

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 VIRTUA OUR LADY OF LOURDES HOSPITAL, INC
 Doing business as VIRTUA OUR LADY OF LOURDES HOSPITAL
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite §
 20 W. STOW ROAD §
 City or town, state or province, country, and ZIP or foreign postal code
 MARLTON, NJ 08053-3427

D Employer identification number
 21-0635001

E Telephone number
 856-355-0620

F Name and address of principal officer: DENNIS W. PULLIN
 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053

G Gross receipts \$ 364,475,989.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ WWW.VIRTUA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1950

M State of legal domicile: NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2038
	6 Total number of volunteers (estimate if necessary)	6	117
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	206,370.	38,359,816.
	9 Program service revenue (Part VIII, line 2g)	160,303,866.	320,258,760.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,674.	97,018.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,721,338.	3,237,496.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,268,248.	361,953,090.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,900,894.	125,464,998.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,703,215.	206,527,880.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	160,604,109.	331,992,878.	
19 Revenue less expenses. Subtract line 18 from line 12	1,664,139.	29,960,212.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 192,401,683.	End of Year 258,143,821.
	21 Total liabilities (Part X, line 26)	177,950,663.	199,890,156.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,451,020.	58,253,665.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 11-10-21
 DENNIS W. PULLIN, PRESIDENT/CEO

Paid Preparer Use Only
 Print/Type preparer's name: RUSSLEE ARMSTRONG Preparer's signature: *[Signature]* Date: 11/3/21 Check if self-employed: PTIN: P00288383
 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558
 Firm's address: 2001 MARKET ST., STE. 700 PHILADELPHIA, PA 19103 Phone no. 215-561-4200

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

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: VIRTUA OUR LADY OF LOURDES HOSPITAL (FORMERLY KNOWN AS OUR LADY OF LOURDES MEDICAL CENTER) SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. IN THE TRADITION OF THE FRANCISCAN SISTERS OF ALLEGANY,

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

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

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

4a (Code:) (Expenses \$ 67,938,103. including grants of \$) (Revenue \$ 44,394,688.) 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 APROXIMATELY \$23.5 MILLION, AS ESTIMATED BY MANAGEMENT. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING THROUGH EMERGENCY DEPARTMENTS AND CLINICS.

4b (Code:) (Expenses \$ 11,854,974. including grants of \$) (Revenue \$ 7,113,166.) 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.

4c (Code:) (Expenses \$ 4,721,577. including grants of \$) (Revenue \$ 721,966.) 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 2020 TO BE APROXIMATELY \$4 MILLION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 206,412,746. including grants of \$) (Revenue \$ 270,262,399.)

4e Total program service expenses 290,927,400.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		2038
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
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		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.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>		X

Form 990 (2020)

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18			
b Enter the number of voting members included on line 1a, above, who are independent		16		
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?				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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ROBERT M. SEGIN - 856-355-0620
 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT M. SEGIN TREASURER - EVP/CFO	1.00 41.00			X				0.	2,407,572.	47,339.
(2) DENNIS W. PULLIN PRESIDENT/CEO	1.00 42.00	X		X				0.	2,109,278.	55,625.
(3) JOHN M. MATSINGER EVP/COO	1.00 40.00				X			0.	1,073,047.	48,068.
(4) LAUREN ROWINSKI SECRETARY - SVP & GENERAL COUNSEL	1.00 41.00			X				0.	636,207.	39,858.
(5) SHAILEN SHAH, MD PHYSICIAN	1.00 41.00	X						0.	584,086.	55,396.
(6) ALAN POPE MEDICAL DIRECTOR	40.00 1.00				X		517,028.	0.	44,509.	
(7) MARK P. NESSEL SVP/COO	30.00 11.00				X		482,249.	0.	55,434.	
(8) LISA C. FERRARO SVP INTEGRATED OPERATIONS	9.00 31.00				X		0.	379,947.	37,481.	
(9) HANS H. BAUER CHIEF CARDIOLOGY	40.00 0.00					X	289,670.	0.	38,625.	
(10) KAREN MACARELLI VP PATIENT CARE	30.00 10.00				X		228,257.	0.	48,055.	
(11) LANNAE EWING AVP PATIENT CARE SERVICES	40.00 0.00					X	223,886.	0.	51,241.	
(12) CORNELIO MOJICA PHYSICIAN	40.00 0.00					X	247,697.	0.	23,751.	
(13) CLAIRE GRIST SEENARINE RN LOURDES	40.00 0.00					X	228,286.	0.	26,531.	
(14) DAVID KINDLICK CHAIRMAN	1.00 2.00	X		X			0.	0.	0.	
(15) EDWARD B. CLOUES VICE CHAIR	1.00 1.00	X		X			0.	0.	0.	
(16) PATRICIA CODEY TRUSTEE	1.00 1.00	X					0.	0.	0.	
(17) DENNIS FLANAGAN TRUSTEE	1.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAKESH GUPTA, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
(19) GRAYLING JOHNSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) SANIAH JOHNSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) PRATAP KHEDKAR TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) GEORGE LYNN TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) FAYE MELOY TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) JEFFREY MORRIS, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) JOHN PARKER TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) STACY ROBINSON TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,217,073.	7,190,137.	571,913.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,217,073.	7,190,137.	571,913.

