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a  Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   b  Gift, grant, or capital contribution to related organization(s)
   c  Gift, grant, or capital contribution from related organization(s)
   d  Loans or loan guarantees to or for related organization(s)
   e  Loans or loan guarantees by related organization(s)
   f  Dividends from related organization(s)
   g  Sale of assets to related organization(s)
   h  Purchase of assets from related organization(s)
   i  Exchange of assets with related organization(s)
   j  Lease of facilities, equipment, or other assets to related organization(s)
   k  Lease of facilities, equipment, or other assets from related organization(s)
   l  Performance of services or membership or fundraising solicitations for related organization(s)
   m  Performance of services or membership or fundraising solicitations by related organization(s)
   n  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o  Sharing of paid employees with related organization(s)
   p  Reimbursement paid to related organization(s) for expenses
   q  Reimbursement paid by related organization(s) for expenses
   r  Other transfer of cash or property to related organization(s)
   s  Other transfer of cash or property from related organization(s)

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-e)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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**AMENDED RETURN**

**Schedule R (Form 990) 2021**  VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) As of 2020, are all principal financial statements in U.S. currency?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Share of gross investment income (Form 1099-DIV)</th>
<th>(i) Code V-U1U1 amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2021
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VIRTUA WILLINGBORO HOSPITAL, INC

DIRECT CONTROLLING ENTITY: OUR LADY OF LOURDES HEALTH CARE SERVICES, INC.

NAME OF RELATED ORGANIZATION:

OUR LADY OF LOURDES FOUNDATION, INC

DIRECT CONTROLLING ENTITY: OUR LADY OF LOURDES HEALTH CARE SERVICES, INC.

NAME OF RELATED ORGANIZATION:

LOURDES ANCILLARY SERVICES

DIRECT CONTROLLING ENTITY: OUR LADY OF LOURDES HEALTH CARE SERVICES, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP,

LLC

EIN: 20-8643005

239 HURRFVILLE-CROSS KEYS RD, STE #180

SEWELL, NJ 08080

NAME OF RELATED ORGANIZATION:

CENTENNIAL SURGUNIT, LLC

DIRECT CONTROLLING ENTITY: VIRTUA OUR LADY OF LOURDES HOSPITAL

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

13230905 137924 VOLOH

2021.06010 VIRTUA OUR LADY OF LOURDE VOLOH_1
CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC

EIN: 27-0507140

234 INDUSTRIAL WAY BUILDING B

BATONTOWN, NJ 07724

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LOURDES SPECIALTY HOSPITAL OF SOUTHERN NJ, LLC

EIN: 86-1139477

10735 DAVID TAYLOR DRIVE, SUITE 200

CHARLOTTE, NC 28262

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ROCKLAND SURGICAL PROJECT LLC RAMAPO VALLEY SURGICAL CENTER

EIN: 20-0580403

500 NORTH FRANKLIN TURNPIKE

RAMSEY, NJ 07446

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC

EIN: 46-4055781

303 LIPPINCOTT DRIVE, 4TH FLOOR

MARLTON, NJ 08053

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA PENN RADIATION ONCOLOGY PARTNERS, LLC

EIN: 82-1947444

200 BOWMAN DRIVE, SUITE D190

VOORHEES, NJ 08043