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 237

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARVIN SAMSON TRUSTEE	1.00 1.00	X						0.	0.	0.
(28) JOHN SWEENEY TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) CHARLES VILA TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) ROBERT SILCOX, DECEASED 9/29/20 TRUSTEE	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	313,101.			
	e Government grants (contributions)	1e	37,972,593.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	74,122.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		38,359,816.			
Program Service Revenue			Business Code			
	2 a NET PATIENT SERVICES		621110	315,107,532.	315,107,532.	
	b DSRIP PROGRAM		621990	1,773,658.	1,773,658.	
	c SCHOOL OF NURSING - TU		611310	1,546,402.	1,546,402.	
	d EARLY INTERVENTION PRO		621990	1,011,580.	1,011,580.	
	e SCHOOL OF ANESTHESIOLO		611310	540,013.	540,013.	
	f All other program service revenue		621990	279,575.	279,575.	
	g Total. Add lines 2a-2f			320,258,760.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			97,468.	97,468.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	2,521,649.		
			(ii) Personal			
	b Less: rental expenses	6b		2,521,649.		
	c Rental income or (loss)	6c		0.		
	d Net rental income or (loss)			0.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		800.	
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b		1,250.		
	c Gain or (loss)	7c		-450.		
	d Net gain or (loss)			-450.	-450.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11 a JOINT VENTURE INCOME		621990	2,232,489.	2,232,489.	
	b CAFETERIA INCOME		722514	863,518.	863,518.	
	c GIFT SHOP		453220	140,519.	140,519.	
	d All other revenue		900099	970.	970.	
e Total. Add lines 11a-11d			3,237,496.			
12 Total revenue. See instructions			361,953,090.	322,492,219.	0.	
					1,101,055.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	813,995.	651,196.	162,799.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	100,171,085.	80,136,868.	20,034,217.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,289,303.	2,631,442.	657,861.	
9 Other employee benefits	14,011,489.	11,209,191.	2,802,298.	
10 Payroll taxes	7,179,126.	5,743,301.	1,435,825.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	51,858,769.	51,157,228.	701,541.	
12 Advertising and promotion	4,270.	3,416.	854.	
13 Office expenses	8,829,599.	7,063,679.	1,765,920.	
14 Information technology	136,051.	108,841.	27,210.	
15 Royalties				
16 Occupancy	4,950,421.	3,960,337.	990,084.	
17 Travel	37,848.	30,278.	7,570.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,300,114.	8,240,091.	2,060,023.	
23 Insurance	596,729.	596,729.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	75,940,481.	75,940,481.		
b VIRTUA HEALTH ALLOCATIO	50,021,485.	40,017,188.	10,004,297.	
c DOH\HCCRA- STATE ASSESS	1,777,224.	1,777,224.		
d EQUIPMENT	917,203.	733,762.	183,441.	
e All other expenses	1,157,686.	926,148.	231,538.	
25 Total functional expenses. Add lines 1 through 24e	331,992,878.	290,927,400.	41,065,478.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,371,142.	1	437,709.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,621,548.	4	38,397,277.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,860,867.	8	5,723,123.
	9	Prepaid expenses and deferred charges	2,039,514.	9	1,903,665.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 181,958,629.		
	b	Less: accumulated depreciation	10b 15,620,621.	10c	166,338,008.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	47,059,041.	15	45,344,039.
16	Total assets. Add lines 1 through 15 (must equal line 33)	192,401,683.	16	258,143,821.	
Liabilities	17	Accounts payable and accrued expenses	31,172,715.	17	40,265,369.
	18	Grants payable		18	
	19	Deferred revenue	151,961.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	146,625,987.	25	159,624,787.
	26	Total liabilities. Add lines 17 through 25	177,950,663.	26	199,890,156.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	13,510,215.	27	57,203,276.
	28	Net assets with donor restrictions	940,805.	28	1,050,389.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	14,451,020.	32	58,253,665.	
33	Total liabilities and net assets/fund balances	192,401,683.	33	258,143,821.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	361,953,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	331,992,878.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,960,212.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,451,020.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	13,842,433.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,253,665.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number

21-0635001

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2019 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 what 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 organizing 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 organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number

21-0635001

Organization type (check one):

Filers of:

Section:

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

Schedule D (Form 990) 2020

032051 12-01-20

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,700,000.		7,700,000.
b Buildings		68,002,307.	5,086,263.	62,916,044.
c Leasehold improvements		997,950.	187,567.	810,383.
d Equipment		74,715,757.	9,926,571.	64,789,186.
e Other		30,542,615.	420,220.	30,122,395.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				166,338,008.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1) INTANGIBLE ASSET	20,089,166.
(2) RIGHT OF USE ASSET	11,863,344.
(3) INVESTMENT IN SUBSIDIARY	8,094,567.
(4) OTHER ACCOUNTS RECEIVABLE	4,251,823.
(5) DUE FROM AFFILIATES, NON CURRENT	1,045,139.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	45,344,039.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES, NET	86,395,016.
(3) EST SETTLEMENT DUE TO 3RD PARTY PYR	57,885,516.
(4) LEASE LIABILITY	12,073,348.
(5) OTHER LIABILITIES	3,270,907.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	159,624,787.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ 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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,721,577.	721,966.	3,999,611.	1.20%
b Medicaid (from Worksheet 3, column a)			67,938,103.	44,394,688.	23,543,415.	7.09%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		.00%
d Total. Financial Assistance and Means-Tested Government Programs			72,659,680.	45,116,654.	27,543,026.	8.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,134,991.	1,032,342.	1,102,649.	.33%
f Health professions education (from Worksheet 5)			11,854,976.	7,113,166.	4,741,808.	1.43%
g Subsidized health services (from Worksheet 6)			1,476,436.	60,408.	1,416,028.	.43%
h Research (from Worksheet 7)			93,715.	10,141.	83,574.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			29,635.	76.	29,559.	.01%
j Total. Other Benefits			15,589,753.	8,216,133.	7,373,618.	2.23%
k Total. Add lines 7d and 7j			88,249,433.	53,332,787.	34,916,644.	10.52%

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 with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Form for Section A with questions 1-4 regarding bad debt expense reporting, methodology, and footnotes. Includes 'Yes' and 'No' columns for questions 1 and 9a.

Section B. Medicare

Form for Section B with questions 5-8 regarding Medicare revenue, allowable costs, and shortfall reporting. Includes checkboxes for 'Cost accounting system', 'Cost to charge ratio', and 'Other'.

Section C. Collection Practices

Form for Section C with questions 9a and 9b regarding debt collection policies.

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 VIRTUA OUR LADY OF LOURDES HOSPITAL 1600 HADDON AVENUE CAMDEN, NJ 08103-3117 WWW.VIRTUA.ORG LICENSE # 10404	X	X	X				X			

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group VIRTUA OUR LADY OF LOURDES HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:

	Yes	No
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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?

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

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)

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 Action) 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

	Yes	No
17	X	
18		
19		X
20		

Policy Relating to Emergency Medical Care

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

If "No," indicate why:

- a 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)

	Yes	No
21	X	

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group VIRTUA OUR LADY OF LOURDES HOSPITAL

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method
- 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
If "Yes," explain in Section C.
- 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Part V Facility Information (continued)

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

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 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

COUNTIES THAT COMPRISE THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC)

SERVICE AREAS (BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES). TO ACHIEVE

THE GOAL OF OBTAINING LOCALLY ACTIONABLE INFORMATION FOR IMPROVING

HEALTH, THIS CHNA EMPLOYED A MIXED-METHODS ITERATIVE STRATEGY OF DATA

COLLECTION THAT COMBINED QUANTITATIVE AND QUALITATIVE ANALYSIS OF

PRIMARY DATA COLLECTED FROM COMMUNITY MEMBERS 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

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

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 COUNTIES. 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 AS 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 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

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Schedule H (Form 990) 2020

39

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Part V Facility Information (continued)

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

SEMI-STRUCTURED 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

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Part V Facility Information (continued)

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

- JEFFERSON HEALTH

- LOURDES HEALTH SYSTEM (NOW VIRTUA)

- VIRTUA HEALTH (NOW VIRTUA)

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

- BURLINGTON COUNTY HEALTH DEPARTMENT,

- CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND

- GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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

Part V Facility Information (continued)

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

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.

Part V Facility Information (continued)

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

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

- 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

- EDUCATE STAFF ON ONLINE BEHAVIORAL HEALTH RESOURCE

DIRECTORY

- INCREASE COMMUNITY AWARENESS AND UNDERSTANDING ABOUT MENTAL HEALTH

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

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Part V Facility Information (continued)

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

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

Part V Facility Information (continued)

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

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.

Part V Facility Information (continued)

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

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

- "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 (MAPP) 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

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Part V Facility Information (continued)

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

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:

- 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.

Part V Facility Information (continued)

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

PART V, SECTION B, 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 IRS 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 2008, CHAPTER 60)

D) NJ 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,

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

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 IRC SECTION

501(R)(5). VIRTUA, AND ANY THIRD PARTIES ACTING ON ITS BEHALF, WILL

WORK WITH RESPONSIBLE INDIVIDUAL PARTIES AND WILL SUSPEND EXTRAORDINARY

COLLECTION ACTIONS TO OBTAIN PAYMENT FOR A REASONABLE AMOUNT OF TIME.

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

ACTIONS ("ECAS") AGAINST AN INDIVIDUAL UNTIL REASONABLE EFFORTS CAN BE

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

Part V Facility Information (continued)

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

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 EMTALA (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 WHOM RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE AT

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, LINE 7B

[HTTPS://WWW.VIRTUA.ORG/-/MEDIA/FILES/VIRTUA%20ENTERPRISE/VIRTUA%20CORPOR](https://www.virtua.org/-/media/files/virtua%20enterprise/virtua%20corporate/virtua/pdf/chna/chna%20report_virtua_final090319-small.ashx?la=en)

[ATE/VIRTUA/PDF/CHNA/CHNA%20REPORT_VIRTUA_FINAL090319-SMALL.ASHX?LA=EN](https://www.virtua.org/-/media/files/virtua%20enterprise/virtua%20corporate/virtua/pdf/chna/chna%20report_virtua_final090319-small.ashx?la=en)

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.

PART I, LINE 3C:

NOT APPLICABLE

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.

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.

PART II, COMMUNITY BUILDING ACTIVITIES:

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Part VI Supplemental Information (Continuation)

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 ADDED A NEW 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 NON-PERISHABLES TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AT NO COST. THE 2020 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 THE PUBLIC, PROMOTE HEALTH SERVICES AND WELLNESS ACTIVITIES, AND BRING VIRTUA SERVICES DIRECTLY TO THE PEOPLE WHO LIVE THERE. THE RIDE HEALTH

Part VI Supplemental Information (Continuation)

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 TEEN SELF-ESTEEM, TO HEALTH EDUCATION, SCREENING, AND FREE
LAB WORK TO THOSE WHO CANNOT AFFORD TO PAY. VIRTUA IS ALSO A SUPPORTER OF
THE CHERRY HILL FREE CLINIC, WHICH PROVIDES CARE TO THE WORKING POOR -
RESIDENTS WHO ARE UNINSURED BUT NOT ELIGIBLE FOR PUBLIC ASSISTANCE SUCH AS
MEDICAID.

MULTIPLE EVENTS ARE HELD TO INSPIRE YOUNG TEENS TO CONSIDER CAREERS IN
HEALTH SCIENCES, PROMOTE LEADERSHIP, AND IMPROVE COMMUNICATION. THESE
EVENT INCLUDE GIRL TALK, WHICH IMPROVES COMMUNICATION BETWEEN PARENT AND
DAUGHTER ABOUT CHANGES DURING PUBERTY AND SELF-CARE, AS WELL AS FUELING
THE FUTURE, WHICH PROVIDES LEADERSHIP COACHING THROUGH POSITIVE MALE
FIGURES FOR CAMDEN CITY TEENAGE BOY. FROM INTERNSHIPS TO CAREER GUIDANCE,
VIRTUA CAMDEN SUPPORTS YOUNG ADULTS IN THEIR QUEST FOR A BETTER FUTURE.

Part VI Supplemental Information (Continuation)

VIRTUA ALSO PROVIDED EDUCATION AND TRAINING TO OVER 100 ALLIED HEALTH STUDENTS.

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 NET 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

PART III, LINE 4:

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

DEFINED BY ASU 2014-09, CAN BE FOUND ON PAGE 15 OF THE ATTACHED FINANCIAL

STATEMENTS.

Part VI Supplemental Information (Continuation)

PART III, LINE 8 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., HEALTHCARE FOR THE UNINSURED, 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.

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.,

Part VI Supplemental Information (Continuation)

LAWUIT, 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 DISEASES), AND PROMOTING HEALTHY BEHAVIORS (ESPECIALLY DIET AND EXERCISE).

VIRTUA ALSO IS INVOLVED WITH THE CAMDEN CITY HEALTHY FUTURES COMMITTEE, WHICH HAS CONDUCTED A HEALTH NEEDS ASSESSMENT OF THE CITY AND HAS PUT

Part VI Supplemental Information (Continuation)

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) 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

Part VI Supplemental Information (Continuation)

(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 SIGNAGE IS
 POSTED 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

Part VI Supplemental Information (Continuation)

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 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 COMPRISE THE SJHC SERVICE AREAS (BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES). 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.

Part VI Supplemental Information (Continuation)

POPULATION SNAPSHOTS

BURLINGTON COUNTY

- PRIMARILY WHITE, AND SLIGHTLY OLDER
- 34% MINORITY POPULATION
- HIGHEST MEDIAN INCOME; LOWEST POVERTY RATES
- 5.7% OF THE POPULATION IS BELOW THE POVERTY LINE
- LOWEST UNEMPLOYMENT RATE
- HIGHEST 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
- 11% BELOW POVERTY, 8% UNINSURED, 12.3% ON FOOD STAMPS/SNAP, 5%

WITHOUT CAR ACCESS

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

STATE SCORE (9.4)

- 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 OVERDOSE DEATHS.

GLOUCESTER COUNTY

Part VI Supplemental information (Continuation)

- SIMILAR ECONOMIC INDICATORS TO THE STATE
- PRIMARILY WHITE AND OLDEST POPULATION IN NJ
 - 22% MINORITY POPULATION
- SECOND LOWEST MEDIAN INCOME; LOWER UNEMPLOYMENT AND POVERTY RATES THAN THE STATE
 - NEARLY 44% DO NOT HAVE ACCESS TO LARGE GROCERY STORE
 - OVERDOSE 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 ACO'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 2020, VIRTUA PROVIDED 6100 FREE RIDES TO NEEDY PATIENTS FOR THEIR MEDICAL APPOINTMENTS AND HOSPITAL DISCHARGES.

Part VI Supplemental Information (Continuation)

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 FREE CLASSES 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 UTILIZED 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.

Part VI Supplemental Information (Continuation)

OUR PROGRAMS PROVIDE INTEGRATED INTERVENTIONS THROUGH THE FOOD AS MEDICINE
FOOD FARMACY AND MOBILE FARMERS MARKET (MFM). 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.
IN 2020, THE FOOD FARMACIES DISTRIBUTED 59,267 POUNDS OF FRESH PRODUCE AND
HEALTHY NON-PERISHABLES THROUGH OUR CHOICE PANTRIES. THAT SAME YEAR, 427
UNIQUE PATIENTS ENROLLED IN THE FREE, 6-MONTH VOLUNTARY PROGRAM AND
COMPLETED A TOTAL OF 1,790 APPOINTMENTS. ON AVERAGE, PATIENTS ENROLLED
GREATER THAN 3 MONTHS HAD A 33% INCREASE IN FRUIT AND VEGETABLE
CONSUMPTION, 0.4 POINT DECREASE IN A1C, AND 5.7 AND 3.9 RESPECTIVE
DECREASE IN SYSTOLIC AND DIASTOLIC BLOOD PRESSURE. IN 2020, VIRTUA'S MFM
100,936 POUNDS OF HIGH-QUALITY PRODUCE, INCLUDING LOCAL PRODUCTS SOURCED
FROM BLACK-OWNED FARM. OVER 13,000 RESIDENTS WERE SERVED BY MFM AND 16,519
BAGS OF FREE FOOD WERE DISTRIBUTED DURING THE HEIGHT OF COVID-19. SHOPPERS
SERVED BY THE MFM REPORTED A SIGNIFICANT DECREASE IN OBSTACLES TO
OBTAINING FRESH FRUIT AND VEGETABLES. THEY ALSO DESCRIBED A 52%
IMPROVEMENT IN THE DISTANCE TRAVELED TO GET FRESH PRODUCE AS WELL AS A 33%
IMPROVEMENT IN THE AFFORDABILITY OF PRODUCE. 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.
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

Part VI Supplemental Information (Continuation)

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 MFM AND THE VIRTUA FOOD PANTRY ARE UPSTREAM COMMUNITY HEALTH PROGRAMS MANAGED BY THE VIRTUA COMMUNITY HEALTH INSTITUTE (CHI). THE CHI 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. PARTNERS INCLUDE THE FOOD BANK OF SOUTH JERSEY, CAMDEN COUNTY HEALTH AND HUMAN SERVICES, BURLINGTON COUNTY HEALTH DEPARTMENT, GLOUCESTER COUNTY HEALTH DEPARTMENT, AND THE NJ CANCER EDUCATION AND EARLY DETECTION. VIRTUA ALSO WORKS CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS, SUCH THE CAMDEN COALITION OF HEALTHCARE PROVIDERS AND PARKSIDE BUSINESS COALITION IN PARTNERSHIP TO ENGAGE RESIDENTS AND LOCAL STAKEHOLDERS. LASTLY, VIRTUA, IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, CONVENES MONTHLY COMMUNITY LISTENING SESSIONS TO LEARN FROM RESIDENTS ON WHAT THEIR NEEDS ARE, WHERE GAPS IN SERVICES EXIST, AND HOW TO ADDRESS THOSE GAPS.

PART VI, LINE 6:

DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITIES SERVED: VIRTUA OUR LADY OF LOURDES HOSPITAL INC. 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 15,880 COLLEAGUES PROVIDE TERTIARY CARE, INCLUDING A RENOWNED CARDIOLOGY PROGRAM, COMPLEMENTED BY A COMMUNITY-BASED CARE

Part VI Supplemental Information (Continuation)

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
 PENN 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
 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
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number

21-0635001

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT M. SEGIN TREASURER - EVP/CFO	(i) 0. (ii) 686,974. (iii) 1,414,319.	0. 306,279.	0. 1,414,319.	0. 12,825.	0. 34,514.	0. 2,454,911.	0. 0.
(2) DENNIS W. PULLIN PRESIDENT/CEO	(i) 1,396,649. (ii) 749,728. (iii) 467,184.	0. 301,785. 159,677.	12,461. 21,534. 9,346.	12,825. 12,825. 12,825.	42,800. 35,243. 27,033.	2,164,903. 1,121,115. 676,065.	0. 0. 0.
(3) JOHN M. MATSINGER EVP/COO	(i) 0. (ii) 533,476. (iii) 444,485.	0. 31,110. 43,697.	0. 19,500. 28,846.	0. 12,825. 12,825.	0. 42,571. 31,684.	0. 639,482. 561,537.	0. 0. 0.
(4) LAUREN ROWINSKI SECRETARY - SVP & GENERAL COUNSEL	(i) 410,642. (ii) 0. (iii) 0.	41,987. 0. 0.	29,620. 0. 0.	12,259. 0. 0.	43,175. 0. 0.	537,683. 0. 0.	0. 0. 0.
(5) SHALDEN SHAH, MD PHYSICIAN	(i) 0. (ii) 293,034. (iii) 289,670.	0. 66,662. 0.	0. 20,251. 0.	0. 10,691. 7,111.	0. 26,790. 31,514.	0. 417,428. 328,295.	0. 0. 0.
(6) MARK P. NESSEL SVP/COO	(i) 218,561. (ii) 0. (iii) 209,411.	350. 0. 14,475.	9,346. 0. 0.	7,484. 0. 9,418.	40,571. 0. 41,823.	276,312. 0. 275,127.	0. 0. 0.
(7) LISA C. FERRARO SVP INTEGRATED OPERATIONS	(i) 0. (ii) 223,191. (iii) 0.	0. 0. 0.	0. 24,506. 0.	0. 9,336. 0.	0. 14,415. 0.	0. 271,448. 0.	0. 0. 0.
(8) HANS H. BAUER CHIEF CARDIOLOGY	(i) 227,136. (ii) 0. (iii) 0.	1,150. 0. 0.	0. 0. 0.	0. 6,238. 0.	20,293. 0. 0.	254,817. 0. 0.	0. 0. 0.
(9) KAREN MAGARELLI VP PATIENT CARE	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
(10) LANNAE EWING AVP PATIENT CARE SERVICES	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
(11) CORNELIO MOJICA PHYSICIAN	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
(12) CLAIRE GRIST SEENARINE RN LOURDES	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

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:

VIRTUA HEALTH, INC. PROVIDES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, A PLAN DESCRIBED IN SECTION 457(F), TO THE CEO, PRESIDENT, EXECUTIVE VICE PRESIDENT, AND ANY OTHER CORPORATE OFFICER, WITH THE APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD. THE PLAN WAS TERMINATED ON 6/30/2019, AND FINAL DISTRIBUTIONS WERE PAID TO TWO EXECUTIVES IN JULY 2020. THESE DISTRIBUTIONS INCLUDED NON-TAXABLE EARNINGS AND TAXABLE EARNINGS. THE TAXABLE EARNINGS WERE AS FOLLOWS:

ROBERT M. SEGIN: \$1,382,369

JOHN M. MATSINGER: \$8,154

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.

THE NONQUALIFIED 457(F) RETIREMENT PLAN WAS REPLACED WITH A QUALIFIED

COLLATERAL ASSIGNMENT SPLIT DOLLAR PLAN, WHICH IS DESCRIBED IN SCHEDULE O.

PART I, LINE 7

SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE

1A RECEIVED DISCRETIONARY NON-FIXED BONUS PAYMENTS FROM THE FILING

ORGANIZATION, AND SOME OF THE INDIVIDUALS RECEIVED DISCRETIONARY

NON-FIXED BONUS PAYMENTS FROM A RELATED ORGANIZATION, VIRTUA HEALTH,

INC. (PARENT).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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:

NEW YORK, WE SERVE ALL WHO COME TO US WITH REVERENCE AND INTEGRITY IN A
SIMPLE, JOYFUL AND HOSPITABLE MANNER.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE WORLD HEALTH ORGANIZATION IN MARCH 2020 DECLARED COVID-19 A
PANDEMIC. AS A DIRECT RESULT OF THE SPREAD OF THE VIRUS, VIRTUA HEALTH
INCURRED SIGNIFICANT UNBUDGETED COSTS FOR TESTING, PERSONAL PROTECTIVE
EQUIPMENT, STAFFING, THIRD-PARTY CONTRACTED SERVICES, AND OTHER
OPERATING COSTS. EVERY EFFORT WAS MADE TO CARE FOR THOSE STRICKEN WITH
THE VIRUS TO ENABLE THEIR RECOVERY WHILE ENSURING EMPLOYEE AND PATIENT
SAFETY. VIRTUA STEWARDED ITS FINANCIAL RESOURCES SO AS TO ENSURE THAT
IT COULD MEET THE NEEDS OF THE COMMUNITIES THAT IT SERVES, AND WAS ABLE
TO RESPOND TO EACH RESURGENCE OF THE VIRUS. AS OF THIS TIME, THE
ULTIMATE AMOUNT OF GOVERNMENT FUNDING TO BE RETAINED OR RECEIVED TO
OFFSET BOTH THE INCREMENTAL UNBUDGETED COSTS, AS WELL AS THE LOSS OF
REVENUE THAT RESULTED FROM THE DISRUPTION TO THE NORMAL PROVISION OF
HEALTHCARE SERVICES, IS YET TO BE DETERMINED.

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

ADDITIONAL COMMUNITY BENEFITS, SUCH AS:

BENEFIT OPERATIONS:

EXPENSE OF \$2,134,993

REVENUE OF \$1,032,344

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

EXPENSE OF \$1,476,436

REVENUE OF \$60,408

RESEARCH: PREFORMED ONCOLOGY CLINICAL RESEARCH STUDIES.

EXPENSE OF \$93,715

REVENUE OF \$10,141

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 \$29,635

REVENUE OF \$76

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

EXPENSE OF \$178,256

REVENUE OF \$100,609

PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITALS

EXPENSE OF \$202,499,711

REVENUE OF \$269,058,821.

EXPENSES \$ 206,412,746. INCLUDING GRANTS OF \$ 0. REVENUE \$ 270,262,399.

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 ACCOUNT 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.

032212 11-20-20

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

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.

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

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

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](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, COLUMN B

EACH OFFICER IS COMPENSATED BY VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ORGANIZATION, AND EACH KEY EMPLOYEE IS COMPENSATED BY EITHER

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

VIRTUA HEALTH, INC., OUR LADY OF LOURDES HEALTH CARE SERVICES, 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

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

PART VII HAD TRANSACTIONS RELATED TO THE 'COLLATERAL ASSIGNMENT SPLIT

DOLLAR' (CASD) 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 VII

IN PRIOR YEARS, CERTAIN INDIVIDUALS WERE LISTED AS KEY EMPLOYEES OF THE

FILING ENTITY; HOWEVER, FOR THE CURRENT YEAR, THEY ARE KEY EMPLOYEES OF

A RELATED FILING ENTITY. THESE INDIVIDUAL REMAIN DISCLOSED, AS

APPLICABLE, ON THE APPROPRIATE RETURN WHERE THEY MEET THE

CLASSIFICATION OF KEY EMPLOYEE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDICAL SPECIALIST FEES:

PROGRAM SERVICE EXPENSES

31,382,571.

MANAGEMENT AND GENERAL EXPENSES

0.

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

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 31,382,571.

OUTSIDE SVCS FEES:

PROGRAM SERVICE EXPENSES 16,968,494.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 16,968,494.

AGENCY LABOR:

PROGRAM SERVICE EXPENSES 2,806,163.

MANAGEMENT AND GENERAL EXPENSES 701,541.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,507,704.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 51,858,769.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER WITH AFFILIATES - NET 13,842,433.

PART XII, LINE 3A AND 3B

IN TAX YEAR 2020, THE FILING ENTITY RECEIVED AND RECORDED PROVIDER RELIEF FUNDS FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) IN AN AMOUNT THAT WOULD REQUIRE A FEDERAL UNIFORM GUIDANCE AUDIT. HOWEVER, HHS GUIDANCE STATES THAT THESE FUNDS SHOULD BE AUDITED AND INCLUDED ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS IN YEARS ENDING 6/30/2021 OR LATER.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

Employer identification number
21-0635001

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VIRTUA HEALTH, INC. - 22-3524939 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	SUPPORTING ORGANIZATION	NEW JERSEY	501 (C) (3)	12A	N/A		X
VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. - 21-0634562, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
VIRTUA - WEST JERSEY HEALTH SYSTEM, INC. - 21-0634532, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
VIRTUA SURGICAL GROUP, P.A. - 22-2580215 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	SURGICAL PHYSICIAN PRACTICE	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
			501 (C) (3)	10	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN, INC. - 22-3554707, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY, INC. - 22-2394675, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
VIRTUA HOME CARE - COMMUNITY NURSING SERVICES, INC. - 21-0679591, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	HOME CARE	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
SUMMIT HEALTH - VIRTUA, INC. - 52-1814579 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH AND WELLNESS SERVICES	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
WEST JERSEY RENEW, INC. - 22-3580917 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	LOW INCOME HOUSING	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
MEMORIAL HOSPITAL OF BURLINGTON COUNTY FOUNDATION, INC. - 22-2337170, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
WEST JERSEY HEALTH & HOSPITAL FOUNDATION, INC. - 23-7414388, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH FOUNDATION, INC. - 04-3722352 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
VIRTUA MEDICAL GROUP, P.A. - 27-1348772 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	PHYSICIAN SERVICES	NEW JERSEY	501 (C) (3)	10	N/A		X
WEST JERSEY HEALTH SYSTEM WORKERS COMP TRUST - 22-3142739, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	WORKERS COMP TRUST	NEW JERSEY	501 (C) (3)	12A	VIRTUA HEALTH, INC.		X
VIRTUA WILLINGBORO HOSPITAL, INC - 22-3612265 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH CARE SERVICES	NEW JERSEY	501 (C) (3)	3	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ACENTUS PRACTICE MANAGEMENT, LLC - 81-4861192, 1040 N KINGS HIGHWAY, STE 701, CHERRY HILL, NJ 08034	COLLECTIONS SERVICE	NJ	N/A					X	N/A		X	
AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP, LLC - 20-8643005, 239 HURRFVILLE-CROSS KEYS RD, STE BURLINGTON CITY ENDO CTR, LLC	SURGICAL CENTER	NJ	N/A				X		N/A		X	
C/O PHYSICIANS ENDOSCOPY, LLC - 20-8205206, 2500 YORK ROAD, SUITE 300, JAMISON, PA 18929	HEALTH CARE	NJ	N/A				X		N/A		X	
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD., SUITE 1, VOORHEES, NJ 08043	AMBULATORY HEALTH CARE SERVICES	NJ	VIRTUA OUR LADY OF LOURDES HOSPITAL	RELATED	2,229,627.	987,568.	X		N/A		X	51.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VIRTUA ASSURANCE - 20-3025606 76 SAINT PAUL ST., SUITE 500 BURLINGTON, VT 05401	CAPTIVE INSURANCE COMPANY	VT	N/A	C CORP					X
VRI, INC. - 26-0247120 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH AND WELLNESS	NJ	N/A	C CORP					X
HEALTH MANAGEMENT SERVICES ORGANIZATION, INC - 22-3366580, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	MEDICAL ADMINISTRATION	NJ	N/A	C CORP					X
LOURDES MEDICAL ASSOCIATES, P.A - 22-3361862 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	MEDICAL SERVICES	NJ	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule k-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC - 27-0907140, 234	SURGICAL CENTER	NJ	N/A						N/A		X	
INDUSTRIAL WAY BUILDING B, EMMAUS HOLDINGS, LLC - 83-1806511, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	N/A				X		N/A			X
FREEHOLD ENDOSCOPY ASSOCIATES LLC - 84-1634126, 222 SCHANCK ROAD SUITE 100, FREEHOLD, NJ 07728	SURGICAL CENTER	NJ	N/A				X		N/A			X
FRESENIUS MEDICAL CARE MARLTON, LLC - 47-2128074, 920 WINTER STREET, WALTHAM, MA 02451	DIALYSIS	NJ	N/A						N/A			
GASTRO-SURGI CENTER OF NJ, LLC - 22-3472632, 1132 SPRUCE DRIVE, MOUNTAINSIDE, NJ 07092	SURGICAL CENTER	NJ	N/A				X		N/A			X
LOURDES SPECIALTY HOSPITAL OF SOUTHERN NJ, LLC - 86-1139477, 10735 DAVID TAYLOR DRIVE, SUITE 200, MEMORIAL AMBULATORY SURGERY CENTER, LLC - 20-4941260, 160 MADISON AVENUE, MT. HOLLY, NJ 08060	HEALTH CARE	NC	N/A				X		N/A			X
MT LAUREL ENDOSCOPY CENTER, L.P - 56-2350370, 15000 MIDLANTIC DR, SUITE 110, MT. LAUREL, NJ 08054	SURGICAL CENTER	NJ	N/A				X		N/A			X
ROCKLAND SURGICAL PROJECT LLC RAMAPO VALLEY SURGICAL CENTER - 20-0580403, 500 NORTH FRANKLIN TURNPIKE, RAMSEY, NJ	OUTPATIENT CARE CENTER	NJ	N/A				X		N/A			X
FRANKLIN TURNPIKE, RAMSEY, NJ	SURGICAL CENTER	NJ	N/A				X		N/A			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHORE AMPULATORY SURGERY CENTER, LLC - 22-3778333, 405 BETHEL ROAD, SOMERS POINT, NJ 08244	SURGICAL CENTER	NJ	N/A					X	N/A		X	
SOUTH JERSEY MUSCULOSKELETAL INSTITUTE, LLC - 20-4481032, 556 EGG HARBOR ROAD, SEWELL, NJ 08080	SURGICAL CENTER	NJ	N/A					X	N/A		X	
SUMMIT SURGICAL CENTER, LLC - 73-1730859, 200 BOWMAN DRIVE, SUITE D160, VOORHEES, NJ 08043	SURGICAL CENTER	NJ	N/A					X	N/A		X	
USRC GLOUCESTER, LLC - 38-4117029, 5851 LEGACY CIRCLE, SUITE 900, PLANO, TX 75024	MEDICAL	TX	N/A					X	N/A		X	
VANTAGE SURGICAL CENTER, LLC - 45-0516750, 180 ROUTE 70, MEDFORD, NJ 08055	SURGICAL CENTER	NJ	N/A					X	N/A		X	
VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC - 46-4055781, 303 LIPPINCOTT DRIVE, 4TH FLOOR, MARLTON, NJ VIRTUA PENN RADIATION	IMAGING SERVICES	NJ	N/A					X	N/A		X	
ONCOLOGY LEASING, LLC - 83-1438811, 303 LIPPINCOTT DR., MARLTON, NJ 08053 VIRTUA PENN RADIATION	LEASING SERVICES	NJ	N/A					X	N/A		X	
ONCOLOGY PARTNERS, LLC - 82-1947444, 200 BOWMAN DRIVE, SUITE D190, VOORHEES, NJ VIRTUA-SCA HOLDINGS, LLC - 47-3247166, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	RADIOLOGY SERVICES	NJ	N/A					X	N/A		X	
	MEDICAL	AL	N/A					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 2D of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
VIRTUA-USP PRINCETON, LLC - 81-3270494, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001	MEDICAL	NJ	N/A					X	N/A		X	
VOORHEES ENDOSCOPY HOLDING CO, LLC - 47-4669710, 1A BURTON HILLS BLVD, NASHVILLE, TN 37215	MEDICAL	TN	N/A					X	N/A		X	
SPECIALIZED SURGICAL CENTER OF CENTRAL NEW JERSEY, LLC - 22-3296144, 562 EASTON AVE, SOMERSET, NJ 08873	SURGICAL CENTER	NJ	N/A					X	N/A		X	
TYLER DIALYSIS, LLC - 45-4079716, C/O TAX DEPT; P.O. BOX 4388, FEDERAL WAY, WA 98063	DIALYSIS	NJ	N/A					X	N/A		X	
VIRTUA - SCA HOLDINGS II, LLC - 85-2278858, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	N/A					X	N/A		X	
RIVER DRIVE HOLDING COMPANY, LLC - 84-3655618, 303 LIPPINCOTT DR FL 4TH, MARLTON, NJ 08053	MEDICAL	NJ	N/A					X	N/A		X	
ACCESS HOLDING COMPANY, LLC - 85-0718604, 2500 YORK ROAD, SUITE 300, JAMISON, PA 18929	MEDICAL	PA	N/A					X	N/A		X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII Supplemental Information

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

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:

032165 10-28-20

Part VII Supplemental Information

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

CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC

EIN: 27-0907140

234 INDUSTRIAL WAY BUILDING B

EATONTOWN, 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

032165 10-28-20

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	VARIOUS	SL	.000	16							420,220.		0.	420,220.
2	BUILDINGS	VARIOUS	SL	.000	16							5,086,263.		0.	5,086,263.
3	LEASEHOLD IMPROVEME	VARIOUS	SL	.000	16							187,567.		0.	187,567.
4	FIXED EQUIPMENT	VARIOUS	SL	.000	16							2,457.		0.	2,457.
5	MAJOR MOVEABLE EQUIPMENT	VARIOUS	SL	.000	16							9,924,114.		0.	9,924,114.
	* TOTAL 990 PAGE 10 DEPR						0.					015,620,621.		015,620,621.	015,620,621.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone