
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2020

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2020****Open to Public
Inspection**

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization DEBORAH HEART AND LUNG CENTER</td> <td>D Employer identification number 23-1550955</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (609) 893-6611</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">200 TRENTON ROAD</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code BROWNS MILLS, NJ 08015</td> <td>G Gross receipts \$ 208,387,361.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOSEPH CHIRICHELLA 200 TRENTON ROAD, BROWNS MILLS, NJ 08015</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.DEMANDDEBORAH.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1922 M State of legal domicile: NJ</td> </tr> </table>	C Name of organization DEBORAH HEART AND LUNG CENTER		D Employer identification number 23-1550955	Doing business as		E Telephone number (609) 893-6611	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	200 TRENTON ROAD		City or town, state or province, country, and ZIP or foreign postal code BROWNS MILLS, NJ 08015		G Gross receipts \$ 208,387,361.	F Name and address of principal officer: JOSEPH CHIRICHELLA 200 TRENTON ROAD, BROWNS MILLS, NJ 08015		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.DEMANDDEBORAH.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: NJ
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE THE NECESSARY FACILITIES AND RESOURCES REQUIRED TO DELIVER THE HIGHEST QUALITY HEALTHCARE SERVICES.		
	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)	9.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8.
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	1,360.
	6	Total number of volunteers (estimate if necessary)	70.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,223,188.
	9	Program service revenue (Part VIII, line 2g)	202,489,006.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	838,468.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	833,100.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,383,762.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,387,361.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,635,738.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,755,239.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,390,977.
	19	Revenue less expenses. Subtract line 18 from line 12	4,992,785.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	133,457,746.
	21	Total liabilities (Part X, line 26)	70,351,490.
	22	Net assets or fund balances. Subtract line 21 from line 20	63,106,256.
	22	Net assets or fund balances. Subtract line 21 from line 20	71,343,232.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT J MARIANI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
	Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	
	Firm's address ▶ 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070			Phone no. 973-898-9494	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

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

TO PROVIDE THE NECESSARY FACILITIES AND RESOURCES REQUIRED TO DELIVER
 THE HIGHEST QUALITY INPATIENT AND OUTPATIENT SERVICES FOR THE
 DIAGNOSIS AND TREATMENT OF HEART, LUNG AND VASCULAR DISEASE WITHIN
 THE DEBORAH SERVICE AREA. PLEASE REFER TO SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 182,050,037. including grants of \$ 0.) (Revenue \$ 185,776,465.)

EXPENSES INCURRED IN PROVIDING INPATIENT AND OUTPATIENT SERVICES
 FOR THE DIAGNOSIS AND TREATMENT OF HEART, LUNG AND VASCULAR
 DISEASE TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
 REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY
 TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.
 PLEASE REFER TO THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses ► 182,050,037.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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 1,360		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	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? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 8		
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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**.
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 THOMAS R. PERCELLO 200 TRENTON ROAD BROWNS MILLS, NJ 08015 (609) 893-1200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAFFAELE CORBISIERO, M.D. PHYSICIAN	55.00 0.					X		938,423.	0.	48,511.
(2) JOSEPH CHIRICHELLA TRUSTEE - PRESIDENT/CEO	55.00 0.	X		X				679,841.	0.	166,786.
(3) PEDRAM KAZEMIAN, M.D. PHYSICIAN	55.00 0.					X		789,610.	0.	47,674.
(4) MARK MOSHIYAKHOV, M.D. PHYSICIAN	55.00 0.					X		707,630.	0.	28,026.
(5) VINCENT POMPILI, M.D. CHAIR ADULT CARDIOLOGY	55.00 0.					X		663,203.	0.	40,257.
(6) MUHAMMAD MUNTAZAR, M.D. PHYSICIAN	55.00 0.					X		592,830.	0.	48,738.
(7) SUSAN D. BONFIELD, ESQ. SEC. - EVP/GENERAL COUNSEL	55.00 0.			X				406,341.	0.	80,521.
(8) JOSEPH R. MANNI EVP OPERATIONS/COO	55.00 0.			X				399,670.	0.	74,436.
(9) LYNN B. MCGRATH, M.D. FORMER KEY EMPLOYEE	55.00 0.						X	408,763.	0.	39,919.
(10) R. GRANT LEIDY TREASURER - EVP FINANCE/CFO	55.00 0.			X				374,561.	0.	62,172.
(11) BETSY SCHLOO, M.D. INTERIM VP MEDICAL AFFAIRS	55.00 0.				X			395,429.	0.	29,975.
(12) RICHARD S. TEMPLE VP/CIO	55.00 0.			X				300,376.	0.	36,933.
(13) RITA ZENNA VP PATIENT CARE SERVICES	55.00 0.				X			249,261.	0.	35,979.
(14) MARION STAMOPOULOS VP HR/CHRO	55.00 0.			X				244,206.	0.	40,108.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GEORGE S. LOESCH CHAIRMAN - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(16) ROBERT M. BIRNBAUM TRUSTEE	1.00 0.	X						0.	0.	0.
(17) BARBARA CHAMBERLAIN, PH.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(18) SANDI FEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(19) RICHARD S. HAYDINGER TRUSTEE	1.00 0.	X						0.	0.	0.
(20) BARBARA GEORGE JOHNSON TRUSTEE	1.00 0.	X						0.	0.	0.
(21) DENNIS L. KING TRUSTEE	1.00 0.	X						0.	0.	0.
(22) CHARLES J. MCAFEE TRUSTEE	1.00 0.	X						0.	0.	0.
(23) REVEREND ANTHONY LIPARI TRUSTEE (TERMED)	1.00 0.	X						0.	0.	0.
(24) BURTON C. TREBOUR TRUSTEE (TERMED)	1.00 0.	X						0.	0.	0.
1b Sub-total								7,150,144.	0.	780,035.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,150,144.	0.	780,035.

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 ► 190

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 48

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,647,197.			
	e	Government grants (contributions) . .	1e	12,021,784.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	496,684.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f		21,165,665.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE		541900	180,439,838.	180,439,838.	
b		OTHER HEALTHCARE RELATED REVENUE		541900	5,336,627.	5,336,627.	
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		185,776,465.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			144,099.		144,099.
	4	Income from investment of tax-exempt bond proceeds .			5,758.		5,758.
	5	Royalties			0.		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	548,472.			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	548,472.			
	d	Net rental income or (loss)			548,472.		548,472.
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				504,897.	236,793.		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	504,897.	236,793.		
	d	Net gain or (loss)			741,690.		741,690.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0.			
	b	Less: direct expenses	8b	0.			
	c	Net income or (loss) from fundraising events.			0.		
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
	11a	MEDICAL RECORD COPIES		900099	5,212.		5,212.
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			5,212.			
12	Total revenue. See instructions				208,387,361.	185,776,465.	1,445,231.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,576,595.	3,218,935.	357,660.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	83,447,186.	75,102,467.	8,344,719.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,394,160.	1,254,744.	139,416.	
9 Other employee benefits	9,951,224.	8,956,102.	995,122.	
10 Payroll taxes	5,551,940.	4,996,746.	555,194.	
11 Fees for services (nonemployees):				
a Management	30,000.	27,000.	3,000.	
b Legal	1,430,505.	1,287,455.	143,050.	
c Accounting	20,810.	18,729.	2,081.	
d Lobbying	126,991.	114,292.	12,699.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	31,355.	28,220.	3,135.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,787,339.	17,808,605.	1,978,734.	
12 Advertising and promotion	1,229,819.	1,106,837.	122,982.	
13 Office expenses	2,824,577.	2,542,119.	282,458.	
14 Information technology.	0.			
15 Royalties.	0.			
16 Occupancy	2,805,967.	2,525,370.	280,597.	
17 Travel	104,287.	93,858.	10,429.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,536.	2,282.	254.	
20 Interest	629,990.	566,991.	62,999.	
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	6,824,160.	6,141,744.	682,416.	
23 Insurance	651,988.	586,789.	65,199.	
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	53,228,026.	47,905,223.	5,322,803.	
b REPAIRS AND MAINTENANCE	3,495,823.	3,146,241.	349,582.	
c ASSESSMENTS	1,058,282.	952,454.	105,828.	
d DUES AND SUBSCRIPTIONS	180,038.	162,034.	18,004.	
e All other expenses	3,894,222.	3,504,800.	389,422.	
25 Total functional expenses. Add lines 1 through 24e	202,277,820.	182,050,037.	20,227,783.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,850.	1	1,850.
	2 Savings and temporary cash investments.	15,037,303.	2	42,738,023.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	25,917,854.	4	23,020,772.
	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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	5,254,302.	8	5,672,596.
	9 Prepaid expenses and deferred charges	830,279.	9	1,216,270.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 106,790,794.		
	b Less: accumulated depreciation.	10b 73,565,074.		
		35,896,357.	10c	33,225,720.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	41,258,791.	13	48,149,489.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	9,261,010.	15	10,409,434.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	133,457,746.	16	164,434,154.	
Liabilities	17 Accounts payable and accrued expenses.	39,124,226.	17	31,704,559.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	7,010,351.	20	4,418,576.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	12,035,578.	23	9,042,841.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,181,335.	25	47,924,946.
	26 Total liabilities. Add lines 17 through 25.	70,351,490.	26	93,090,922.
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	47,152,076.	27	53,228,228.
	28 Net assets with donor restrictions.	15,954,180.	28	18,115,004.
	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	63,106,256.	32	71,343,232.
	33 Total liabilities and net assets/fund balances.	133,457,746.	33	164,434,154.

Form **990** (2020)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	208,387,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	202,277,820.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,109,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,106,256.
5	Net unrealized gains (losses) on investments	5	2,859,314.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-731,879.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71,343,232.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒ X

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

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

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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						<input type="checkbox"/>

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. <input type="checkbox"/>		
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 <input type="checkbox"/>		
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. <input type="checkbox"/>		
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. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 <input type="checkbox"/>						

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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>		

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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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>			
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>			

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

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

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

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

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

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

Schedule A (Form 990 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 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 - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 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.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		126,991.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			126,991.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B; LINE 1G

DURING 2020, THE ORGANIZATION PAID OUTSIDE LOBBYING FIRMS \$86,000 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS.

THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO CERTAIN SENIOR MANAGEMENT PERSONNEL TO REPRESENT TIME SPENT ADDRESSING FEDERAL AND STATE HEALTHCARE MATTERS. THIS ALLOCATION AMOUNTS TO \$39,675.

IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE NEW JERSEY HOSPITAL ASSOCIATION WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$1,316.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

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

Employer identification number

23-1550955

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	15,954,180.	8,687,120.	8,461,169.	8,341,882.	8,255,549.
b Contributions	3,815,484.	1,472,317.	1,153,782.	1,489,483.	1,271,034.
c Net investment earnings, gains, and losses	-740,556.	7,393,039.	194,202.	134,002.	107,636.
d Grants or scholarships					
e Other expenditures for facilities and programs	914,104.	1,598,296.	1,122,033.	1,504,198.	1,292,337.
f Administrative expenses					
g End of year balance	18,115,004.	15,954,180.	8,687,120.	8,461,169.	8,341,882.

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ 100.0000 %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
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		100,365.		100,365.
b Buildings		45,327,697.	34,888,671.	10,439,026.
c Leasehold improvements		3,222,930.		3,222,930.
d Equipment		55,847,691.	38,676,403.	17,171,288.
e Other		2,292,111.		2,292,111.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,225,720.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH & CASH EQUIV.; LTD USE	2,867,455.	FMV
(2) CORPORATE BONDS; LIMITED USE	1,221,485.	FMV
(3) EQUITY SECURITIES; LIMITED USE	21,108,210.	FMV
(4) GOVERNMENT SEC.; LTD. USE	1,515,173.	FMV
(5) INTEREST IN DHF ASSETS	12,878,450.	FMV
(6) BENEFICIAL INT IN PERP TRUST	1,867,592.	FMV
(7) PROGRAM RELATED INVESTMENTS	1,397,250.	FMV
(8) INSURANCE FUND	4,744,893.	FMV
(9) CERTIFICATES OF DEPOSIT	548,981.	FMV
Total. (Column (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) OTHER RECEIVABLES	2,659,961.
(2) DUE FROM AFFILIATE	4,283,448.
(3) OTHER ASSETS	3,292,778.
(4) DEFERRED FINANCING	173,247.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST AMTS DUE TO THIRD-PARTY PAYORS,	1,778,052.
(3) ACCRUED PENSION EXPENSE	8,115,926.
(4) ESTIMATED MALPRACTICE CLAIMS LIAB.	2,650,684.
(5) ACCRUED INTEREST PAYABLE	187,477.
(6) CARES ACT MEDICARE ADVANCEMENTS	34,225,186.
(7) OTHER LIABILITIES	967,621.
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, QUESTION 4

RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES.

SCHEDULE D, PART X

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF DEBORAH HEART AND LUNG CENTER ("CENTER") AND ITS SUBSIDIARIES FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2020 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48(ASC 740):

THE CENTER FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CENTER DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIOD PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. SHOULD ANY SUCH PENALTIES BE INCURRED, THE CENTER'S POLICY WOULD BE TO RECOGNIZE THEM AS OPERATING EXPENSES.

**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

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

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	
1b 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"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
6b If "Yes," did the organization make it available to the public?		

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)			15,603,667.	526,458.	15,077,209.	7.45
b Medicaid (from Worksheet 3, column a)			15,581,453.	11,951,658.	3,629,795.	1.79
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total. Financial Assistance and Means-Tested Government Programs . . .			31,185,120.	12,478,116.	18,707,004.	9.24
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) .			1,154,081.	37,175.	1,116,906.	.55
f Health professions education (from Worksheet 5)			7,121,105.	456,775.	6,664,330.	3.30
g Subsidized health services (from Worksheet 6)			3,075,307.		3,075,307.	1.52
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			43,331.		43,331.	.02
j Total. Other Benefits			11,393,824.	493,950.	10,899,874.	5.39
k Total. Add lines 7d and 7j . .			42,578,944.	12,972,066.	29,606,878.	14.63

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

Schedule H (Form 990) 2020

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	46,924,700.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	46,470,150.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	454,550.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year? 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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 DEBORAH HEART AND LUNG CENTER 200 TRENTON ROAD BROWNS MILLS NJ 08015 WWW.DEMANDDEBORAH.ORG 20301	X			X						1
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group DEBORAH HEART AND LUNG CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group DEBORAH HEART AND LUNG CENTER

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

Schedule H (Form 990) 2020

Part V Facility Information (continued)**Billing and Collections****Name of hospital facility or letter of facility reporting group** DEBORAH HEART AND LUNG CENTER

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

Policy Relating to Emergency Medical Care

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

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Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group DEBORAH HEART AND LUNG CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

TO GUIDE OUR COMMUNITY BENEFIT AND HEALTH IMPROVEMENT EFFORTS, DEBORAH'S 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED FROM JANUARY TO JUNE 2019 AND INCLUDED QUANTITATIVE AND QUALITATIVE RESEARCH METHODS TO DETERMINE HEALTH TRENDS AND DISPARITIES WITHIN THE DEBORAH SERVICE AREA. COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA. IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, INPUT WAS SOLICITED AND RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. THESE INDIVIDUALS PROVIDED WIDE PERSPECTIVES ON HEALTH TRENDS, EXPERTISE ABOUT EXISTING COMMUNITY RESOURCES AVAILABLE TO MEET THOSE NEEDS, AND INSIGHTS INTO SERVICE DELIVERY GAPS THAT CONTRIBUTE TO HEALTH DISPARITIES.

PRIMARY CHNA STUDY METHODS THAT WERE USED TO SOLICIT INPUT FROM KEY COMMUNITY STAKEHOLDERS AND HEALTH IMPROVEMENT PARTNERS INCLUDED A KEY INFORMANT SURVEY; A COMMUNITY SURVEY WITH RESIDENTS OF BURLINGTON AND OCEAN COUNTIES; A PARTNER FORUM WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS; AND FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS.

A KEY INFORMANT SURVEY WAS CONDUCTED WITH COMMUNITY REPRESENTATIVES WITHIN DEBORAH'S SERVICE AREA TO SOLICIT INFORMATION ABOUT HEALTH NEEDS AMONG RESIDENTS. A TOTAL OF 30 INDIVIDUALS RESPONDED TO THE SURVEY, INCLUDING HEALTH AND SOCIAL SERVICE PROVIDERS; COMMUNITY AND PUBLIC HEALTH EXPERTS; CIVIC, RELIGIOUS, AND SOCIAL LEADERS; POLICY MAKERS AND

Part V Facility Information (continued)

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

ELECTED OFFICIALS; AND OTHERS REPRESENTING DIVERSE POPULATIONS. A LIST OF
COMMUNITY ORGANIZATIONS REPRESENTED BY KEY INFORMANTS IS INCLUDED BELOW:

- ALZHEIMER'S ASSOCIATION;
- AMERICAN HEART ASSOCIATION;
- ARGOSY MANAGEMENT GROUP, LLC;
- BROWNS MILLS IMPROVEMENT ASSOCIATION;
- BURLINGTON COUNTY;
- BURLINGTON COUNTY HEALTH DEPARTMENT;
- BURLINGTON COUNTY HUMAN SERVICES;
- BURLINGTON COUNTY MILITARY AFFAIRS COMMITTEE;
- BURLINGTON COUNTY REGIONAL CHAMBER OF COMMERCE;
- BURLINGTON COUNTY VETERANS SERVICES;
- COOPER UNIVERSITY HEALTHCARE;
- DEBORAH CARDIOVASCULAR GROUP;
- EDWARD J POST COMPANY, INC.;
- INVESTORS BANK;
- LONG BEACH ISLAND HEALTH DEPARTMENT;
- NEW LIFE CHRISTIAN CENTER;
- O.C.E.A.N., INC.;
- OCEAN COUNTY HEALTH DEPARTMENT;
- OCEAN MONMOUTH HEALTH ALLIANCE;
- PEMBERTON TOWNSHIP SCHOOLS;
- PREVENTION PLUS;
- ROWAN COLLEGE;

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.

- ROWAN COLLEGE OF BURLINGTON COUNTY;
- SAMARITAN;
- STRIVE PHYSICAL THERAPY;
- THE PINES; AND
- YOGA MANDALA.

NEARLY HALF OF KEY INFORMANTS INDICATED THAT THEY SERVED ALL POPULATIONS WITHIN THE COMMUNITY. OTHER POPULATIONS SERVED BY KEY INFORMANTS INCLUDED THE FOLLOWING UNDERSERVED OR VULNERABLE POPULATIONS, AMONG OTHERS:

- SENIORS/ELDERLY (43%);
- CHILDREN/YOUTH (40%);
- DISABLED (30%);
- FAMILIES (30%);
- LOW-INCOME/POOR (30%);
- LATINX (23%);
- BLACK/AFRICAN AMERICAN (20%);
- UNINSURED/UNDERINSURED (20%);
- HOMELESS (13%);
- LGBTQ+ COMMUNITY (10%);
- AMERICAN INDIAN/ALASKA NATIVE (7%);
- ASIAN/PACIFIC ISLANDER (7%);
- IMMIGRANT/REFUGEE (3%); AND
- MIGRANT WORKERS (3%).

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 COMMUNITY SURVEY WAS CONDUCTED WITH RESIDENTS OF BURLINGTON AND OCEAN COUNTIES TO GATHER INSIGHTS INTO HEALTH STATUS, RISK BEHAVIORS, BARRIERS TO ACCESSING HEALTH SERVICES, AND THE HEALTH AND SOCIAL NEEDS OF COMMUNITY MEMBERS. THE SURVEY WAS CONDUCTED FROM MARCH THROUGH JULY 2019 WITH ADULTS AGED 18 OR OVER. THE SURVEY WAS WIDELY AVAILABLE TO THE COMMUNITY AS AN ELECTRONIC LINK USING PRINT ADS, WEBSITES, EMAIL, AND SOCIAL MEDIA. PAPER SURVEYS WERE ALSO AVAILABLE AND SHARED BY COMMUNITY ORGANIZATIONS. A TOTAL OF 789 COMMUNITY MEMBERS COMPLETED THE SURVEY. THE LARGEST PERCENTAGE OF RESPONDENTS RESIDED IN ZIP CODE 08015, BROWNS MILLS (25%), WHICH IS THE HOME ZIP CODE OF DEBORAH HEART AND LUNG CENTER.

THE PARTNER FORUM WAS HELD ON TUESDAY, JUNE 25, 2019 AT DEBORAH'S WINDERMAN AUDITORIUM IN BROWNS MILLS. A TOTAL OF 21 PEOPLE ATTENDED REPRESENTING DEBORAH, HEALTH AND SOCIAL SERVICE AGENCIES, LOCAL GOVERNMENT, MILITARY PERSONNEL, AND CIVIC ORGANIZATIONS. THE OBJECTIVE OF THE FORUM WAS TO SHARE DATA FROM THE CHNA AND GARNER FEEDBACK ON COMMUNITY HEALTH PRIORITIES, AS WELL AS OPPORTUNITIES FOR COLLABORATION AMONG PARTNER AGENCIES.

RESEARCH FROM THE CHNA WAS PRESENTED AT THE SESSION WITH AUDIENCE DISCUSSION AND QUESTIONS. LARGE AND SMALL GROUP DIALOGUE WAS FACILITATED TO DISCUSS RESEARCH FINDINGS, EXISTING RESOURCES AND INITIATIVES TO ADDRESS PRIORITY AREAS, AND NEW OR INNOVATIVE OPPORTUNITIES FOR CROSS-SECTOR COLLABORATION.

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.

THE FOLLOWING IS A LIST OF ORGANIZATIONS REPRESENTED BY PARTNER FORUM

ATTENDEES:

- AMERICAN HEART ASSOCIATION;
- AMERICAN LUNG ASSOCIATION;
- ASPEN HILLS HEALTHCARE CENTER;
- BROWNS WOODS APARTMENTS;
- BURLINGTON COUNTY HEALTH DEPARTMENT;
- CAPITAL HEALTH;
- CENTER FOR FAMILY SERVICES;
- FOOD BANK OF SOUTH JERSEY;
- JOINT BASE MCGUIRE-DIX-LAKEHURST;
- MARYVILLE ADDICTION TREATMENT CENTER;
- NEW JERSEY HOSPITAL ASSOCIATION;
- OCEAN COUNTY HEALTH DEPARTMENT;
- PEMBERTON COMMUNITY LIBRARY;
- PEMBERTON TOWNSHIP;
- PEMBERTON TOWNSHIP SCHOOLS; AND
- PINELANDS FAMILY SUCCESS CENTER.

AS PART OF THE 2019 CHNA, TWO FOCUS GROUPS WERE CONDUCTED WITH RESIDENTS, ONE EACH IN BURLINGTON AND OCEAN COUNTIES. THE OBJECTIVES OF THE FOCUS GROUPS WERE TO DEFINE BARRIERS TO ACCESSING HEALTHCARE SERVICES; BETTER UNDERSTAND DRIVERS OR MOTIVATORS FOR ACCESSING PREVENTATIVE HEALTHCARE; EXPLORE INDIVIDUAL PERCEPTIONS AND EXPERIENCES WITH HEALTHCARE DELIVERY

Part V Facility Information (continued)

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

AND RECOMMENDATIONS FOR IMPROVEMENT; AND DETERMINE CHALLENGES THAT IMPACT HEALTH AND DISEASE MANAGEMENT. A TOTAL OF 36 PEOPLE PARTICIPATED IN THE DISCUSSION GROUPS. FOLLOWING IS A BREAKDOWN OF THE LOCATIONS AND PARTICIPANTS PER GROUP.

- THREE B'S BAR AND BISTRO, LAKEHURST: 14 ATTENDEES; AND
- JOHN F. KENNEDY CENTER, WILLINGBORO: 22 ATTENDEES.

DEBORAH'S IMMEDIATE SERVICE AREA IS UNIQUE WITH THREE OF THE SURROUNDING ZIP CODES COMPRISING JOINT BASE MCGUIRE-DIX-LAKEHURST (JB MDL). JB MDL SUPPORTS MORE THAN 50,000 ACTIVE DUTY, GUARD, RESERVE, FAMILY MEMBERS, RETIREES, VETERANS, AND CIVILIAN PERSONNEL. DEBORAH'S 2019 CHNA SOUGHT TO INCLUDE RELEVANT HEALTH DATA FOR JB MDL MILITARY PERSONNEL AND FAMILIES AND ENGAGE KEY STAKEHOLDERS IN HEALTH IMPROVEMENT RESEARCH AND PLANNING.

DEBORAH DID NOT RECEIVE ANY WRITTEN COMMENTS ON ITS 2016 CHNA OR IMPLEMENTATION STRATEGY FOR CONSIDERATION DURING THE 2019 CHNA PROCESS.

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

DEBORAH IS NEW JERSEY'S ONLY HEART, LUNG AND VASCULAR SPECIALTY HOSPITAL. GIVEN THE HOSPITAL'S SPECIALTY MEDICAL FOCUS AND UNIQUE SERVICE AREA, INCLUDING JB MDL, DEBORAH SOUGHT TO CONDUCT A 2019 CHNA THAT REFLECTED ITS COMMUNITY'S DISTINCTIVE NEEDS. WHILE DEBORAH DID NOT CONDUCT A JOINT CHNA WITH OTHER HOSPITAL FACILITIES OR COMMUNITY ORGANIZATIONS, PARTNER

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.

HOSPITALS AND ORGANIZATIONS WERE ACTIVELY ENGAGED AS PART OF THE CHNA PROCESS, INCLUDING THE KEY INFORMANT SURVEY AND PARTNER FORUM. ADDITIONALLY, DEBORAH CONDUCTS JOINT PROGRAMMING WITH PARTNER INSTITUTIONS, INCLUDING HEROCARE CONNECT, A PROGRAM WITH COOPER UNIVERSITY HEALTH CARE DESIGNED TO INCREASE ACCESS TO SPECIALTY MEDICAL SERVICES FOR ACTIVE DUTY/RETIRED MILITARY, ACTIVATED NATIONAL GUARDSMEN, VETERANS, AND FAMILY MEMBERS OF ANY CURRENT OR FORMER MILITARY MEMBERS ACROSS SOUTHERN NEW JERSEY.

SCHEDULE H, PART V, SECTION B, QUESTION 7A

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE ORGANIZATION. THE CHNA CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEMANDDEBORAH.ORG/APP/UPLOADS/SITES/2/2020/07/DEBORAH-HEART-AND-LUNG-CENTER-2019-CHNA-FINAL-REPORT-FOR-APPROVAL-2019-12.PDF](https://demanddeborah.org/app/uploads/sites/2/2020/07/deborah-heart-and-lung-center-2019-chna-final-report-for-approval-2019-12.pdf)

SCHEDULE H, PART V, SECTION B, QUESTION 8

AS A SPECIALTY HOSPITAL, DEBORAH HEART AND LUNG CENTER WILL SEEK TO ADDRESS THE NEEDS IDENTIFIED ABOVE. THERE ARE CERTAIN OTHER HEALTH NEEDS IDENTIFIED IN THE CHNA SURVEY THAT DEBORAH WILL NOT ADDRESS AS THESE NEEDS ARE BEST SERVED THROUGH SPECIALIZED HEALTHCARE PROVIDERS, COMMUNITY

Part V Facility Information (continued)

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

RESOURCES OR OTHERWISE.

THESE UNADDRESSED, IDENTIFIED NEEDS INCLUDE:

- BEHAVIORAL HEALTH AND CHRONIC DISEASE COMORBIDITIES; AND
- SUBSTANCE ABUSE.

DEBORAH WILL MAKE REFERRALS FOR THESE CLINICAL ISSUES WHENEVER POSSIBLE.

SCHEDULE H, PART V, SECTION B, QUESTION 10

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR THE ORGANIZATION. THE IMPLEMENTATION STRATEGY (CHIP 2020-22) CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEBORAHADMIN.COM/APP/UPLOADS/SITES/2/2021/10/CHIP-REPORT-ONLINE-VERSION.PDF](https://deborahadmin.com/app/uploads/sites/2/2021/10/CHIP-REPORT-ONLINE-VERSION.PDF)

SCHEDULE H, PART V, SECTION B, QUESTION 11

DEBORAH SHARED FINDINGS FROM THE CHNA RESEARCH, INCLUDING HEALTH STATUS INDICATORS AND SOCIOECONOMIC MEASURES, WITH COMMUNITY PARTNERS AND KEY STAKEHOLDERS DURING THE PARTNER FORUM TO SOLICIT INPUT INTO COMMUNITY HEALTH PRIORITIES. A FORMAL PRESENTATION OF DATA WAS MADE TO PARTNER

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.

FORUM ATTENDEES, AND MEMBERS WERE ASKED TO DISCUSS AND DEVELOP A LIST OF
COMMUNITY NEEDS BASED ON THE RESEARCH AND THEIR EXPERIENCE WITHIN THE
COMMUNITY.

IN DETERMINING COMMUNITY HEALTH PRIORITIES, PARTNER FORUM ATTENDEES WERE
ASKED TO CONSIDER THE FOLLOWING RATIONALE AND CRITERIA:

SCOPE: HOW MANY PEOPLE ARE AFFECTED?

SEVERITY: HOW CRITICAL IS THE ISSUE?

ABILITY TO IMPACT: CAN WE ACHIEVE THE DESIRED OUTCOME?

COMMUNITY READINESS: IS THE COMMUNITY PREPARED TO TAKE ACTION?

COMMUNITY HEALTH NEEDS IDENTIFIED BY PARTNER FORUM ATTENDEES INCLUDED
ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE USE DISORDER, AND CHRONIC
CONDITIONS, WITH A FOCUS ON HIGH-RISK OR VULNERABLE POPULATIONS,
INCLUDING AGING POPULATIONS, LGBTQ+, RACIAL AND ETHNIC MINORITIES, AND
MILITARY PERSONNEL. SOCIAL DETERMINANTS OF HEALTH WERE RECOGNIZED AS
CROSS-CUTTING FACTORS ACROSS ALL HEALTH ISSUES.

DEBORAH'S CHNA EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES REVIEWED
FINDINGS FROM THE CHNA RESEARCH AND FEEDBACK FROM PARTNER FORUM
ATTENDEES, TO DETERMINE PRIORITY HEALTH NEEDS FOR ITS SERVICE AREA AND TO
FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS. THE LEADERSHIP TEAM DEVELOPED
A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON THE IDENTIFIED
PRIORITIES. THE CHIP BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES

Part V Facility Information (continued)

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

AND TAKES INTO CONSIDERATION THE IMPACT OF EFFORTS IN PRIOR CHIP CYCLES,
WHILE RECOGNIZING NEW HEALTH NEEDS AND THE CHANGING HEALTH CARE DELIVERY
ENVIRONMENT IDENTIFIED IN THE 2019 CHNA. FOR THE 2020-2022 CHIP CYCLE,
DEBORAH INTENDS TO DEVOTE RESOURCES AND EXPERTISE TO ADDRESS THE
FOLLOWING PRIORITY AREAS:

PRIORITY AREA 1: LINKAGES TO CARE

CHNA GOAL: IMPROVE ACCESS TO HEALTHCARE AND ASSIST IN COORDINATION OF
CARE.

CHIP OBJECTIVES:

- ASSIST IN IDENTIFYING GAPS IN ACCESS TO CARE AND RECRUIT/RETAIN
PROVIDERS IN OUR SERVICE AREA;
- ASSIST IN ADDRESSING MANAGEMENT OF SUBSTANCE USE DISORDERS AND MENTAL
HEALTH ISSUES IN OUR PATIENT POPULATION;
- REDUCE TRANSPORTATION BARRIERS THAT IMPEDE HEALTHCARE ACCESS TO OUR
SERVICES;
- FOSTER AND DEEPEN PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AND OTHER
AREA PROVIDERS TO REDUCE INAPPROPRIATE AND/OR AVOIDABLE EMERGENCY ROOM
USAGE;
- INCREASE EARLY DETECTION AND IMPROVE ACCESS TO CARE AND TREATMENT OF
LUNG CANCER;
- PARTICIPATE IN A HEALTHCARE ENVIRONMENT THAT SUPPORTS THE HEALTH NEEDS

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.

OF THE LGBTQ COMMUNITY; AND

- GROW AND EXPAND PRIORITY SPECIALTY APPOINTMENT AND COMPREHENSIVE
NAVIGATION SERVICES TO MEMBERS OF THE MILITARY, THEIR DEPENDENTS,
VETERANS AND RETIREES.

PRIORITY AREA 2: CHRONIC DISEASE MANAGEMENT

CHNA GOAL: INCREASE EDUCATION AND AWARENESS TO IDENTIFY AND REDUCE
CHRONIC DISEASE RISK, AND IMPROVE CHRONIC DISEASE MANAGEMENT TO REDUCE
HEALTHCARE RELIANCE AND IMPROVE QUALITY OF LIFE.

CHIP OBJECTIVES:

- PROVIDE THE COMMUNITY WITH COMPLEMENTARY SCREENINGS FOR CHRONIC DISEASE
WITHIN OUR SPECIALTY;
- IMPROVE ACCESS TO CARE FOR CHRONIC CONDITIONS, INCLUDING ACCESS TO OUR
SPECIALTY PROVIDERS WHO IDENTIFY AND TREAT CHRONIC CONDITIONS;
- PROVIDE THE COMMUNITY WITH EDUCATION AND RESOURCES TO IDENTIFY AND
MANAGE CHRONIC DISEASE;
- WORK WITH OUR COMMUNITY PARTNERS TO IDENTIFY AND TRIAGE TO RESOURCES
FOR SOCIAL DETERMINATES OF HEALTH THAT CONTRIBUTE TO CHRONIC DISEASE AND
POOR ADHERENCE TO TREATMENT PLANS; AND
- WORK TO REDUCE READMISSIONS OF OUR PATIENTS WITH CHRONIC DISEASE.

PRIORITY AREA 3: ISSUES OF AGING

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.

CHNA GOAL: ASSIST SENIORS IN OUR IMMEDIATE SERVICE AREA AGE SUCCESSFULLY,
MAINTAIN INDEPENDENCE AND PLAN FOR END OF LIFE THAT RESPECTS EACH
PATIENT'S WISHES.

CHIP OBJECTIVES:

- DEVELOP AND/OR PARTNER WITH COMMUNITY PROVIDERS TO OFFER COMMUNITY
EDUCATION PROGRAMS/EDUCATION ON AGING RELATED ISSUES;
- SUPPORT THE DEVELOPMENT OF A NETWORK OF COMMUNITY PROVIDERS TO PROVIDE
IN-HOME, PERSON-CENTERED CARE FOR PATIENTS WITH CHRONIC ILLNESS OR
SERIOUS HEALTH PROBLEMS;
- WORK WITH COMMUNITY PARTNERS TO DEVELOP AND IMPLEMENT GERIATRIC
ASSESSMENT PROGRAMS;
- REMOVE TRANSPORTATION BARRIERS FOR SENIORS TO ACCESS NEEDED HEALTHCARE
SERVICES; AND
- EXPLORE WITH COMMUNITY PARTNERS IMPLEMENTATION OF A MEMORY ASSESSMENT
PROGRAM.

COMMUNITY STAKEHOLDERS IDENTIFIED MENTAL HEALTH AND SUBSTANCE USE
DISORDER AS KEY DRIVERS OF POOR RESIDENT HEALTH OUTCOMES. WHILE DEBORAH
WILL NOT ADDRESS THESE NEEDS AS PRIORITY HEALTH ISSUES DUE TO THE
SPECIALTY NATURE OF ITS SERVICES AND AVAILABLE RESOURCES, THE HOSPITAL
WILL CONTINUE TO BE A COMMUNITY PARTNER IN SUPPORTING RECOVERY EFFORTS.
DEBORAH ACTIVELY WORKS IN PARTNERSHIP WITH THE BURLINGTON COUNTY

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.

PROSECUTOR'S OFFICE TO SUPPLY NARCAN TO FIRST RESPONDERS, PROVIDES EDUCATION AND ACCESS OPIOID ALTERNATIVES TO PAIN MANAGEMENT, AND IS EXPLORING TELEPSYCHIATRY AS WELL AS COMMUNITY PARTNERSHIPS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH PROVIDERS. THESE ACTIONS ARE PART OF A BROADER COMMUNITY-WIDE SOLUTION TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS.

SCHEDULE H, PART V, SECTION B, QUESTIONS 13H AND 15E

A BILLING FILE IS MAINTAINED FOR EACH PATIENT, BUT PATIENTS ARE NOT BALANCED-BILLED. IF A PATIENT HAS INSURANCE, DEBORAH BILLS THE PATIENT'S INSURANCE FOR HOSPITAL SERVICES AND THE PHYSICIAN SERVICES PROVIDED BY DEBORAH'S EMPLOYED MEDICAL STAFF. IF A PATIENT IS UNDERINSURED OR UNINSURED, DEBORAH PROVIDES ASSISTANCE IN QUALIFYING THE PATIENT, OR THE FINANCIALLY RESPONSIBLE PARTY, FOR ANY APPLICABLE FEDERAL AND/OR STATE PROGRAMS. THE ELIGIBILITY AND FINANCIAL ASSISTANCE PROVIDED BY DEBORAH TO ALL OF IT PATIENTS IS THE SAME. DEBORAH ACCEPTS THE AMOUNT PAID THROUGH ANY APPLICABLE INSURANCE AND FEDERAL AND/OR STATE PROGRAMS WITHOUT BALANCE-BILLING OR PURSUING COLLECTION EFFORTS AGAINST ANY PATIENT FOR ANY REMAINING AMOUNTS.

SCHEDULE H, PART V, SECTION B, QUESTION 16A, 16B AND 16C

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LINK LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR THE ORGANIZATION.

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.

DEBORAH'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION

AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING URL, WHICH IS

INCLUDED IN THE ORGANIZATION'S WEBSITE:

[HTTPS://DEMANDDEBORAH.ORG/PATIENTS-AND-VISITORS/PATIENT-RESOURCES/FINANCIAL-
INFORMATION/](https://demanddeborah.org/patients-and-visitors/patient-resources/financial-information/)

SCH H, PART V, SECT B, Q'S 2,3J,7D,13B,16J,18E,19E,20E,21C,21D,23&24

NOT APPLICABLE.

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

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

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

Schedule H (Form 990) 2020

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 3C

AS PART OF ITS MISSION, DEBORAH HEART AND LUNG CENTER DOES NOT BILL PATIENTS FOR THE COST OF HOSPITAL OR PROFESSIONAL SERVICES PROVIDED BY EMPLOYED PHYSICIANS AT THE MAIN HOSPITAL BUILDING, 200 TRENTON ROAD, BROWNS MILLS, NEW JERSEY AS SUCH SERVICES FALL WITHIN THE SCOPE OF THE ORIGINAL WAIVER GRANTED BY THE CENTERS FOR MEDICARE AND MEDICARE SERVICES. THE ORGANIZATION DOES NOT UTILIZE FEDERAL POVERTY GUIDELINES CRITERIA. THE HOSPITAL HAS INITIATED CERTAIN OUTPATIENT SERVICES ON ITS CAMPUS OUTSIDE OF THE MAIN HOSPITAL BUILDING AND DEBORAH INTERPRETS THE WAIVER REQUIRING BALANCE BILLING IN ACCORDANCE WITH FEDERAL LAW AT THESE LOCATIONS. AS DEBORAH HEART AND LUNG CENTER EXPANDS TO MEET THE NEEDS OF THE COMMUNITY, IT WILL FOLLOW STANDARD BILLING PRACTICES IN ACCORDANCE WITH FEDERAL LAW FOR SERVICES PROVIDED IN ANY LOCATIONS OTHER THAN 200 TRENTON ROAD, BROWNS MILLS, NEW JERSEY.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I, QUESTION 7

WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIOECONOMIC WELL-BEING OF THE COMMUNITIES IN DEBORAH'S CARE. THIS IS ACCOMPLISHED THROUGH SERVICE ON STATE AND REGIONAL ADVOCACY COMMITTEES AND BOARDS, VOLUNTEERISM WITH LOCAL COMMUNITY-BASED NON-PROFIT ADVOCACY GROUPS, AND PARTICIPATION IN CONFERENCES AND OTHER EDUCATIONAL ACTIVITIES TO PROMOTE UNDERSTANDING OF THE ROOT CAUSES OF HEALTH CONCERNS. THIS ORGANIZATION PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION SEMINARS AND OUTREACH

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SESSIONS FOR ITS PATIENTS AND FOR COMMUNITY PROVIDERS. PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS. PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT AND SUMMARY OF ALL ENTITIES.

SCHEDULE H, PART III, SECTION A: QUESTIONS 2 & 3

THE CENTER PREPARES AND ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE CENTER:

THE CENTER PROVIDES PRICE CONCESSIONS FOR UNCOMPENSATED CARE RESULTING FROM ITS CHARITY CARE POLICY FOR SERVICES. THE PRICE CONCESSION IS DETERMINED BY ANALYZING PATIENT AND HISTORICAL DATA AND TRENDS. THESE PRICE CONCESSIONS ARE RECORDED AS A REDUCTION TO PATIENT SERVICE REVENUE.

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART III, SECTION A: QUESTION 4

THE CENTER PREPARES AND ISSUES AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED

FINANCIAL STATEMENTS OF THE CENTER:

UNCOMPENSATED CARE AND STATE SUBSIDIES

THE CENTER PROVIDES PRICE CONCESSIONS FOR UNCOMPENSATED CARE RESULTING FROM ITS CHARITY CARE POLICY FOR SERVICES. THE PRICE CONCESSION IS DETERMINED BY ANALYZING PATIENT AND HISTORICAL DATA AND TRENDS. THESE PRICE CONCESSIONS ARE RECORDED AS A REDUCTION TO PATIENT SERVICE REVENUE.

THE CENTER PROVIDES CHARITY CARE TO PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA ESTABLISHED BY THE STATE OF NEW JERSEY. THE DIRECT AND INDIRECT COST OF SERVICES AND SUPPLIES FURNISHED TO PATIENTS ELIGIBLE FOR SUCH CHARITY CARE, USING A RATIO OF COST TO GROSS CHARGES, APPROXIMATED \$6,932,000 AND \$7,629,000 FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019,

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.

RESPECTIVELY.

THE CENTER MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. IN 2020 AND 2019, THE AMOUNT OF CHARGES FORGONE FOR SERVICES PROVIDED TO PATIENTS UNDER ITS CHARITY CARE POLICY, NET OF THE HEALTH CARE SUBSIDY FUND (HCSF), WAS \$33,666,726 AND \$38,301,862, RESPECTIVELY.

THE HEALTH CARE REFORM ACT OF 1992 (CHAPTER 160) ESTABLISHED THE HCSF TO PROVIDE A MECHANISM AND FUNDING SOURCE TO COMPENSATE CERTAIN HOSPITALS FOR CHARITY CARE. FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, THE CENTER RECEIVED \$436,241 AND \$411,703, RESPECTIVELY, FOR CHARITY CARE (INCLUDED IN NET PATIENT SERVICE REVENUE). THIS AMOUNT IS SUBJECT TO CHANGE FROM YEAR TO YEAR BASED ON AVAILABLE STATE AMOUNTS AND ALLOCATION METHODOLOGIES. A PROPORTIONATE AMOUNT IS IN PLACE THROUGH JUNE 30, 2021; HOWEVER, THERE CAN BE NO ASSURANCE OF A SIMILAR LEVEL IN THE FUTURE.

THE CENTER'S PATIENT ACCEPTANCE POLICY IS BASED ON ITS MISSION STATEMENT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 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.

AND ITS CHARITABLE PURPOSES. ACCORDINGLY, THE CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THIS POLICY RESULTS IN THE ASSUMPTION OF HIGHER-THAN-NORMAL PATIENT ACCOUNTS RECEIVABLE CREDIT RISKS. TO THE EXTENT THE CENTER REALIZES ADDITIONAL LOSSES RESULTING FROM SUCH HIGHER CREDIT RISKS FOR PATIENTS THAT ARE NOT IDENTIFIED OR DO NOT MEET THE PREVIOUSLY DESCRIBED CHARITY CRITERIA, SUCH ADDITIONAL LOSSES ARE INCLUDED AS A REDUCTION OF NET PATIENT SERVICE REVENUE.

ADDITIONALLY, THE CENTER SPONSORS CERTAIN OTHER CHARITABLE PROGRAMS, WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO NEEDY AND ELDERLY POPULATIONS THAT REQUIRE SPECIAL SUPPORT, AS WELL AS HEALTH PROMOTION AND EDUCATION FOR THE GENERAL COMMUNITY WELFARE.

GROSS CHARGES FORGONE FOR FREE CARE IN EXCESS OF THIRD-PARTY REIMBURSEMENTS (E.G., CO-PAYS AND DEDUCTIBLES) WERE \$11,034,868 AND \$17,263,808 IN 2020 AND 2019, RESPECTIVELY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B; QUESTION 8

NOT APPLICABLE.

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

NOT APPLICABLE.

SCHEDULE H, PART VI; QUESTION 2

AS A TERTIARY CARE HOSPITAL AND REGIONAL REFERRAL CENTER, THE CENTER ADDRESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH PROFESSIONAL EDUCATION PROVIDED THROUGH GRAND ROUNDS FOR PHYSICIANS AND OTHER PROVIDERS, ANNUAL REGIONAL CONFERENCES AIMED AT SPECIFIC PROVIDER GROUPS, OUTREACH OFFERING EDUCATION ON CARDIOVASCULAR, PULMONARY AND VASCULAR DISEASES TO THE MANY COMMUNITY BASED GROUPS LISTED IN OUR COMMUNITY BENEFITS STATEMENT, AND SCREENINGS OF PATIENTS AT RISK FOR CARDIOVASCULAR, PULMONARY AND VASCULAR DISEASES THAT ARE HELD BOTH ON AND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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.

OFF CAMPUS.

SCHEDULE H, PART VI; QUESTION 3

THE CENTER SCREENS UNINSURED PATIENTS FOR ELIGIBILITY FOR NEW JERSEY'S CHARITY CARE PROGRAM, BUT TRUE TO ITS HISTORIC MISSION HAS NEVER BALANCE-BILLED ANY PATIENT FOR CARE PROVIDED WITHIN ITS MAIN HOSPITAL BUILDING.

SCHEDULE H, PART VI; QUESTION 4

THE CENTER, LOCATED IN BURLINGTON COUNTY, IS A SPECIALTY HOSPITAL THAT TREATS PATIENTS FROM ALL 21 NEW JERSEY COUNTIES, AS WELL AS FROM THE MAJORITY OF THE OTHER STATES AND PUERTO RICO. 3.5% OF IN STATE PATIENTS ARE UNINSURED, WHILE 3.1% OF OUT OF STATE PATIENTS LACK COVERAGE. 44% OF PATIENTS ARE OVER AGE 65.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 5

UNDERSTANDING AND RESPONDING TO THE HEALTH NEEDS OF OUR COMMUNITIES, ESPECIALLY THE NEEDS OF THE MOST VULNERABLE AMONG US, IS CENTRAL TO DEBORAH'S MISSION. TO ADDRESS THE COMMUNITY'S HEALTH NEEDS, EDUCATE PROFESSIONALS WORKING IN THE COMMUNITY, AND BUILD MEANINGFUL RELATIONSHIPS WITH PARTNERS TO MAXIMIZE REGIONAL IMPACT OF TARGETED PROGRAMS, DEBORAH USES A MULTI-PRONGED APPROACH, INCLUDING COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES, HEALTH PROFESSIONS EDUCATION (FOR PHYSICIANS, FELLOWS, RESIDENTS, MEDICAL STUDENTS, NURSES AND OTHER HEALTH PROFESSIONALS), SUPPORT FOR EMERGENCY AND TRAUMA SERVICES, COMMUNITY SUPPORT, COALITION BUILDING, COMMUNITY BUILDING ACTIVITIES, AND COMMUNITY BENEFIT OPERATIONS (BOTH WITH ASSIGNED STAFF AND THROUGH DEBORAH'S COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGY TEAM).

DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, GENDER,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SEXUAL ORIENTATION, COLOR, RELIGION, AGE, NATIONAL ORIGIN, HANDICAP OR ABILITY TO PAY. DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL NEW JERSEY PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS. DEBORAH IS THE ONLY HOSPITAL IN THE NATION TREATING BOTH ADULTS AND CHILDREN THAT NEVER BALANCE-BILLS A PATIENT FOR COSTS RELATED TO THE CARE HE OR SHE RECEIVES AT DEBORAH, WHICH HELPS ENSURE THAT PRICE IS NOT A BARRIER TO THOSE WHO COME TO DEBORAH RECEIVING THE HEALTHCARE THEY MAY NEED.

CONTROL OF DEBORAH RESTS WITH ITS BOARD OF TRUSTEES, COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES. THE USE AND CONTROL OF DEBORAH IS FOR THE BENEFIT OF THE PUBLIC. NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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.

AS A TEACHING HOSPITAL, DEBORAH MAINTAINS A RIGOROUS, ROBUST FELLOWSHIP PROGRAM. THIS HIGHLY-SOUGHT AFTER POST-GRADUATE TRAINING PROVIDES THE LEADING-EDGE TOOLS NEEDED BY THE NEXT GENERATION OF CARDIOLOGISTS, ELECTRO-PHYSIOLOGISTS, HEART FAILURE AND VASCULAR SPECIALISTS. ADMISSION TO THESE FELLOWSHIPS IS EXCEPTIONALLY COMPETITIVE. DEBORAH'S NURSING PROGRAM PROVIDES ON-SITE ROTATIONAL TRAINING FOR NURSES ENTERING THE FIELD, MENTORSHIPS AND INTERNSHIPS FOR COLLEGE STUDENTS AND AN INTERACTIVE SIMULCAST VIDEO FORUM TO SHARE SURGICAL PROCEDURES WITH HIGH SCHOOL STUDENTS, AS WELL AS A RECENTLY INSTITUTED HIGH SCHOOL NURSING ASSISTANT EXTERNSHIP PROGRAM. DEBORAH ALSO HOSTS A YEAR-ROUND SCHEDULE OF GRAND ROUNDS PRESENTATIONS, CME SEMINARS, AND OUTSIDE MEDICAL PRESENTATIONS TO JOINT BASE MCGUIRE-DIX-LAKEHURST, REINFORCING DEBORAH'S COMMITMENT AS A TEACHING HOSPITAL.

OVER 30 GROUND-BREAKING CLINICAL RESEARCH TRIALS ARE UNDERWAY AT DEBORAH, PROVIDING THE ENTRY POINT FOR PATIENTS TO RECEIVE THE MOST INNOVATIVE TREATMENTS ONCE SUCCESSFUL TRIALS RECEIVE FDA APPROVAL. IN TANDEM WITH THIS, DEBORAH'S PHYSICIANS ARE WIDELY PUBLISHED IN LEADING MEDICAL

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

JOURNALS, AS WELL AS HAVING EDITORIAL APPOINTMENTS ON A NUMBER OF
WIDELY-RECOGNIZED MEDICAL PUBLICATIONS.

AS A SPECIALTY HOSPITAL, DEBORAH IS NOT LICENSED TO OPERATE AN EMERGENCY
ROOM. TO MEET THE COMMUNITY'S NEED FOR EMERGENCY CARE, DEBORAH LEASES
SPACE TO ANOTHER HOSPITAL SYSTEM THAT OPERATES A SATELLITE EMERGENCY
DEPARTMENT (SED) WITHIN DEBORAH'S MAIN HOSPITAL BUILDING. IN ADDITION, AS
A REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH ROUTINELY
RECEIVES TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS AS WELL AS
ADMISSIONS FROM OUR OWN CLINIC AND DIRECT ADMISSIONS FROM REFERRING
PHYSICIANS WITHOUT CONSIDERATION OF THE PATIENTS' ABILITY TO PAY.

DEBORAH'S COMMUNITY OUTREACH INCLUDES SEVERAL INTEGRATED ARMS WITHIN THE
HOSPITAL:

- THE MEDICAL, NURSING AND COMMUNITY OUTREACH DEPARTMENT STAFFS
- THE MARKETING DEPARTMENT
- THE COMMUNITY HEALTH IMPROVEMENT PLAN SUB-COMMITTEE MEMBERS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- THE ADMINISTRATIVE TEAM
- THE PROFESSIONAL EDUCATION AND TRAINING DEPARTMENTS.

DEBORAH'S COMMUNITY OUTREACH EFFORTS ARE DESIGNED TO MEET AT LEAST ONE OF THE FOLLOWING COMMUNITY BENEFIT OBJECTIVES:

- IMPROVE ACCESS TO HEALTHCARE SERVICES;
- CHRONIC DISEASE MANAGEMENT; AND
- ISSUES OF AGING.

DEBORAH PREPARES A CHIP UPDATE THAT PROVIDES GREATER DETAIL ON THE SPECIFIC ACTIVITIES DEBORAH IS INVOLVED IN TO PROMOTE COMMUNITY HEALTH IN OUR SERVICE AREA. CHIP UPDATE REPORTS CAN BE ACCESSED BY WAY OF DEBORAH'S WEBSITE.

SCHEDULE H, PART VI; QUESTION 6

DEBORAH HEART AND LUNG CENTER (THE "CENTER") IS COMMITTED TO ENHANCING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE OVERALL HEALTH STATUS OF THE COMMUNITY BY PROVIDING THE HIGHEST QUALITY HEALTHCARE AND RELATED SERVICES. THE CENTER STRIVES TO EXCEED PATIENT EXPECTATIONS EMPHASIZING COMMITMENT, COMPETENCE, COLLABORATION, COMMUNICATION, AND COMPASSION. PLEASE ALSO REFER TO SCHEDULE O.

THE CENTER SETS OVERALL POLICY REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED ABOVE FOR PART I, LINE 3C; PART I, LINE 6A; PART I, LINE 7; PART II; PART III, LINE 4 AND 8; AND PART III, LINE 9B ARE REFLECTIVE OF THAT POLICY.

OUTLINED BELOW IS A SUMMARY OF THE AFFILIATES OF THE CENTER.

THE CENTER IS AN 89-BED TAX-EXEMPT TEACHING AND TERTIARY CARE SPECIALTY HOSPITAL LOCATED IN BROWNS MILLS, BURLINGTON COUNTY, NEW JERSEY THAT PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT CARDIAC, PULMONARY AND VASCULAR SERVICES. THE CENTER IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE CENTER PROVIDES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 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.

MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A
NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
ORIGIN OR ABILITY TO PAY. MOREOVER, THE CENTER OPERATES WITHIN THE
FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

1. THE CENTER PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL
PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY,
MEDICARE AND MEDICAID PATIENTS;
2. ALTHOUGH THE CENTER DOES NOT OPERATE AN EMERGENCY DEPARTMENT, IT
LEASES AN AREA IN THE CENTER'S MAIN HOSPITAL BUILDING TO AN UNRELATED
INTERNAL REVENUE CODE §501(C)(3) STATE OF NEW JERSEY TAX-EXEMPT HOSPITAL
THAT OPERATES AN EMERGENCY ROOM ON THE CENTER'S CAMPUS. IN ADDITION, AS A
REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH ROUTINELY
RECEIVES TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS AS WELL AS
ADMISSIONS FROM ITS OWN CLINIC AND DIRECT ADMISSIONS FROM REFERRING
PHYSICIANS WITHOUT CONSIDERATION OF THE PATIENTS' ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 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.

3. CONTROL OVER THE CENTER RESTS WITH ITS BOARD OF TRUSTEES, COMPRISED OF
INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY.

4. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND
AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND
ACTIVITIES.

DEBORAH HOSPITAL FOUNDATION

DEBORAH HOSPITAL FOUNDATION (THE "FOUNDATION") IS AN AFFILIATE
ORGANIZATION RECOGNIZED BY THE IRS AS TAX-EXEMPT PURSUANT TO INTERNAL
REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IRS
CODE §509(A)(1). THROUGH FUNDRAISING ACTIVITIES, THE ORGANIZATION
SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF THE CENTER.

DEBORAH CARDIOVASCULAR GROUP, P.C.

DEBORAH CARDIOVASCULAR GROUP, P.C. IS AN AFFILIATE ORGANIZATION

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 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.

RECOGNIZED BY THE IRS AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO IRC 509(A)(3). THE

ORGANIZATION PROMOTES, SUPPORTS AND FURTHERS THE CHARITABLE PURPOSES,

PROGRAMS AND SERVICES OF DEBORAH HEART AND LUNG CENTER.

DEBORAH MEDICAL INVESTMENTS, LLC

A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE
CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY,
NEW JERSEY. THIS ORGANIZATION ENGAGES IN HEALTHCARE SERVICES WHICH ARE
HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN
SUPPORT OF THE CHARITABLE PURPOSES OF THE CENTER.

DEBORAH MEDICAL ASSOCIATES INSURANCE COMPANY, LLC

A SINGLE MEMBER LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE
CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY,
NEW JERSEY. THE ORGANIZATION PROVIDES MEDICAL PROFESSIONAL LIABILITY

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INSURANCE AND COMMERCIAL GENERAL LIABILITY INSURANCE TO THE CENTER.

OTHER DEBORAH HEART AND LUNG CENTER AFFILIATE

ADVANCED MEDICAL MANAGEMENT SERVICES, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS THE CENTER, THE ORGANIZATION IS LOCATED IN BROWNS MILLS, BURLINGTON COUNTY, NEW JERSEY. THE ORGANIZATION PROVIDES MANAGEMENT SERVICES.

THE SURGERY CENTER AT DEBORAH, LLC

A LIMITED LIABILITY COMPANY TREATED AS A PARTNERSHIP FOR TAX PURPOSES WHOSE MAJORITY OWNER IS THE CENTER. THE ORGANIZATION IS CURRENTLY INACTIVE. ONCE ACTIVE THE ORGANIZATION WILL ENGAGE IN HEALTHCARE SERVICES WHICH ARE HIGH QUALITY AND COST EFFECTIVE FOR THE BENEFIT OF THE COMMUNITY AND IN SUPPORT OF THE CHARITABLE PURPOSES OF THE CENTER.

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 7

NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED
IN NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF NEW
JERSEY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

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**

Employer identification number

23-1550955

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(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 RAFFAELE CORBISIERO, M. PHYSICIAN	(i)	816,814.	120,061.	1,548.	10,863.	37,648.	986,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOSEPH CHIRICHELLA TRUSTEE - PRESIDENT/CEO	(i)	583,769.	60,000.	36,072.	133,308.	33,478.	846,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PEDRAM KAZEMIAN, M.D. PHYSICIAN	(i)	711,612.	77,458.	540.	9,752.	37,922.	837,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MARK MOSHIYAKHOV, M.D. PHYSICIAN	(i)	560,508.	146,582.	540.	10,919.	17,107.	735,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 VINCENT POMPILI, M.D. CHAIR ADULT CARDIOLOGY	(i)	642,572.	0.	20,631.	9,000.	31,257.	703,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MUHAMMAD MUNTAZAR, M.D. PHYSICIAN	(i)	541,782.	30,000.	21,048.	8,816.	39,922.	641,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SUSAN D. BONFIELD, ESQ. SEC. - EVP/GENERAL COUNSEL	(i)	363,266.	30,000.	13,075.	40,123.	40,398.	486,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOSEPH R. MANNI EVP OPERATIONS/COO	(i)	364,594.	30,000.	5,076.	39,985.	34,451.	474,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LYNN B. MCGRATH, M.D. FORMER KEY EMPLOYEE	(i)	379,191.	25,000.	4,572.	5,599.	34,320.	448,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 R. GRANT LEIDY TREASURER - EVP FINANCE/CFO	(i)	321,106.	30,000.	23,455.	29,639.	32,533.	436,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BETSY SCHLOO, M.D. INTERIM VP MEDICAL AFFAIRS	(i)	390,857.	0.	4,572.	5,158.	24,817.	425,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 RICHARD S. TEMPLE VP/CIO	(i)	278,000.	20,000.	2,376.	3,808.	33,125.	337,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 RITA ZENNA VP PATIENT CARE SERVICES	(i)	236,885.	10,000.	2,376.	3,254.	32,725.	285,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 MARION STAMOPOULOS VP HR/CHRO	(i)	227,658.	15,000.	1,548.	3,116.	36,992.	284,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 4B

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2020 FORM W-2, AS TAXABLE MEDICARE WAGES: JOSEPH CHIRICHELLA, \$125,000; SUSAN D. BONFIELD, ESQ., \$35,000; JOSEPH R. MANNI, \$35,000 AND R. GRANT LEIDY, \$25,000.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2020 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2020 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

TAX-EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084		05/13/2014	16,148,000.	REFUND 1993 REVENUE BONDS		X	X			X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	15,892,660.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	16,148,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	198,144.							
7 Issuance costs from proceeds	336,362.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

Part III Private Business Use**TAX-EXEMPT BONDS**

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DEBORAH HEART AND LUNG CENTER

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

23-1550955

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OUR COMMITMENT TO COMMUNITY HEALTH

COMPASSION IS, AND HAS ALWAYS BEEN, THE HEART OF THE "DEBORAH" MISSION. DEBORAH HEART AND LUNG CENTER, SUPPORTED BY THE WORK OF THE DEBORAH HOSPITAL FOUNDATION, EMBRACES THE FOUNDATION'S MOTTO: "THERE IS NO PRICE ON LIFE." FOR CLOSE TO 100 YEARS, DEBORAH HEART AND LUNG CENTER HAS CARED FOR NEW JERSEY RESIDENTS IN NEED DESPITE THEIR FINANCIAL STATUS. DEBORAH BELIEVES THAT NO ONE SHOULD MAKE A MEDICAL DECISION BASED ON HIS/HER/THEIR PERSONAL FINANCIAL SITUATION. DEBORAH IS THE ONLY HOSPITAL IN THE NATION THAT TREATS BOTH ADULTS AND CHILDREN, AND HAS NEVER BALANCE-BILLED A PATIENT FOR CARE, SERVING AS A TRUE SAFETY NET FOR CARDIAC, VASCULAR AND PULMONARY SERVICES IN NEW JERSEY. DEBORAH IS ALSO ACTIVE IN THE LOCAL COMMUNITY AND SERVICE AREAS, PROVIDING SPECIALTY-FOCUSED COMMUNITY-BASED HEALTH AND WELLNESS PROGRAMS.

OUR MISSION

TO PROVIDE THE NECESSARY FACILITIES, EQUIPMENT, MEDICAL STAFF AND FINANCIAL RESOURCES REQUIRED TO DELIVER THE HIGHEST QUALITY INPATIENT AND OUTPATIENT SERVICES FOR THE DIAGNOSIS AND TREATMENT OF HEART, LUNG AND VASCULAR DISEASE WITHIN DEBORAH HEART AND LUNG CENTER'S SERVICE AREA. THE CENTER IS COMMITTED TO PATIENT SAFETY AND PRIVACY, AND EMBRACES AND

Name of the organization	Employer identification number
DEBORAH HEART AND LUNG CENTER	23-1550955

ADVOCATES FOR INITIATIVES THAT ENABLE THE CENTER TO ATTAIN THOSE GOALS.

THE CENTER PROVIDES TREATMENT TO PATIENTS WITHOUT DISTINCTION AS TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, CIVIL UNION STATUS, DOMESTIC PARTNERSHIP STATUS, PREGNANCY OR BREASTFEEDING, SEX, GENDER IDENTITY OR EXPRESSION, AFFECTIONAL OR SEXUAL ORIENTATION, DISABILITY, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR NATIONALITY OF SUCH PERSON. INPATIENT AND OUTPATIENT SERVICES ARE PROVIDED ON A TIMELY BASIS AND CONSISTENT WITH COST-EFFECTIVENESS AND FINANCIAL RESPONSIBILITY.

OUR VISION

DEBORAH HEART AND LUNG CENTER WILL LEAD THE REGION AS THE PREMIER PROVIDER OF HIGH QUALITY INNOVATIVE, COMPASSIONATE AND PATIENT-FOCUSED HEART, LUNG AND VASCULAR CARE, AS A RESPECTED EDUCATOR OF THE NEXT GENERATION OF SPECIALISTS, AND AS A THOUGHT LEADER IN ADVANCED CLINICAL RESEARCH.

OUR STORY

THE DEBORAH STORY IS AN EXTRAORDINARY ONE. DEBORAH WAS FIRST INCORPORATED IN 1923 AS THE DEBORAH JEWISH CONSUMPTIVE RELIEF SOCIETY TO BUILD A TUBERCULOSIS (TB) SANATORIUM. ACCORDING TO HISTORY, THE THERAPEUTIC AIR OF THE PINE BARRENS OF RURAL BURLINGTON COUNTY WAS KEY TO PATIENT RECOVERY. THOUSANDS OF TB PATIENTS WERE MEDICALLY TREATED AND

Name of the organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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COMPASSIONATELY CARED FOR BY A HEROIC TEAM OF DEBORAH PHYSICIANS AND CAREGIVERS.

WHEN THE DEVELOPMENT OF ANTIBIOTIC MEDICATIONS LED TO THE ERADICATION OF TB, DEBORAH SHIFTED ITS FOCUS TO OTHER CHEST DISEASES, EMBRACING THE EMERGING SPECIALTY OF CARDIAC DISEASE PREVENTION AND TREATMENT. THE FOCUS ON CARDIAC DISEASES, COMBINED WITH DEBORAH'S ESTABLISHED EXPERTISE IN LUNG DISEASES, TRANSFORMED DEBORAH INTO NEW JERSEY'S ONLY CARDIAC AND PULMONARY SPECIALTY HOSPITAL, WHERE NEW JERSEY'S FIRST OPEN-HEART SURGERIES WERE PERFORMED IN THE 1950S.

TODAY, DEBORAH OFFERS LEADING-EDGE SURGICAL TECHNIQUES AND NON-SURGICAL ALTERNATIVES TO DIAGNOSE AND TREAT CARDIAC, VASCULAR AND PULMONARY DISEASES IN ADULTS, AND CONGENITAL AND ACQUIRED HEART DEFECTS IN ADULTS AND CHILDREN.

DEBORAH IS RECOGNIZED AS A LEADER IN PATIENT CARE, PATIENT SATISFACTION, QUALITY OUTCOMES AND INNOVATIVE HEALING. NEW ADVANCES IN CARDIAC, PULMONARY, AND VASCULAR CARE ARE OFTEN AVAILABLE FIRST AT DEBORAH. DEBORAH'S CLINICAL RESEARCH DEPARTMENT - COMBINED WITH OUR WELL-RESPECTED TEACHING PROGRAM - HELPS TO BRING NEW TREATMENTS, TECHNOLOGIES AND INNOVATIONS TO THE CENTER. THIS INFUSION OF INNOVATIVE IDEAS AND PROFESSIONAL TALENT SHAPES THE MEDICAL LANDSCAPE OF THE STATE, STRENGTHENING DEBORAH'S REPUTATION AS AN IMPORTANT MEDICAL PROVIDER.

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IRS STATUS

DEBORAH IS RECOGNIZED BY THE IRS AS A 501(C)(3) TAX-EXEMPT ORGANIZATION.

DEBORAH OPERATES WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS.

2. AS A SPECIALTY HOSPITAL, DEBORAH IS NOT ELIGIBLE TO OPERATE AN EMERGENCY ROOM. TO MEET THE COMMUNITY'S NEED FOR EMERGENCY CARE, DEBORAH LEASES SPACE IN DEBORAH'S MAIN HOSPITAL BUILDING TO A HOSPITAL SYSTEM LICENSED TO OPERATE A SATELLITE EMERGENCY DEPARTMENT. IN ADDITION, AS A REGIONAL REFERRAL CENTER AND SPECIALTY HOSPITAL, DEBORAH RECEIVES TRANSFERS FROM OTHER HOSPITALS' EMERGENCY DEPARTMENTS, AS WELL AS ADMISSIONS FROM OUR OWN OUTPATIENT CLINICS AND DIRECT ADMISSIONS FROM REFERRING PHYSICIANS.

3. DEBORAH'S BOARD OF TRUSTEES, COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, PROVIDE OVERSIGHT OF, AND LEADERSHIP TO, DEBORAH'S EXECUTIVE TEAM.

4. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES

Name of the organization

DEBORAH HEART AND LUNG CENTER

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IN THE COMMUNITY.

THE USE AND CONTROL OF DEBORAH IS FOR THE BENEFIT OF THE PUBLIC. NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

CHARITY CARE

DEBORAH PROVIDES MEDICALLY NECESSARY HEALTHCARE TO PATIENTS WHO MEET CRITERIA UNDER DEBORAH'S CHARITY CARE POLICY, AS WELL AS THOSE WHO ARE UNINSURED, BUT DO NOT MEET CHARITY CARE REQUIREMENTS. DEBORAH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE CHARITY CARE AND COMMUNITY SERVICE IT PROVIDES. CONSISTENT WITH ITS MISSION AND VALUES, DEBORAH DOES NOT BILL PATIENTS FOR AMOUNTS THAT REMAIN UNPAID (INCLUDING COPAYMENTS AND DEDUCTIBLES) AFTER DEBORAH BILLS FEDERAL, STATE AND COMMERCIAL INSURANCE PROGRAMS. DEBORAH ALSO SPONSORS PROGRAMS AND PROVIDES OTHER PATIENT SERVICES THAT DIRECTLY BENEFIT THE SURROUNDING COMMUNITY. SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS, COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN, VETERANS, ACTIVE DUTY MILITARY AND DEPENDENTS, FIRST RESPONDERS, AND THE ELDERLY. DEBORAH ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNESS.

RECENT AWARDS/ACCREDITATIONS

Name of the organization

DEBORAH HEART AND LUNG CENTER

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AMONG THE 2020 RECOGNITIONS, AWARDS AND ACCREDITATIONS TO THE DEBORAH

TEAM ARE:

- DNV HEALTHCARE, ACCREDITED HOSPITAL.

- CERTIFIED VENTRICULAR ASSIST DEVICE FACILITY, DNV HEALTHCARE.

- TOP 3-STAR RATING, AVR SURGERY, CAGB SURGERY, AND COMBINED AVR AND CABG
SURGERY FROM THE SOCIETY OF THORACIC SURGEONS.

- "GET WITH THE GUIDELINES - HEART-FAILURE GOLD PLUS HONOR ROLL"

ACHIEVEMENT AWARD, AMERICAN HEART ASSOCIATION, AND TARGET: HEART FAILURE
HONOR ROLE.

- ACCREDITED, NUCLEAR MEDICINE, VASCULAR TESTING, AND ECHOCARDIOGRAPHY,
INTERSOCIETAL ACCREDITATION COMMISSION.

- ACCREDITED, COLLEGE OF AMERICAN PATHOLOGISTS.

- INFECTION CONTROL TEAM SILVER AWARD NEW JERSEY DEPARTMENT OF HEALTH FOR
ANTIMICROBIAL STEWARDSHIP RECOGNITION PROGRAM.

- 4-STAR RATING, CENTERS FOR MEDICARE AND MEDICAID SERVICES, HOSPITAL
COMPARE.

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- HEALTHGRADES SPECIALTY CLINICAL AWARDS:
- CORONARY INTERVENTION EXCELLENCE AWARD
- VASCULAR SURGERY EXCELLENCE AWARD
- TEN PHYSICIANS AND ADMINISTRATORS WERE RECOGNIZED BY REGIONAL MAGAZINES AS OUTSTANDING PROFESSIONALS.

A COMMITMENT TO COMMUNITY

DEBORAH IS COMMITTED TO REACHING OUT TO, AND INTO, OUR SURROUNDING COMMUNITIES TO MEET THE HEALTHCARE NEEDS OF THOSE COMMUNITIES. DEBORAH PRIDES ITSELF ON ITS PARTNERSHIP WITH INDIVIDUALS, CORPORATIONS, LABOR ORGANIZATIONS, SERVICE ORGANIZATIONS AND FOUNDATIONS TO PROVIDE COMMUNITY-BASED AND COMMUNITY-FOCUSED CARE. DEBORAH'S COMMUNITY PROGRAMS INCLUDE SERVICES FOR NEEDY POPULATIONS, COMMUNITY SERVICE AND EDUCATION PROGRAMS FOR THE ELDERLY, VETERANS AND THE MEDICALLY UNDERSERVED, AS WELL AS SERVICES AND PROGRAMS FOR CHILDREN AND ADOLESCENT CHILDREN.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY HEALTH SCREENINGS/OUTREACH

DEBORAH PROVIDES OPPORTUNITIES FOR THE COMMUNITY TO MONITOR THEIR HEALTH THROUGH SCREENINGS AVAILABLE AT DEBORAH AND THROUGHOUT THE COMMUNITIES

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SERVED. DEBORAH PARTNERS WITH NUMEROUS ORGANIZATIONS TO EFFECTIVELY REACH
TARGETED AUDIENCES. DETAILED INFORMATION ON DEBORAH'S SCREENINGS AND
OUTREACH PROGRAMS IS FOUND IN THE SCHEDULE H NARRATIVE.

COMMUNITY OUTREACH PARTNERS

DEBORAH'S COMMUNITY OUTREACH EFFORTS FOCUS ON BUILDING AND MAINTAINING
KEY PARTNERSHIP WITH GROUPS THROUGHOUT THE REGION. DEBORAH COUNTS AMONG
ITS MANY PARTNERS:

- AMERICAN HEART ASSOCIATION;
- AMERICAN LUNG ASSOCIATION;
- BROWNS WOODS APARTMENTS;
- BURLINGTON COUNTY COMMUNITY ACTION PARTNERSHIP;
- BURLINGTON COUNTY HEALTH DEPARTMENT;
- BURLINGTON COUNTY LIBRARY SYSTEM;
- BURLINGTON COUNTY PROSECUTOR'S OFFICE
- BURLINGTON COUNTY SHERIFF'S OFFICE
- CAPITAL HEALTH SYSTEM, INC.
- CENTER FOR FAMILY SERVICES;
- COOPER UNIVERSITY HEALTH CARE;
- HAMPTON HOSPITAL;
- JOINT BASE MCGUIRE-DIX-LAKEHURST;
- KNIGHTS OF COLUMBUS;
- LOCAL 500 NJ STATE FIREMAN'S MUTUAL BENEVOLENT ASSOCIATION;

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- NEW JERSEY CHIEF OF POLICE ASSOCIATION;
- NEW JERSEY EDUCATION ASSOCIATION;
- NEW JERSEY HOSPITAL ASSOCIATION;
- NEW JERSEY STATE FIREMEN'S ASSOCIATION;
- NEW JERSEY STATE FIREFIGHTERS MUTUAL BENEVOLENT ASSOCIATION;
- NEW JERSEY STATE VFW;
- OCEAN COUNTY HEALTH DEPARTMENT;
- OCEAN HEALTH INITIATIVES (A FEDERALLY-QUALIFIED HEALTH CENTER);
- PEMBERTON TOWNSHIP;
- PINELANDS FAMILY SUCCESS CENTER;
- ROWAN COLLEGE AT BURLINGTON COUNTY;
- ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE;
- SIDNEY KIMMEL COLLEGE AT JEFFERSON UNIVERSITY HOSPITAL
- SOUTHERN NJ PERINATAL COOPERATIVE;
- ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN;
- TEMPLE UNIVERSITY;
- TOBACCO FREE NEW JERSEY; AND
- VIRTUA CEED (CANCER EDUCATION AND EARLY DETECTION).

AFFILIATED PARTNERSHIPS FOR EXPANDED HEALTHCARE

DEBORAH FOCUSES ON REGIONAL COLLABORATION WITH OTHER HEALTHCARE SYSTEMS AND PROVIDERS TO REMOVE BARRIERS TO ACCESS FOR CARE AND TO OFFER EXPANDED SERVICES. OF PARTICULAR NOTE ARE:

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1. HEROCARE CONNECT, A SPECIALLY-DESIGNED PROGRAM FOR ACTIVE DUTY MILITARY, VETERANS, RETIREES AND THEIR DEPENDENTS. DEVELOPED AS A PARTNERSHIP WITH COOPER UNIVERSITY HEALTH CARE, THE PROGRAM PROVIDES RAPID POINT OF ACCESS TO MEDICAL SERVICES OFFERED BY BOTH DEBORAH AND COOPER. WORKING CLOSELY WITH JOINT BASE MCGUIRE-DIX-LAKEHURST'S STAFF AT THE 87TH MEDICAL GROUP, HEROCARE CONNECT PROVIDES A VITAL LINK IN SPECIALTY CARE FOR OUR MILITARY, AND FOR MEDICAL CLEARANCES FOR RAPID DEPLOYMENT.

2. PARTNERSHIP IN THE SUPPORT OF A MEDICAL OFFICE BUILDING OWNED AND OPERATED BY LANDMARK HEALTHCARE, LLC OF MILWAUKEE, WISCONSIN, DESIGNED TO BRING NEW MEDICAL PROVIDERS INTO THE COMMUNITY. THROUGH THIS PARTNERSHIP, PEMBERTON TOWNSHIP (DESIGNATED AS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA MUA/MUP) HAS ACCESS TO URGENT CARE; OBSTETRIC AND GYNECOLOGICAL SERVICES; PHYSICAL THERAPY; A PRIMARY CARE PRACTICE, INCLUDING PEDIATRICS; A CARDIAC REHABILITATION PROGRAM; OCCUPATIONAL THERAPY; PAIN MANAGEMENT AND PODIATRY SERVICES.

3. CLEVELAND CLINIC HEART, VASCULAR & THORACIC INSTITUTE ALLIANCE MEMBER, WORKING WITH CCHVTI TO STRENGTHEN THE PROCESSES UNDERPINNING THE CARDIOVASCULAR MEDICINE AND SURGERY PERFORMED AT DEBORAH THROUGH SHARING OF BEST PRACTICES TO IMPROVE OUTCOMES, SAFETY, AND QUALITY FOR PATIENT CARE.

DEBORAH AFFILIATIONS

Name of the organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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DEBORAH HAS RELATIONSHIPS WITH VARIOUS NEW JERSEY STATEWIDE ORGANIZATIONS. THESE RELATIONSHIPS ARE ENDORSED BY THE EXECUTIVE LEADERSHIP AND/OR GOVERNING BODY OF EACH ORGANIZATION.

- NEW JERSEY STATE FIREMAN'S ASSOCIATION;
- VETERANS OF FOREIGN WARS;
- KNIGHTS OF PYTHIAS;
- KNIGHTS OF COLUMBUS;
- NFL ALUMNI ASSOCIATION;
- NEW JERSEY EDUCATION ASSOCIATION;
- NEW JERSEY STATE POLICE BENEVOLENT ASSOCIATION; AND
- NEW JERSEY STATE ASSOCIATION OF CHIEFS OF POLICE.

EDUCATION

AS A TEACHING HOSPITAL, DEBORAH MAINTAINS ROBUST CARDIOLOGY, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY, HEART FAILURE, AND VASCULAR SURGERY FELLOWSHIP PROGRAMS. THIS HIGHLY SOUGHT-AFTER POST-GRADUATE TRAINING PROVIDES VALUABLE EXPERIENCE TO NEW CARDIOLOGISTS AND VASCULAR SPECIALISTS.

DEBORAH'S NURSING PROGRAM PROVIDES ON-SITE ROTATIONAL TRAINING FOR NURSES ENTERING THE FIELD, MENTORSHIPS AND INTERNSHIPS FOR COLLEGE STUDENTS, AN INTERACTIVE SIMULCAST VIDEO FORUM TO SHARE SURGICAL PROCEDURES WITH HIGH

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SCHOOL STUDENTS, AND A NEW HIGH SCHOOL EXTERNSHIP NURSING ASSISTANT PROGRAM.

DEBORAH ALSO HOSTS A YEAR-ROUND SCHEDULE OF GRAND ROUNDS PRESENTATIONS, CME SEMINARS, SPONSORING AND PRESENTING AT MAJOR NATIONAL PROFESSIONAL SYMPOSIA, AND OUTSIDE MEDICAL PRESENTATIONS TO JOINT BASE MCGUIRE-DIX-LAKEHURST, CONSISTENT WITH DEBORAH'S COMMITMENT AS A TEACHING HOSPITAL.

CLINICAL RESEARCH

OVER 30 CLINICAL RESEARCH TRIALS ARE UNDERWAY AT DEBORAH, PROVIDING AN OPPORTUNITY FOR PATIENTS TO RECEIVE INNOVATIVE TREATMENTS AT DEBORAH ONCE SUCCESSFUL TRIALS RECEIVE FDA APPROVAL. DEBORAH'S RESEARCH PHYSICIANS ARE WIDELY PUBLISHED IN LEADING MEDICAL JOURNALS, WITH EDITORIAL APPOINTMENTS ON MANY MEDICAL PUBLICATIONS.

DEBORAH'S PROGRAMS AND SERVICES

DEBORAH SEEKS TO ENHANCE THE HEALTHCARE SERVICES AND EXPERIENCES OF ITS PATIENTS AND THEIR FAMILIES. DEBORAH HAS A STRONG SET OF ORGANIZATIONAL VALUES CREATING A DRIVING FORCE BEHIND THE CENTER'S EXCELLENCE.

THE DEBORAH TEAM LOOKS FOR CONTINUOUS IMPROVEMENT BASED ON PATIENT, STAFF AND COMMUNITY FEEDBACK, AND CLINICAL DATA. ACHIEVING, AND THEN

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MAINTAINING, A LEVEL OF EXCELLENCE IN HEALTHCARE SERVICES IS DEBORAH'S COMMITMENT. DEBORAH DOES THIS THROUGH THE FOLLOWING SERVICES, AMONG OTHERS:

1. ADULT CARDIOLOGY SERVICES

ADULT CONGENITAL HEART DISEASE - DEBORAH'S UNIQUE ADULT CONGENITAL HEART DISEASE PROGRAM COMBINES THE EXPERTISE OF PHYSICIANS TRAINED IN ADULT AND PEDIATRIC CARDIOVASCULAR MEDICINE, WITH TAILORED MANAGEMENT OF THE DISEASE.

CARDIAC CATHETERIZATIONS - CATHETERIZATIONS ARE THE MOST WIDELY PERFORMED PROCEDURE AT DEBORAH. THE CENTER HAS FOUR FULL SERVICE CARDIAC CATHETERIZATION AND ENDOVASCULAR CATHETERIZATION LABS THAT ARE FULLY EQUIPPED WITH THE LATEST TECHNOLOGY TO ALLOW CARE TEAMS TO VISUALIZE AND ACCESS VESSELS WITH UNPRECEDENTED FLEXIBILITY AND PRECISION.

CLINICAL CARDIOLOGY - DEBORAH'S CLINICAL CARDIOLOGY SERVICE PROVIDES CONSULTATIONS FOR PATIENTS WITH ACUTE AND CHRONIC HEART DISEASES. THE SCOPE OF CARE INCLUDES CONGENITAL AND ACQUIRED HEART DISEASES, CORONARY ARTERY DISEASE, RHEUMATIC HEART DISEASE, OTHER FORMS OF VALVULAR AND MYOCARDIAL DISEASE, CARDIOMYOPATHY AND HYPERTENSIVE HEART DISEASE, DISORDERS OF THE CORONARY AND NON-CORONARY CIRCULATION SYSTEMS, MYOCARDIAL FUNCTION, CARDIAC CONDUCTION SYSTEM AND CARDIAC VALVES.

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2. ADVANCED HEART FAILURE

DEBORAH PROVIDES COMPREHENSIVE CARE TO PATIENTS WITH ALL FORMS OF HEART FAILURE, EXCLUDING HEART TRANSPLANT. DEBORAH'S COMPREHENSIVE TEAM APPROACH ALLOWS FOR THE TREATMENT OF PATIENTS WITH EVEN THE MOST ADVANCED FORMS OF HEART FAILURE. SINCE SO FEW PATIENTS WITH HEART FAILURE CAN BE OFFERED HEART TRANSPLANTATION, THE SPECIALISTS AT DEBORAH STRIVE TO MAXIMIZE HEART PERFORMANCE AND MINIMIZE RISK, USING MEDICATIONS AND SPECIALIZED IMPLANTED DEVICES.

CARDIOMEMS - AN INTEGRATED TEAM CONSISTING OF INTERVENTIONAL, ELECTROPHYSIOLOGY AND HEART FAILURE PHYSICIANS IS ABLE TO OFFER THE CARDIOMEMS IMPLANT. THIS DEVICE ALLOWS PATIENTS WITH ADVANCED HEART FAILURE TO RETURN HOME WITH MONITORING PROVIDED ONCE A DAY THROUGH A BRIEF COMPUTERIZED TEST WITH THE RESULTS SENT TO DEBORAH SO THE TEAM CAN MONITOR, IN REAL-TIME, THE PATIENT'S STATUS AND IMMEDIATELY ADDRESS THE PATIENT'S NEEDS, AVOIDING AN EMERGENCY RE-HOSPITALIZATION.

LEFT VENTRICULAR ASSIST DEVICE (LVAD) SHARED SERVICES - DEBORAH HAS PARTNERED WITH A TRANSPLANT HOSPITAL TO SUPPORT ITS LVAD PROGRAM, DESIGNED TO ALLOW PATIENTS TO RECEIVE LEFT VENTRICULAR ASSIST DEVICES AS EITHER A BRIDGE TO TRANSPLANT OR AS DESTINATION THERAPY FOR QUALIFYING PATIENTS.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), ALSO KNOWN AS EXTRACORPOREAL

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LIFE SUPPORT, -- IS AN EXTRACORPOREAL TECHNIQUE OF PROVIDING PROLONGED CARDIAC AND RESPIRATORY SUPPORT TO PERSONS WHOSE HEART AND LUNGS ARE UNABLE TO PROVIDE ADEQUATE GAS EXCHANGE OR PERFUSION TO SUSTAIN LIFE FOR LONG-TERM SUPPORT.

3. AMBULATORY CARE SERVICES AREA

AMBULATORY CARE PATIENTS SEEN AT DEBORAH RECEIVE QUALITY CARE IN THE CENTER'S RENOVATED AMBULATORY CARE SERVICE AREA. THE AMBULATORY CARE EXAM AREA CONTAINS SPACIOUS, MODERN EXAM ROOMS, ALL WITH CARDIAC MONITORS AND A TRIAGE ROOM FOR URGENT SITUATIONS.

4. THE BALANCE CENTER AT DEBORAH

THE BALANCE CENTER AT DEBORAH IS DESIGNED TO DIAGNOSE AND TREAT DIZZINESS AND BALANCE ISSUES. THESE TWO SYMPTOMS ALONE, ESPECIALLY IN THE ELDERLY POPULATION, ARE THE MOST COMMON CAUSES OF INJURIES AND HOSPITALIZATION.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

5. THE BARIATRIC PROGRAM

THE BARIATRIC PROGRAM AT DEBORAH OFFERS AN OPTION FOR THOSE STRUGGLING WITH WEIGHT-ASSOCIATED HEALTH PROBLEMS. IN PARTNERSHIP WITH BARIATRIC SURGEONS FROM GARDEN STATE BARIATRIC CENTER, DEBORAH OFFERS AN ON-SITE COMPREHENSIVE WEIGHT-MANAGEMENT PROGRAM INCLUDING GASTRIC BYPASS, GASTRIC

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SLEEVE AND/OR GASTRIC BANDING SURGICAL PROCEDURES, AS PART OF AN OVERALL PROGRAM FOCUSING ON NUTRITION, HEALTHY LIVING AND EXERCISE.

6. CARDIOTHORACIC SURGERY

ADULT CONGENITAL HEART SURGERY - THE CARDIAC SURGERY SERVICE AT DEBORAH HAS PERFORMED HUNDREDS OF SURGERIES ON ADULT PATIENTS WITH CONGENITAL HEART ANOMALIES.

AORTIC SURGERY - ALL ASPECTS OF AORTIC SURGERY ARE PERFORMED AT DEBORAH, INCLUDING REPAIR OF ANEURYSMS OF THE ASCENDING, DESCENDING AND ABDOMINAL AORTA, CORRECTION OF AORTIC DISSECTION, REPLACEMENT OF THE AORTIC ROOT AND REPLACEMENT OF THE AORTIC ARCH.

BEATING HEART BYPASS SURGERY - BEATING HEART BYPASS SURGERY IS PERFORMED WHILE THE HEART IS STILL BEATING. WITH "OFF-PUMP" TECHNOLOGY, HEART AND LUNGS CONTINUE TO FUNCTION DURING THE SURGERY, REDUCING THE RISK OF STROKE, LUNG AND KIDNEY DYSFUNCTION AND MEMORY LOSS.

CORONARY ARTERY SURGERY - CORONARY ARTERY SURGERY IS PERFORMED AT DEBORAH USING THE LATEST TECHNIQUES TO PERFORM EITHER AN ARTERIAL BYPASS OR MIXED ARTERIAL AND REVERSED SAPHENOUS VEIN GRAFTING AS INDICATED. DEBORAH'S CARDIAC SURGERY TEAM USES ADVANCED TECHNIQUES OF MYOCARDIAL PROTECTION, SURGICAL TECHNIQUE, EXTRACORPOREAL PERFUSION, ANESTHETIC MANAGEMENT, BLOOD CONSERVATION AND PERIOPERATIVE CARE.

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DIRECT CORONARY ARTERY BYPASS - CARDIAC SURGEONS PERFORM MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS (MIDCAB) SURGERY. THIS PROCEDURE ALLOWS CORONARY REVASCULARIZATION IN SELECT CASES WITH A LIMITED STERNOTOMY INCISION AND WITHOUT THE USE OF THE HEART-LUNG MACHINE.

ENDOSCOPIC RADIAL ARTERY/SAPHENOUS VEIN HARVESTING - DEBORAH SURGEONS OFFER ENDOSCOPIC RADIAL ARTERY AND SAPHENOUS VEIN HARVESTING, A MINIMALLY INVASIVE TECHNIQUE FOR REMOVAL TO BE USED AS A CONDUIT IN CORONARY ARTERY BYPASS SURGERY.

7. VALVE REPAIR OR REPLACEMENT

MINIMALLY INVASIVE VALVE SURGERY - SURGEONS AT DEBORAH CAN REPAIR OR REPLACE BOTH THE MITRAL AND AORTIC VALVES BY APPLYING A MINIMALLY INVASIVE TECHNIQUE. INSTEAD OF A STERNOTOMY, A SMALLER INCISION IS USED TO EXPOSE AND ACCESS THE HEART.

DEBORAH OFFERS THE LATEST AND SAFEST REFINED SURGICAL TECHNIQUES FOR CARDIAC VALVE RECONSTRUCTION. MANY VALVE CONDITIONS RESULT IN VALVULAR DYSFUNCTION, MANIFESTED BY STENOSIS, INCOMPETENCE OR BOTH.

TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) - COMBINING THE SKILLS OF SURGEONS AND INTERVENTIONALISTS IN DEBORAH'S STATE-OF-THE-ART HYBRID OPERATING ROOM, TEAMS CAN REPLACE AORTIC VALVES PERCUTANEOUSLY FOR THE

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HIGHEST-RISK PATIENTS WHO ARE NOT CANDIDATES FOR OPEN HEART SURGERY

VALVE REPLACEMENT - DEBORAH HAS USED CARDIAC VALVE SUBSTITUTES SINCE 1963, AND UTILIZES VARIOUS STATE-OF-THE-ART CARDIAC VALVE PROSTHESES, DESIGNED TO SUIT EVERY INDIVIDUAL'S NEED, DISEASE PROCESS OR PATIENT'S AGE.

VASCULAR SURGERY - ELECTIVE SURGICAL PROCEDURES AT DEBORAH INCLUDE: CAROTID ENDARTERECTOMY, ABDOMINAL AORTIC ANEURYSM RESECTION AND LOWER EXTREMITY REVASCULARIZATION.

8. ENDOVASCULAR SURGERY

ENDOVASCULAR SURGERY IS AN INNOVATIVE, LESS INVASIVE PROCEDURE USED TO TREAT PROBLEMS AFFECTING THE BLOOD VESSELS, SUCH AS AN ANEURYSM, WHICH IS A SWELLING OR "BALLOONING" OF THE BLOOD VESSEL. THE SURGERY INVOLVES MAKING A SMALL INCISION NEAR EACH HIP TO ACCESS THE BLOOD VESSELS.

AORTIC STENTING - ENDOVASCULAR STENT GRAFTING, OR ENDOVASCULAR ANEURYSM REPAIR (EVAR), IS A NEWER FORM OF TREATMENT FOR ABDOMINAL AORTIC ANEURYSM THAT IS LESS INVASIVE THAN OPEN SURGERY. ENDOVASCULAR STENT GRAFTING USES AN ENDOVASCULAR STENT GRAFT TO REINFORCE THE WALL OF THE AORTA AND TO HELP KEEP THE DAMAGED AREA FROM RUPTURING.

9. THE CHILDREN'S HEART CENTER AT DEBORAH/CHILDREN OF THE WORLD PROGRAM

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OUTPATIENT PEDIATRIC CARDIOLOGY - DEBORAH'S BOARD-CERTIFIED PEDIATRIC CARDIOLOGIST AND ADVANCED NURSE PRACTITIONER (ANP) PROVIDE DIAGNOSTIC OUTPATIENT EVALUATIONS FOR CHILDREN SUSPECTED TO HAVE CONGENITAL OR ACQUIRED HEART DISEASE.

PEDIATRIC ARRHYTHMIA PROGRAM - DIAGNOSIS AND ONGOING MANAGEMENT OF ARRHYTHMIAS, PALPITATIONS AND SYNCOPE ARE PROVIDED IN THE AMBULATORY CARE SETTINGS. NON-INVASIVE DIAGNOSTIC STUDIES ARE USED TO IDENTIFY SIGNIFICANT PROBLEMS.

PEDIATRIC ECHOCARDIOGRAPHY - PROVIDES IMPORTANT DIAGNOSTIC INFORMATION, AND IS REGULARLY USED AS CLINICALLY INDICATED AS AN INTEGRAL PART OF THE CARDIAC EVALUATION.

PERINATAL CARDIOLOGY - COMPREHENSIVE ASSESSMENT OF THE FETUS AND NEONATE WITH SUSPECTED CARDIAC DISEASE IS PROVIDED. FETAL ECHOCARDIOGRAPHY PROVIDES INFORMATION REGARDING STRUCTURAL HEART DISEASE, AND ALLOWS MONITORING OF CARDIAC PERFORMANCE.

10. ELECTROPHYSIOLOGY AND ARRHYTHMIAS SERVICES

CARDIOVERSION - A PROCEDURE IN WHICH A SHOCK IS DELIVERED TO THE PATIENT'S HEART THROUGH PADDLES OR PATCHES ON THEIR CHEST. THE CURRENT AFFECTS THE ELECTRICAL IMPULSES IN THE HEART AND CAN RESTORE A NORMAL

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RHYTHM.

CRT-D AND ICD DEVICE - CARDIAC RESYNCHRONIZATION THERAPY DEFIBRILLATOR (CRT-D) AND IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) IS USED TO TREAT HEART FAILURE AND SUDDEN CARDIAC DEATH. THE SYSTEM IS DESIGNED TO SIMPLIFY AND REDUCE THE TIME NEEDED FOR THE IMPLANT PROCEDURE BY COMBINING THREE SEPARATE LEAD TERMINALS INTO ONE INTEGRATED CONNECTOR AND REDUCING THE NUMBER OF CONNECTIONS AND SET SCREWS NEEDED IN THE DEVICE HEADER.

LOOP RECORDERS - AN IMPLANTABLE LOOP RECORDER, OR ILR, IS A HEART RECORDING DEVICE THAT IS IMPLANTED IN THE BODY UNDERNEATH THE CHEST SKIN. IT HAS SEVERAL USES. THE MOST COMMON ONES INCLUDE LOOKING FOR CAUSES OF FAINTING, PALPITATIONS, VERY FAST OR SLOW HEARTBEATS, AND HIDDEN RHYTHMS THAT CAN CAUSE STROKES.

PACEMAKER/ICD - DEBORAH'S ELECTROPHYSIOLOGISTS IMPLANT PROGRAMMABLE PACEMAKERS AND DEFIBRILLATORS TO TREAT A VARIETY OF RHYTHM DISTURBANCES. THE MAJOR DIAGNOSES ARE BRADY- AND TACHY- ARRHYTHMIAS. PACEMAKERS ARE IMPLANTED IN A PATIENT WITH A SLOW HEART RATE, WHILE AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR IS A TREATMENT OPTION FOR PATIENTS WHO SUFFER WITH VENTRICULAR TACHYCARDIA AND VENTRICULAR FIBRILLATION. DEBORAH ALSO IMPLANTS BLUETOOTH-ENABLED DEVICES FOR REMOTE AT HOME DEVICE MONITORING.

RADIOFREQUENCY ABLATION - DEBORAH PERFORMS RADIOFREQUENCY ABLATION, A

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PROCEDURE USED TO TREAT ADULTS AND CHILDREN WITH COMPLEX CARDIAC ARRHYTHMIAS. INCLUDED IN THESE SERVICES ARE ATRIAL AND SUPRAVENTRICULAR TACHYCARDIA, WOLFF-PARKINSON-WHITE SYNDROME, ATRIAL FIBRILLATION AND FLUTTER.

STEREOTAXIS GENTLE TOUCH MAGNETIC SYSTEM - DEBORAH'S ELECTROPHYSIOLOGY SUITE INCLUDES ONE OF THE REGION'S FIRST STEREOTAXIS GENTLETOUCH MAGNETIC SYSTEMS, AS WELL AS NEW ENHANCED IMAGING EQUIPMENT AND A SPECIFICALLY-DESIGNED MAPPING SYSTEM. THE STEREOTAXIS GENTLETOUCH MAGNETIC SYSTEM ALLOWS DOCTORS THE ABILITY TO VIEW THE INSIDE OF THE HEART, BOTH ANATOMICALLY AND ELECTRICALLY.

TILT TABLES - TILT TABLES ARE USED TO HELP IDENTIFY THE CAUSE OF FAINTING SPELLS.

WATCHMAN - DEBORAH IS IMPLANTING THE WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE, A PROVEN ALTERNATIVE TO LONG-TERM WARFARIN THERAPY FOR STROKE RISK REDUCTION IN PATIENTS WITH NON-VALVULAR AFIB.

11. IMAGING SERVICES

DEBORAH PROVIDES A FULL COMPLEMENT OF IMAGING SERVICES. THE DEBORAH SERVICES INCLUDE:

NUCLEAR MEDICINE - NUCLEAR MEDICINE IS A SPECIALIZED AREA OF RADIOLOGY

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THAT USES VERY SMALL AMOUNTS OF RADIOACTIVE MATERIALS, OR
RADIOPHARMACEUTICALS, TO EXAMINE ORGAN FUNCTION AND STRUCTURE.

NUCLEAR STUDIES - A CARDIAC (HEART) NUCLEAR STUDY IS A TEST THAT USES A
SMALL DOSE OF RADIOACTIVE SOLUTION TO TRACK BLOOD FLOW TO THE HEART
MUSCLE, AND TO EVALUATE HEART FUNCTION.

NUCLEAR STRESS - A NUCLEAR EXERCISE STRESS TEST IS LIKE AN EXERCISE
STRESS TEST, IN THAT IT ALSO INVOLVES WALKING ON A TREADMILL. FOR THIS
TEST, HOWEVER, A RADIOACTIVE ISOTOPE IS INJECTED INTO THE BLOODSTREAM. A
GAMMA CAMERA CAN DETECT RADIATION AND CREATE COMPUTER IMAGES OF THE HEART
AT REST AND AFTER EXERCISE.

CT SCANNER - A CARDIAC COMPUTED TOMOGRAPHY (CT) SCAN USES SPECIAL X-RAYS
TO CREATE DETAILED IMAGES OF THE HEART AND BLOOD VESSELS. DEBORAH HAS A
STATE OF THE ART 256-SLICE CT SCANNER THAT PROVIDES SUPERIOR QUALITY
IMAGES AND LEADS TO BETTER, MORE PRECISE DIAGNOSES.

ECHO - AN ECHOCARDIOGRAM (OR ECHO) IS A TEST OF THE HEART USING
ULTRASOUND WAVES AND IS USED FOR DIAGNOSING DISEASE OF THE HEART OR ITS
VALVES.

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) - IS A SPECIAL TYPE OF ECHO THAT
PRODUCES MOVING PICTURES OF YOUR HEART BY PLACING A TRANSDUCTOR IN THE
ESOPHAGUS. THE ESOPHAGUS IS SO CLOSE TO THE HEART, IMAGES FROM A TEE

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PROVIDES VERY CLEAR IMAGES OF THE HEART AND ITS STRUCTURES.

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ULTRASOUND - A VASCULAR ULTRASOUND IS USED TO STUDY THE CIRCULATION IN THE BLOOD VESSELS OF THE BODY. THIS CAN BE USED TO LOOK AT VEINS AND ARTERIES IN THE NECK, ABDOMEN, ARMS AND LEGS.

MOBILE PET/CT - A MOBILE PET/CT SCANNER ROTATES ONSITE AT DEBORAH FOR PATIENTS WHO NEED THIS DIAGNOSTIC TEST, COMMONLY USED TO IDENTIFY CARCINOMA.

12. INSTITUTE FOR SLEEP MEDICINE

DEBORAH OFFERS PATIENTS ACCURATE DIAGNOSIS AND EFFECTIVE TREATMENT FOR DISORDERS SUCH AS SLEEP APNEA, AS WELL AS LESS COMMON DISORDERS SUCH AS NARCOLEPSY, INSOMNIA, SLEEP MOVEMENT DISORDERS AND SLEEP DEPRIVATION SYNDROMES. SLEEP STUDIES ARE CONDUCTED ON-SITE. HOME SLEEP STUDIES ARE ALSO OFFERED, EXPANDING ACCESS TO THIS IMPORTANT DIAGNOSTIC TESTING.

13. INTERVENTIONAL CARDIOLOGY

DEBORAH'S INTERVENTIONAL CARDIOLOGY DEPARTMENT INCLUDES A TEAM OF SPECIALTY-TRAINED INTERVENTIONALISTS USING HIGHLY ADVANCED TECHNOLOGIES AND DEVICES TO OPEN BLOCKAGES, OFFERING MINIMALLY INVASIVE TECHNIQUES AND AN ARRAY OF INTERVENTIONAL TREATMENT OPTIONS GIVE THEIR PATIENTS OPTIMAL

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OUTCOMES.

RADIAL ARTERY ACCESS - CARDIAC CATHETERIZATION THROUGH THE RADIAL ARTERY IN THE WRIST IS LESS INVASIVE, MORE COMFORTABLE, SAFER AND HAS FEWER COMPLICATIONS AND A FASTER RECOVERY THAN THE TRADITIONAL FEMORAL METHOD. PERFORMING CARDIAC CATHETERIZATION THROUGH THE WRIST USING A LONG, THIN TUBE (CALLED A CATHETER) THROUGH AN ARTERY IN THE WRIST TO GET TO THE HEART IS THE MOST COMMON METHOD USED AT DEBORAH.

14. THE WOUND CARE CENTER

THE JAMES KLINGHOFFER CENTER FOR WOUND HEALING AND HYPERBARIC TREATMENT PROVIDES ADVANCED WOUND CARE TECHNOLOGY AND HYPERBARIC OXYGEN THERAPY TO ENHANCE WOUND HEALING THROUGH A MULTIDISCIPLINARY TEAM APPROACH.

15. MULTI-DISCIPLINARY ONCOLOGY CLINIC

DEBORAH'S MULTI-DISCIPLINARY ONCOLOGY CLINIC PROGRAM, OFFERED THROUGH A COLLABORATIVE RELATIONSHIP WITH AN INDEPENDENT ONCOLOGY PRACTICE, OFFERS COLLABORATIVE PERSONALIZED OUTPATIENT APPOINTMENTS FOR CASE MANAGEMENT OF PATIENTS WITH TUMORS.

16. PULMONARY MEDICINE AND REHABILITATION SERVICES

THE DEPARTMENT OF PULMONARY MEDICINE PROVIDES HIGH QUALITY CARE FOR

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PATIENTS WITH ALL TYPES OF LUNG DISEASE. OUR GOAL IS TO PROVIDE PERSONAL CARE TO EVERY PATIENT IN A FRIENDLY, TIMELY AND ACCESSIBLE MANNER.

PULMONARY REHABILITATION - PULMONARY REHABILITATION IS A PROGRAM OF EDUCATION AND EXERCISE THAT HELPS PATIENTS MANAGE HIS/HER/THEIR BREATHING PROBLEMS, INCREASING STAMINA (ENERGY) AND DECREASING BREATHLESSNESS. THE EDUCATIONAL PART OF THE PROGRAM TEACHES PATIENTS TO BE "IN CHARGE" OF HIS/HER/THEIR BREATHING INSTEAD OF HIS/HER/THEIR BREATHING OVERSEEING THEM.

PULMONARY FUNCTION TESTING (PFTS) -- NONINVASIVE TESTS THAT SHOW HOW WELL THE LUNGS ARE WORKING. THE TESTS MEASURE LUNG VOLUME, CAPACITY, RATES OF FLOW, AND GAS EXCHANGE. THIS INFORMATION CAN HELP A HEALTHCARE PROVIDER DIAGNOSE AND DECIDE THE TREATMENT OF CERTAIN LUNG DISORDERS.

PHYSICAL THERAPY (PT) -- A BRANCH OF REHABILITATIVE HEALTH THAT USES SPECIALLY DESIGNED EXERCISES AND EQUIPMENT TO HELP PATIENTS REGAIN OR IMPROVE THEIR PHYSICAL ABILITIES. PT IS APPROPRIATE FOR MANY TYPES OF PATIENTS, FROM INFANTS BORN WITH MUSCULOSKELETAL BIRTH DEFECTS, TO ADULTS SUFFERING FROM SCIATICA OR THE AFTER EFFECTS OF INJURY OR SURGERY, TO ELDERLY POST-STROKE PATIENTS.

CARDIAC REHABILITATION -- A MEDICALLY SUPERVISED PROGRAM, INDIVIDUALIZED FOR EACH PATIENT. IT CONSISTS OF EXERCISE TRAINING, AS WELL AS EDUCATION AND COUNSELING ABOUT HEART-HEALTHY LIVING. BESIDES HEART ATTACKS, CARDIAC

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REHAB IS RECOMMENDED BY THE AMERICAN HEART ASSOCIATION FOR HEART CONDITIONS LIKE CORONARY ARTERY DISEASE, ANGINA OR HEART FAILURE, AFTER A HEART PROCEDURE OR SURGERY, INCLUDING BYPASS SURGERY, ANGIOPLASTY AND STENTING, VALVE REPLACEMENT, OR A PACEMAKER OR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR.

POST-COVID RECOVERY PROGRAM -- LAUNCHED TO ASSIST THE MANY PATIENTS WHO HAVE CONTINUING SYMPTOMS EVEN AFTER THEY NO LONGER TEST POSITIVE FOR COVID-19.

17. VEIN CENTER

SPIDER VEINS ON THE THIGHS, ANKLES OR CALVES IS A CONCERN FOR MANY PEOPLE. AT DEBORAH'S VEIN CENTER, THERE ARE NOW SPIDER VEIN AND VARICOSE VEIN TREATMENTS THAT CAN VIRTUALLY ELIMINATE THESE CONDITIONS.

18. THE WOMEN'S HEART CENTER

THE WOMEN'S HEART CENTER COMBINES DEBORAH'S EXPERTISE IN TREATING HEART AND VASCULAR DISEASE WITH PROGRAMS TO HELP REDUCE STRESS; REDUCE WEIGHT; QUIT SMOKING; EAT BETTER; SLEEP MORE SOUNDLY; MANAGE DIABETES AND EDUCATE WOMEN ABOUT THE SIGNS AND SYMPTOMS OF HEART AND VASCULAR DISEASE. THIS MULTI-PRONGED APPROACH AIMS TO REDUCE HEART AND VASCULAR DISEASE AMONG WOMEN.

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19. THORACIC SURGERY

THORACIC - OR CHEST - SURGERY INCLUDES THE LUNGS, ESOPHAGUS, TRACHEA, AND CHEST WALL. A VARIETY OF SURGICAL TECHNIQUES, INCLUDING BOTH OPEN AND MINIMALLY-INVASIVE, ARE PERFORMED BY DEBORAH'S SURGICAL TEAM.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") AND AFTER PRESENTATION AND REVIEW BY THE ORGANIZATION'S AUDIT COMMITTEE.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS

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WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR FINAL REVIEW. FOLLOWING THIS REVIEW, THE FINAL FORM 990 WAS PRESENTED TO THE MEMBERS OF THE DEBORAH HEART AND LUNG CENTER AUDIT COMMITTEE FOR REVIEW AND THEREAFTER PROVIDED TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S DIRECTOR OF COMPLIANCE FOR REVIEW. THEREAFTER, THE DIRECTOR OF COMPLIANCE AND GENERAL COUNSEL REVIEW THE QUESTIONNAIRES AND MAINTAIN RECORDS OF THE COMPLETED QUESTIONNAIRES.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE DEBORAH HEART AND LUNG CENTER BOARD OF TRUSTEES HAS A HUMAN RESOURCES COMMITTEE ("COMMITTEE"). THE COMMITTEE REVIEWS AND FOLLOWS INTERNAL REVENUE SERVICE GUIDELINES FOR REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF IRS CODE SECTION 4958 IN ITS EVALUATION AND DECISION-MAKING WITH RESPECT TO THE COMPENSATION PAID TO THE PRESIDENT &

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CEO. THE COMMITTEE IS PROVIDED WITH THE RECOMMENDATIONS OF THE PRESIDENT & CEO WITH RESPECT TO SENIOR LEADERSHIP COMPENSATION AND DATA TO DEMONSTRATE THAT HIS RECOMMENDATION IS IN LINE WITH IRS GUIDELINES. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR LEADERSHIP OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE CENTER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF IRS CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR LEADERSHIP TEAM. FACTORS THAT SUPPORT THE CENTER'S STANDING WITH RESPECT TO ITS REASONABLENESS INCLUDE, BUT ARE NOT LIMITED TO:

1. THE COMPENSATION AND BENEFIT ARRANGEMENTS ARE APPROVED IN ADVANCE BY THE COMMITTEE, NONE OF WHOM HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE COMMITTEE RELIES UPON APPROPRIATE COMPARABLE EXTERNAL AND INTERNAL COMPENSATION DATA PRIOR TO MAKING ITS DETERMINATION. THIS DATA IS UPDATED EACH YEAR BY UTILIZING GENERALLY PUBLISHED SURVEYS, DATA PROVIDED BY HEALTHCARE ASSOCIATIONS, AND INFORMATION GLEANED FROM NEWSPAPER ARTICLES AND OTHER SOURCES AND REFLECTS COMPARABLE FACTORS, INCLUDING BUT NOT LIMITED TO GEOGRAPHY, BED SIZE, COMPLEXITY, REVENUE, ETC.

3. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATIONS IN TIMELY,

Name of the organization	Employer identification number
DEBORAH HEART AND LUNG CENTER	23-1550955

FORMAL MEETING MINUTES.

THE COMPENSATION AND BENEFITS OF THE OTHER INDIVIDUALS CONTAINED IN THIS FORM 990, SCHEDULE J, ARE REVIEWED ANNUALLY BY THE PRESIDENT & CEO WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR, AND ARE BASED UPON VARIOUS OBJECTIVE AND SUBJECTIVE PERFORMANCE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. THE CENTER'S FINANCIAL STATUS AS WELL AS ITS NEED TO ATTRACT AND RETAIN COMPETENT LEADERSHIP IS ALSO REVIEWED AND CONSIDERED IN THIS PROCESS. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, ACTUAL PERFORMANCE AND OTHER RELEVANT PERFORMANCE FEEDBACK.

CORE FORM, PART VI, SECTION B; QUESTION 16B

DEBORAH HEART AND LUNG CENTER MAINTAINS A WRITTEN POLICY TO ENSURE THAT ANY JOINT VENTURE ENTERED INTO BY DEBORAH HEART AND LUNG CENTER WITH A FOR-PROFIT PARTICIPANT IS REVIEWED AND FOLLOWED SO AS TO EVALUATE ITS PARTICIPATION UNDER APPLICABLE FEDERAL TAX LAW, AND TO ENSURE THAT THE ORGANIZATION TAKES STEPS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL

Name of the organization	Employer identification number
DEBORAH HEART AND LUNG CENTER	23-1550955

IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT. THE ORGANIZATION'S FILED
CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND
REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND
OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION.
PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME
EMPLOYEES OF THIS ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING
MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES. IN ADDITION,
JOSEPH MANNI WORKS 45 HOURS A WEEK AS THE CHIEF OPERATING OFFICER FOR THE
ORGANIZATION AND WORKS 10 HOURS A WEEK AS THE CHIEF OPERATING OFFICER FOR
DEBORAH HOSPITAL FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION
501(C)(3) TAX-EXEMPT ORGANIZATION, FOR A TOTAL OF 55 HOURS A WEEK.

LYNN B. MCGRATH, M.D., FORMER VP MEDICAL AFFIARS OF DEBORAH HEART AND
LUNG CENTER, IS STILL EMPLOYED AS THE EXECUTIVE DIRECTOR MEDICAL AFFAIRS
OF DEBORAH CARDIOVASCULAR GROUP, P.C.; A RELATED INTERNAL REVENUE CODE
SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION.

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS PART OF DEBORAH HEART AND LUNG CENTER; A TAX-EXEMPT
INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES
BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF

Name of the organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN FUND BALANCE INCLUDE:

- NET ASSETS RELEASED FROM RESTRICTION FOR PROPERTY, PLANT AND EQUIPMENT
- \$510,447;
- OTHER COMPONENTS OF NET PERIODIC PENSION COSTS - (\$2,427,093);
- PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS - \$2,839,427;
- NET ASSETS RELEASED FROM RESTRICTION - (\$914,094);
- CHANGES IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST - \$96,226; AND
- CHANGE IN BENEFICIAL INTEREST IN RESTRICTED NET ASSETS OF DEBORAH

Name of the organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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HOSPITAL FOUNDATION; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)

TAX-EXEMPT ORGANIZATION - (\$836,792).

CORE FORM, PART XII; QUESTION 2

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2019; RESPECTIVELY, AND ISSUED A CERTIFIED AUDITED CONSOLIDATED FINANCIAL STATEMENT. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. AN UNMODIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM. THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

DHLC

THE ORGANIZATION'S FEDERAL FORM 990 INCLUDES CERTAIN REVENUE RECEIVED AND EXPENSES INCURRED BY VARIOUS DEBORAH HEART AND LUNG CENTER RELATED PROGRAMS, DEPARTMENTS, ACTIVITIES AND DEBORAH HEART AND LUNG CENTER EMPLOYEES. REVENUE EARNED FROM THESE PROGRAMS AND ACTIVITIES WAS RECEIVED BY DEBORAH HEART AND LUNG CENTER UTILIZING DIFFERENT FEDERAL IDENTIFICATION NUMBERS THAN 23-1550955. BELOW IS A LIST OUTLINING THE VARIOUS DEBORAH HEART AND LUNG CENTER PROGRAMS, DIVISIONS, DEPARTMENTS AND PHYSICIAN EMPLOYEES AND THEIR RESPECTIVE FEDERAL IDENTIFICATION NUMBERS:

Name of the organization DEBORAH HEART AND LUNG CENTER	Employer identification number 23-1550955
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PROFESSIONAL SERVICE FUND OF DHLIC	23-1893623
DEBORAH MEDICAL INVESTMENTS, LLC	46-4400008
DEBORAH MEDICAL ASSOCIATES INSURANCE CO., LLC	38-3989806

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SIEMENS FINANCIAL SERVICES, INC. P.O. BOX 2083 CAROL STREAM, IL 60132	FINANCING	2,778,757.
MID-ATLANTIC SURGICAL ASSOCIATES 100 MADISON AVENUE MORRISTOWN, NJ 07962	MEDICAL	2,750,001.
THE MCR GROUP 800 SOUTH GAY STREET, SUITE 700 KNOXVILLE, TN 37929	CONSULTING	2,325,303.
OCEAN CARDIOVASCULAR SPECIALISTS 25 MULE ROAD, SUITE B2 TOMS RIVER, NJ 08755	MEDICAL	1,595,601.
EWING COLE 100 NORTH 6TH STREET PHILADELPHIA, PA 19106	ARCHITECT	1,474,402.

**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

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DEBORAH MEDICAL INVESTMENTS, LLC 46-4400008 200 TRENTON ROAD BROWNS MILLS, NJ 08015	HEALTH SVCS.	NJ	0.	280,800.	DHLC
(2) DEBORAH MEDICAL ASSOCIATES INS. CO., LLC 38-3989806 200 TRENTON ROAD BROWNS MILLS, NJ 08015	FIN. VEHICLE	NJ	1,566,471.	6,626,313.	DHLC
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DEBORAH HOSPITAL FOUNDATION 22-2049500 212 TRENTON ROAD BROWNS MILLS, NJ 08015	SUPPORT	NJ	501(C)(3)	509(A)(1)	N/A		X
(2) DEBORAH CARDIOVASCULAR GROUP, P.C. 03-0494366 200 TRENTON ROAD BROWNS MILLS, NJ 08015	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	DHLC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE SURGERY CENTER AT DEBORAH, 11221 ROE AVENUE STE 320 LEAWO	HEALTH SVCS.	KS	DHLC	RELATED	0.	731,688.		X	0.		X	59.6491
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADVANCED MEDICAL MANAGEMENT SERVICES 20-4912042 200 TRENTON ROAD BROWNS MILLS, NJ 08015	MGMT SVCS.	NJ	DHLC	C CORP.	143,916.	250,471.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVANCED MEDICAL MANAGEMENT SERVICES, INC.	K	140,628.	COST
(2) DEBORAH CARDIOVASCULAR GROUP, P.C.	E	123,789.	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF DEBORAH HEART AND LUNG CENTER; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE DEBORAH HEART AND LUNG CENTER ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

RENT AND ROYALTY INCOME

Taxpayer's Name DEBORAH HEART AND LUNG CENTER							Identifying Number 23-1550955		
DESCRIPTION OF PROPERTY RENTAL INCOME									
		Yes			No	Did you actively participate in the operation of the activity during the tax year?			
TYPE OF PROPERTY:									
REAL RENTAL INCOME								548,472.	
OTHER INCOME:									
RENTAL INCOME						548,472.			
TOTAL GROSS INCOME									
OTHER EXPENSES:									
DEPRECIATION (SHOWN BELOW)								548,472.	
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCOME (LOSS)									
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)						548,472.			
Deductible Rental Loss (if Applicable)									
SCHEDULE FOR DEPRECIATION CLAIMED									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

548,472.
<u>548,472.</u>

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL INCOME	548,472.			548,472.
TOTALS	<u>548,472.</u>			<u>548,472.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2020

Name of estate or trust

DEBORAH HEART AND LUNG CENTER

Employer identification number

23-1550955

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2019 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back				7

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	504,897.			504,897.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2019 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back				16 504,897.

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

Schedule D (Form 1041) 2020

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

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		504,897.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		504,897.

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

Part IV Capital Loss Limitation

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

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

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

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,650	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,150	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15) ▶	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20) ▶	41		
42	Figure the tax on the amount on line 27. Use the 2020 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2020 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2). ▶	45		

Schedule D (Form 1041) 2020

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

DEBORAH HEART AND LUNG CENTER

Social security number or taxpayer identification number

23-1550955

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

Part II

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS SECURITIES	VARIOUS	VARIOUS	504,897.				504,897.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				504,897.				504,897.

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

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ►		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20.	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a.	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **4797** (2020)

DEBORAH HEART AND LUNG CENTER
Supplement to Form 4797 Part II Detail

23-1550955

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
VARIOUS ASSETS	VARIOUS	VARIOUS	236,793.			236,793.
Totals						236,793.

DEBORAH HEART AND LUNG CENTER
Consolidated Financial Statements
December 31, 2020 and 2019
With Independent Auditor's Report

Deborah Heart and Lung Center
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December 31, 2020 and 2019

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Deborah Heart and Lung Center:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Deborah Heart and Lung Center, which comprise the consolidated balance sheets as of December 31, 2020 and 2019, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Deborah Heart and Lung Center as of December 31, 2020 and 2019, and the results of their operations, their changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating balance sheets as of December 31, 2020 and 2019 and consolidating statements of operations and changes in net assets for the years ended December 31, 2020 and 2019 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Withum Smith+Brown, PC

May 28, 2021

Deborah Heart and Lung Center
Consolidated Balance Sheets
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 44,092,030	\$ 15,395,046
Assets limited as to use	1,016,077	1,031,287
Investments	9,740,659	7,765,809
Patient accounts receivable, net	21,267,495	25,147,664
Other contract assets	1,809,582	859,855
Due from Deborah Hospital Foundation	4,283,448	3,911,410
Supplies	5,672,596	5,254,302
Prepaid expenses and other current assets	<u>4,155,377</u>	<u>3,161,691</u>
Total current assets	<u>92,037,264</u>	<u>62,527,064</u>
Assets limited as to use		
By Board for designated purposes	15,134,854	12,249,754
Donor restricted	1,369,714	-
Insurance claims - held by Deborah Medical Associates	<u>4,744,893</u>	<u>4,093,083</u>
	<u>21,249,461</u>	<u>16,342,837</u>
Property, plant and equipment, net	33,971,176	36,820,245
Other assets	805,497	632,250
Beneficial interest in perpetual trust	1,867,592	1,771,366
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	<u>12,878,450</u>	<u>13,715,242</u>
Total assets	<u>\$ 162,809,440</u>	<u>\$ 131,809,004</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 18,594,102	\$ 26,596,932
Accrued compensation and employee benefits	12,034,758	12,933,684
Current portion of CARES Act Medicare advancements	10,218,128	-
Estimated settlements due to third-party payors, net	1,778,052	1,651,133
Accrued interest payable	187,477	253,137
Current maturities of long-term debt	5,253,805	5,565,471
Line of credit	<u>1,000,000</u>	<u>1,000,000</u>
Total current liabilities	<u>49,066,322</u>	<u>48,000,357</u>
Accrued employment taxes - long-term	1,336,467	-
Accrued retirement benefits	8,115,926	7,669,604
Estimated malpractice claims liability	3,581,414	2,819,863
CARES Act Medicare advancements, net of current portion	24,287,665	-
Long-term debt, less current maturities, net	<u>7,207,612</u>	<u>12,480,458</u>
Total liabilities	<u>93,595,406</u>	<u>70,970,282</u>
Net assets		
Without donor restrictions		
Controlled by the Center	50,607,515	44,884,542
Attributable to non-controlling interests	<u>491,515</u>	<u>-</u>
Total without donor restrictions	<u>51,099,030</u>	<u>44,884,542</u>
With donor restrictions	<u>18,115,004</u>	<u>15,954,180</u>
Total net assets	<u>69,214,034</u>	<u>60,838,722</u>
Total liabilities and net assets	<u>\$ 162,809,440</u>	<u>\$ 131,809,004</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions		
Revenue		
Net patient service revenue	\$ 182,845,028	\$ 201,028,350
Other revenue, gains and losses	10,636,552	9,856,844
Grant income	12,115,950	-
Net assets released from restriction	<u>403,647</u>	<u>1,118,000</u>
Total revenue	<u>206,001,177</u>	<u>212,003,194</u>
Expenses		
Salary and wages	89,621,487	89,431,744
Employee benefits	17,897,867	19,090,054
Supplies and other expenses	90,027,696	94,120,622
Interest	629,990	800,118
Depreciation and amortization	<u>7,049,930</u>	<u>7,138,172</u>
Total expenses	<u>205,226,970</u>	<u>210,580,710</u>
Income from operations	774,207	1,422,484
Nonoperating revenue		
Contributions from Deborah Hospital Foundation	<u>4,000,000</u>	<u>4,000,000</u>
Excess of revenue over expenses	4,774,207	5,422,484
Other changes in net assets without donor restrictions		
Net assets released from restriction for property, plant and equipment	<u>510,447</u>	480,296
Other components of net periodic pension costs	<u>(2,427,093)</u>	<u>(2,796,028)</u>
Pension-related changes other than net periodic pension costs	<u>2,839,427</u>	<u>983,285</u>
Changes in net assets without donor restrictions	<u>5,696,988</u>	<u>4,090,037</u>
Net assets with donor restrictions		
Contributions	3,815,484	1,472,317
Net assets released from restriction	<u>(914,094)</u>	<u>(1,598,296)</u>
Change in beneficial interest in net assets with donor restrictions of		
Deborah Hospital Foundation	<u>(836,792)</u>	7,186,236
Changes in fair value of beneficial interest in perpetual trust	<u>96,226</u>	<u>206,803</u>
Changes in net assets with donor restrictions	<u>2,160,824</u>	<u>7,267,060</u>
Changes in net assets before members' contributions	7,857,812	11,357,097
Members' contributions	<u>517,500</u>	<u>-</u>
Changes in net assets	8,375,312	11,357,097
Net assets		
Beginning of year	<u>60,838,722</u>	<u>49,481,625</u>
End of year	<u>\$ 69,214,034</u>	<u>\$ 60,838,722</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Cash Flows
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Operating activities		
Changes in net assets before members' contributions	\$ 7,857,812	\$ 11,357,097
Adjustments to reconcile changes in net assets before members' contributions to net cash provided by operating activities		
Depreciation and amortization of property, plant and equipment	7,049,930	7,138,172
Interest expense attributable to amortization of deferred financing costs	60,242	60,242
Realized (gain) loss on disposal of property, plant and equipment	(236,793)	45,400
Net realized and unrealized gains on assets whose use is limited	(1,875,781)	(1,823,017)
Net realized and unrealized gains on investments	(961,248)	(961,248)
Amortization of deferred lease incentive	-	(60,715)
Other components of net periodic pension costs	2,427,093	2,796,028
Pension-related changes other than net periodic pension costs	(2,839,427)	(983,285)
Contributions for property, plant and equipment	(510,447)	(480,296)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	836,792	(7,186,236)
Change in fair value of beneficial interest in perpetual trust	(96,226)	(206,803)
Changes in operating assets and liabilities		
Patient accounts receivable	3,880,169	(1,465,596)
Other contract assets	(949,727)	(11,180)
Due from Deborah Hospital Foundation	(372,038)	(1,361,384)
Supplies	(418,294)	(355,296)
Prepaid expenses and other current assets	(993,686)	(397,801)
Accounts payable and accrued expenses	(8,002,830)	4,831,865
Accrued compensation and employee benefits	(898,926)	881,723
Accrued retirement benefits	858,656	206,733
Accrued interest payable	(65,660)	(63,598)
CARES Act Medicare advancements	34,505,793	-
Accrued employment taxes - long term	1,336,467	-
Estimated malpractice claims liability	761,551	(135,524)
Estimated settlements due to third-party payors	126,919	331,923
Net cash provided by operating activities	<u>41,480,341</u>	<u>12,157,204</u>
Investing activities		
Additions to property, plant, and equipment, net	(4,421,916)	(5,708,935)
Proceeds from sale of property, plant and equipment	457,848	-
Purchases of unrestricted investments, net	(957,223)	(1,084,757)
Change in assets limited as to use	(1,726,089)	(2,867,629)
Net cash used in investing activities	<u>(6,647,380)</u>	<u>(9,661,321)</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Cash Flows
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Financing activities		
Proceeds from contributions for property, plant and equipment acquisitions	\$ 510,447	\$ 480,296
Members contributions	517,500	-
Deferred financing costs	(173,247)	-
Payments on long-term debt	<u>(5,644,754)</u>	<u>(5,449,913)</u>
Net cash used in financing activities	<u>(4,790,054)</u>	<u>(4,969,617)</u>
 Net change in cash, cash equivalents and restricted cash	 30,042,907	 (2,473,734)
 Cash, cash equivalents and restricted cash		
Beginning of year	<u>17,023,407</u>	<u>19,497,141</u>
 End of year	 <u>\$ 47,066,314</u>	 <u>\$ 17,023,407</u>
 Supplemental disclosure of cash flow information		
Cash paid for interest	<u>\$ 635,408</u>	<u>\$ 676,278</u>
 Supplemental disclosure of non-cash investing and financing activities		
During the year ended December 31, 2019, the Center purchased equipment in the amount of \$456,120 under a note payable and \$620,000 under a capital lease.		
 Cash, cash equivalents and restricted cash as reported within the consolidated balance sheets		
Cash and cash equivalents	\$ 44,092,030	\$ 15,395,046
Assets limited as to use - current	1,016,077	1,031,287
Investments	158,974	102,595
Assets limited as to use - by Board for designated purposes	322,690	334,260
Assets limited as to use - donor restricted	1,369,714	-
Assets limited as to use - insurance - held by Deborah Medical Associates	<u>106,829</u>	<u>160,219</u>
Total cash, cash equivalents and restricted cash as shown in the consolidated statements of cash flows	<u>\$ 47,066,314</u>	<u>\$ 17,023,407</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Notes to Consolidated Financial Statements
December 31, 2020 and 2019

1. ORGANIZATION

Deborah Heart and Lung Center ("DHLC") is a tax-exempt teaching and tertiary care specialty hospital located in Browns Mills, New Jersey that primarily provides comprehensive inpatient and outpatient cardiac, vascular, and pulmonary services.

Deborah Heart and Lung Center, its wholly owned, for-profit subsidiaries, Advanced Medical Management Services, Inc. ("Advanced"), Deborah Medical Investments, LLC ("DMI"), and its captive insurance company Deborah Medical Associates Insurance Company, LLC ("DMAIC"), along with Deborah Cardiovascular Group, P.C. ("DCG"), a not-for-profit entity, and the Surgery Center at Deborah, LLC ("SCD") are collectively referred to as the Center. The purpose of Advanced is to provide management and billing services to customers in various locations in New Jersey. Services are obtained either from the marketplace or from the Center and are billed at fair market value to the receiving organization with a markup factor to cover overhead cost. DMI was formed for the purpose of holding investments in for-profit entities that provide healthcare services. DMAIC was formed to provide medical professional liability insurance and commercial general liability insurance to Deborah Heart and Lung Center, its employees and to provide medical malpractice coverage to physicians and allied professionals who are on the medical staff of the Center and who meet certain underwriting criteria.

Deborah Cardiovascular Group, P.C. is a not-for-profit physician's corporation whose sole shareholder is Michael Neary, M.D. The Center holds certain reserved powers over DCG. The Center has contractually agreed to support DCG's operating loss. DCG has agreed to work with, and on behalf of, the Center to meet community needs and fulfill the Center's Community Health Improvement Plan.

Deborah Hospital Foundation (the "Foundation") is a not-for-profit, tax-exempt corporation established to raise funds to support its charitable program services and operations, including various programs of the Center. Additionally, certain members of the Center's senior management hold the same position at the Foundation, and certain members of the Foundation's Board of Directors are also members of the Center's Board of Trustees.

In September 2020, the Surgery Center at Deborah, LLC was formed as a for-profit, New Jersey Limited Liability Company for the purpose of the development, establishment and operation of a licensed ambulatory surgical center. The services will generally be covered by third-party insurers or payor agreements. The SCD majority shareholder is DHLC. Construction is anticipated in 2021 and operations are expected to begin in 2022. DHLC intends to own 51% of SCD. As of December 31, 2020, SCD is owned 60% by DHLC and 40% by minority interests.

The Center's unique charity mission and policy of not balance billing patients has periodically produced a deficiency of revenue and gains over expenses. These deficiencies have been historically supported by annual contributions from the Foundation and direct public support. The Center is dependent upon continuing financial support of the Foundation to meet its cash flow needs. These cash flow needs are budgeted and managed to fall within the amount reflected in the budget. The Foundation has pledged to provide its resources to the Center, as necessary, to allow the Center to fund its operations (see Note 10).

The Center's Board of Trustees currently consists of eleven (11) voting members. They are the Chair of the Board of the Center, the President of the Center, the Chair of the Board of the Foundation and eight (8) additional "At Large" trustees elected by the Center's Board.

Deborah Heart and Lung Center
Notes to Consolidated Financial Statements
December 31, 2020 and 2019

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The accounts of DHLC, DCG, Advanced, DMI, DMAIC and SCD have been consolidated in the Center's financial statements, and all significant intercompany balances and transactions between the entities have been eliminated in the consolidated financial statements.

Basis of Accounting

The Center prepares its consolidated financial statements in accordance with accounting principles generally accepted in the United States of America which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation

The Center reports information regarding its financial position and activities according to two classes of net assets which are defined as follows:

Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor-imposed (or certain grantor-imposed) restrictions. The governing Board has designated from net assets without donor restrictions net assets for future operations.

Net assets with donor restrictions: Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when a stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. There were no net assets with donor restrictions that are perpetual in nature at December 31, 2020 and 2019.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The most significant management estimates and assumptions related to the determination of contractual allowances for patient accounts receivable; estimated settlements with third-party payors; useful lives of property, plant and equipment; actuarial estimates for the postretirement benefit plan; self-insured reserves, including professional malpractice and general liabilities; and the reported fair values of certain assets and liabilities.

Cash and Cash Equivalents

Cash and cash equivalents include various checking accounts, certificates of deposit, and repurchase agreements with initial maturity dates of three months or less. The Center maintains cash balances with financial institutions that at times may exceed Federal Depository Insurance Corporation limits. Management does not believe the credit risk related to these deposits to be significant.

Supplies

The Center measures its supplies at the lower of cost and net realizable value. Cost is determined on the first-in, first-out method. Net realizable value is defined as the estimated selling prices of the inventory in the ordinary course of business, less reasonably predictable costs of completion, disposal and transportation.

Deborah Heart and Lung Center
Notes to Consolidated Financial Statements
December 31, 2020 and 2019

Assets Limited as to Use, Investments and Investment Income

Assets limited as to use by board designation arise from results of operations or contributions not restricted by donors that were designated by the Board of Trustees for specific purposes.

Assets limited as to use for insurance are held by DMAIC for the potential payment of malpractice and comprehensive general liability costs.

Assets limited as to use under bond indenture agreements are held by a trustee for payment of principal and interest due on the bonds (Debt Service Funds).

Assets limited as to use for donor restricted purposes are held for capital improvements pursuant to the Deborah Capital Campaign.

Investments in debt and equity securities are measured at fair value based on quoted market prices, if available, or estimated market prices for similar securities. The Center's investments are both undesignated and designated as assets limited as to use and are considered other-than-trading securities. Amounts required to meet current liabilities of the Center have been classified as current assets in the consolidated balance sheets.

Investment income and realized gains and losses are included in other revenue; unrealized gains and losses are recorded as other changes in net assets without donor restrictions. Realized gains and losses for all investments are determined by the average cost method.

The Center's investments are managed by investment managers. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

Impairment of Investments

Investments are reviewed for impairment whenever events or changes in circumstances indicate that the fair value of investments below cost will be considered other than temporary. There were no such losses reported for the years ended December 31, 2020 and 2019.

Property, Plant and Equipment

Property, plant and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed on the straight-line method. Equipment under capital leases is recorded at its present value at the inception of the lease and are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements.

Those assets acquired by gift are carried at amounts established as fair value at the time of acquisition. Gifts of long-lived assets such as land, buildings, or equipment are reported as other changes in net assets without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

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The Center continually evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets is appropriate, or whether the remaining balance may not be recoverable. When factors indicate that long-lived assets should be evaluated for possible impairment, the Center uses an estimate of the related undiscounted operating income over the remaining life of the long-lived asset in measuring whether the long-lived asset is recoverable. The impairment loss on these assets is measured as the excess of the carrying amount of the asset over its fair value. Fair value is based upon market prices where available, or discounted cash flows. Management believes that no revision to the remaining useful lives or write-down of long-lived assets is required at December 31, 2020.

Other Assets

Included in other assets is a minority investment in a partnership of \$351,450 at December 31, 2020 and 2019, and a minority investment in a limited liability company of \$280,800 at December 31, 2020 and 2019. The partnership and limited liability company investments are reported at estimated fair value using the practical expedient, which is calculated at cost less impairment, if any, plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issuer. At December 31, 2020 and 2019, there were no impairments or observable price changes.

Also included in other assets at December 31, 2020 is deferred financing costs of \$173,247. See Note 12 for long-term debt instruments.

Beneficial Interest in a Perpetual Trust

The Center is an income beneficiary of a perpetual trust and has recorded its portion of the fair value of the trust. The original corpus of the trust cannot be violated; however, a contingent beneficiary exists in the event that the Center ceases to exist. Therefore, the trust is reported as net assets with donor restrictions, with a time restriction.

Beneficial Interest in Net Assets with Donor Restrictions Held by the Foundation

The Center has recorded its portion of the fair value of net assets with donor restrictions held by the Foundation. The net assets consist of a trust that is perpetual in nature, and the original corpus that cannot be violated. The income earned from the trust is to be used for the Children of the World Program. A contingent beneficiary exists in the event that the Foundation or the Children of the World Program ceases to exist. Therefore, the trust is reported as net assets with donor restrictions, with a time restriction.

Advertising Costs

Advertising costs, which are included in supplies and other expenses in the consolidated statements of operations and changes in net assets, are expensed as incurred. Advertising costs for the years ended December 31, 2020 and 2019 were \$1,403,302 and \$1,647,735, respectively.

Estimated Malpractice Claims Liability

The provision for estimated medical malpractice claims includes undiscounted estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Net Patient Accounts Receivable and Net Patient Service Revenue

The Center has agreements with third-party payors, including commercial insurance carriers and health maintenance organizations, which provide for payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem and case rate payments. Substantially, all patient service revenue recognized by the Center is derived from third-party payors.

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Patient accounts receivable are recorded at established rates net of price concessions, including contractual adjustments and discounts and do not bear interest. Management assesses the reasonableness of the accounts receivable based on historical and expected collections, business economic conditions, trends in healthcare coverage and other collection indicators. Accounts are written off when collection efforts have been exhausted and are included in supplies and other expenses on the consolidated statements of operations and changes in net assets.

Net patient service revenue is reported at the amount that reflects the consideration to which the Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration (reductions to revenue due to settlement of audits, reviews and investigations) in determining a transaction price. The patients are billed after the services are performed or shortly after discharge. Revenue from inpatient and outpatient services are recognized as performance obligations are satisfied.

The Center's initial estimate of the transaction price for services provided to patients subject to revenue recognition is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions, and other reductions to the Center's standard charges.

The Center determines the transaction price associated with services provided to patients who have third-party payor coverage on the basis of contractual or formula-driven rates for the services rendered. The estimates for contractual allowances and discounts are based on contractual agreements, the Center's discount policies and historical experience. Except for services not performed at 200 Trenton Road, uninsured or under-insured patients are not billed for services received. For services not performed at 200 Trenton Road, for uninsured or under-insured patients, the Center determines the transaction price associated with services rendered on the basis of charges reduced by implicit price concessions. Implicit price concessions are included in the estimate of the transaction price.

Generally, the Center bills third-party payors, and certain patients, several days after the services are performed and/or the patient is discharged. Net patient service revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Center. Net patient service revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total charges. The Center believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligations based on the services needed to satisfy the obligation. All of the Center's performance obligations are satisfied over time. The Center measures the performance obligation from admission into the Center or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or the completion of the outpatient visit.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

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Settlements with third-party payors for cost report filings and retroactive adjustments due to ongoing and future audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Center's historical settlement activity (for example, cost report final settlements or repayments related to recovery audits), including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item.

Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

COVID-19 Pandemic

In 2020, the World Health Organization declared the novel strain of coronavirus ("COVID-19") a Public Health Emergency of International Concern. The COVID-19 pandemic caused a disruption to the nation's healthcare system. The U.S. Government enacted the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") that has a number of benefits that are applicable to the Center and other healthcare providers. CARES Act funding includes the Provider Relief Fund ("PRF"), which appropriated funding to eligible healthcare providers for related expenses or lost revenues that are attributable to the COVID-19 pandemic.

Grant Income

During the year ended December 31, 2020, the Center received cash payments of \$12,115,950 from the PRF. Payments from the PRF are not loans and, therefore, they are not subject to repayment. However, as a condition to receiving distributions, providers must agree to certain terms and conditions, including, among other things, that the funds are being used for lost revenues and unreimbursed COVID-related costs as defined by the U.S. Department of Health and Human Services ("HHS"). All recipients of PRF payments are required to comply with reporting requirements described in the terms and conditions determined by HHS. Because PRF payments are conditional upon having incurred health care-related expenses or lost revenues that are attributable to COVID-19, and because noncompliance with the terms and conditions is grounds for recoupment by the HHS of some or all of the payments, PRF payments are recorded as conditional contributions. Contribution revenue is recognized to the extent that health care-related expenses or lost revenues have been incurred and not reimbursed from other sources. During the year ended December 31, 2020, the Center recognized grant income in its consolidated statement of operations and changes in net assets for the full amount of the cash payments received.

Medicare Accelerated Payment Program

As a result of COVID-19, the Center was eligible for an accelerated and advance payment pursuant to the Medicare Accelerated Payment Program. Recipients may retain the accelerated payments for one year from the date of receipt before recoupment commences, which will be effectuated by a 25% offset of claims payments for 11 months, followed by a 50% offset for the succeeding six months. At the end of the 29-month period, interest on the unpaid balance will be assessed at 4% per annum. In the year ended December 31, 2020, the Center received advance payments from the Medicare Accelerated Payment Program. Advances totaling \$10,218,128 are included in current liabilities and \$24,287,665 are included in long-term liabilities in the accompanying consolidated balance sheet at December 31, 2020. On April 21, 2021, recoupment commenced on the Center's eligible remittances.

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Deferral of Employment Tax Payments

The CARES Act permitted employers to defer payments of the 6.2% employer Social Security tax beginning March 27, 2020 through December 31, 2020. Deferred tax amounts are required to be paid in equal amounts over two years, with payments due in December 2021 and December 2022. During the year ended December 31, 2020, the Center deferred Social Security tax payments totaling \$2,672,934 pursuant to this provision.

Electronic Health Records Incentives

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments for eligible hospitals and professionals that implement and achieve meaningful use of certified electronic health record ("EHR") technology. For Medicare and Medicaid EHR incentive payments, the Center utilizes the grant accounting model to recognize revenue. Under this model, EHR incentive payments are recognized as revenue when attestation that the EHR meaningful use criteria for the required period of time is demonstrated. There was no EHR revenue recognized for the year ended December 31, 2020. The Center recognized approximately \$18,000 of EHR revenue for the year ended December 31, 2019. This amount is included in other revenue in the consolidated statements of operations and changes in net assets.

The Center's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment.

Gifts with Donor Restrictions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as a component of total revenue for operating purposes and as other changes in net assets without donor restrictions for acquisitions of property, plant and equipment.

Excess of Revenue and Gains over Expenses

The consolidated statements of operations and changes in net assets include the excess of revenue over expenses, which represents all revenue, expenses, and gains and losses without donor restrictions for the reporting period. Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenue and expenses. Other transactions are reported as nonoperating gains and losses. Other changes in net assets without donor restrictions that are excluded from the excess of revenue and gains over expenses include contributions for capital renovations and equipment acquisitions, other components of net periodic pension costs, and other pension-related changes.

Risks and Uncertainties

Management is currently evaluating the impact of the COVID-19 pandemic on the healthcare industry and has concluded that while it is reasonably possible that the virus could have a negative effect on the Center's financial position, and results of its operations, the specific impact is not readily determinable as of the date of these consolidated financial statements. The consolidated financial statements do not include any adjustments that might result from the outcome of this uncertainty.

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Income Taxes

Deborah Heart and Lung Center and DCG are not-for-profit corporations and are exempt from federal and state income taxes under existing provisions of the Internal Revenue Code and the laws of the State of New Jersey.

Advanced is a for-profit entity filing the required federal and state income tax returns. For the years ended December 31, 2020 and 2019, no income tax expense was recorded due to prior years' operating losses that have been carried forward. A deferred income tax asset for the net operating losses has not been recorded as the amounts are immaterial. There are no other deferred income tax assets or liabilities at December 31, 2020 and 2019.

DMI, DMAIC and SCD are for-profit entities filing the required federal and state partnership returns and do not pay income taxes on their income. Instead, the income is reported by its Members, Deborah Heart and Lung Center or others, on their returns and is not subject to income taxes.

The Center follows the accounting guidance for uncertainties in income tax positions which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Center does not believe its consolidated financial statements include any material uncertain tax positions. In addition, there have been no tax related interest or penalties for the periods presented in these consolidated financial statements. Should any such penalties be incurred, the Center's policy would be to recognize them as operating expenses.

Adoption of Accounting Principle

Fair Value Measurements

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update (ASU) 2018-13, Fair Value Measurement (Topic 820) *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). ASU 2018-13 eliminates and modifies certain existing reporting requirements related to fair value measurements. The Center adopted ASU 2018-13 in the year ended December 31, 2020, and the adoption did not have a material impact on the Center's consolidated financial statements

New Accounting Pronouncements Not Yet Adopted

Lease Transactions

In February 2016, the FASB issued Accounting Standards Update ("ASU") 2016-02, *Leases* (Topic 842) and has subsequently issued supplemental and/or clarifying ASUs (collectively "ASC 842"), in order to increase transparency and comparability by recognizing lease assets and liabilities on the balance sheet and disclosing key information about leasing arrangements. ASC 842 affects any entity that enters into a lease, as defined in the guidance. A core principle of the guidance is that a lessee should recognize in its financial statements a liability for lease payments and a right-of-use asset representing its right to use the underlying asset for the lease term. For leases with a term of 12 months or less, a lessee is permitted to make an accounting policy election not to recognize lease assets and lease liabilities. If the lessee makes this election, it should recognize lease expense for such leases generally on the straight-line basis over the lease term. In transition, lessees and lessors are required to recognize and measure leases at the beginning of the earliest period presented. ASC 842 will be effective for fiscal years beginning after December 15, 2021 for the Center. Early application is permitted. The Center has not adopted the new standard in these consolidated financial statements and is presently evaluating the effect adoption will have on prospective consolidated financial statements.

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Contributed Nonfinancial Assets

In September 2020, the FASB issued ASU 2020-07, Not-for-Profit Entities (Topic 958): *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The FASB requires not-for-profits to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. The ASU is effective for fiscal years beginning after June 15, 2021. The requirements for this standard also include an increase in required disclosures. Management is currently evaluation the impact of this ASU on the consolidated financial statements.

3. LIQUIDITY AND AVAILABILITY

As of December 31, 2020 and 2019, financial assets available within one year for general expenditures were as follows:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 44,092,030	\$ 15,395,046
Investments	9,740,659	7,765,809
Patient accounts receivable, net	21,267,495	25,147,664
Other contract assets	1,809,582	859,855
Due from Deborah Hospital Foundation	4,283,448	3,911,410
	<u>\$ 81,193,214</u>	<u>\$ 53,079,784</u>

None of the financial assets listed in the table above are subject to donor or other contractual restrictions that make them unavailable for general expenditures within one year of the consolidated balance sheet date. The patient accounts receivable and due from Deborah Hospital Foundation are expected to be collected within one year.

The Center regularly monitors liquidity to meet its operating needs and other contractual commitments, while also striving to maximize investment of its available funds. The Center has various sources of liquidity at its disposal, including cash and cash equivalents as well as investments and lines of credit and Board designated assets. See Note 9 for information about the lines of credit. See Notes 6 and 16 for information on the Board designated assets.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Center considers all expenditures related to its ongoing activities of providing comprehensive inpatient and outpatient cardiovascular and pulmonary services as well as the expenses necessary to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Center operates with an excess of revenue and gains over expenses and anticipates collecting sufficient revenue to cover general expenditures not covered by resources with donor restrictions.

4. UNCOMPENSATED CARE AND STATE SUBSIDIES

The Center provides price concessions for uncompensated care resulting from its charity care policy for services. The price concession is determined by analyzing patient and historical data and trends. These price concessions are recorded as a reduction to patient service revenue.

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The Center provides charity care to patients who meet certain financial criteria established by the State of New Jersey. The direct and indirect cost of services and supplies furnished to patients eligible for such charity care, using a ratio of cost to gross charges, approximated \$6,932,000 and \$7,629,000 for the years ended December 31, 2020 and 2019, respectively.

The Center maintains records to identify and monitor the level of charity care it provides. In 2020 and 2019, the amount of charges forgone for services provided to patients under its charity care policy, net of the Health Care Subsidy Fund ("HCSF"), was \$33,666,726 and \$38,301,862, respectively.

The Health Care Reform Act of 1992 (Chapter 160) established the HCSF to provide a mechanism and funding source to compensate certain hospitals for charity care. For the years ended December 31, 2020 and 2019, the Center received \$436,241 and \$411,703, respectively, for charity care (included in net patient service revenue). This amount is subject to change from year to year based on available state amounts and allocation methodologies. A proportionate amount is in place through June 30, 2021; however, there can be no assurance of a similar level in the future.

The Center's patient acceptance policy is based on its mission statement and its charitable purposes. Accordingly, the Center accepts all patients regardless of their ability to pay. This policy results in the assumption of higher-than-normal patient accounts receivable credit risks. To the extent the Center realizes additional losses resulting from such higher credit risks for patients that are not identified or do not meet the previously described charity criteria, such additional losses are included as a reduction of net patient service revenue.

Additionally, the Center sponsors certain other charitable programs, which provide substantial benefit to the broader community. Such programs include services to needy and elderly populations that require special support, as well as health promotion and education for the general community welfare.

Gross charges forgone for free care in excess of third-party reimbursements (e.g., co-pays and deductibles) were \$11,034,868 and \$17,263,808 in 2020 and 2019, respectively.

5. NET PATIENT SERVICE REVENUE

Inpatient acute care services for Medicare and Medicaid program beneficiaries and outpatient services for Medicare beneficiaries are paid at prospectively determined rates per discharge or outpatient service. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Professional services for patient care are primarily paid based on a fee-for-services basis. Outpatient services for Medicaid beneficiaries and certain pass-through items related to Medicare beneficiaries are paid based on a cost reimbursement methodology or tentative rate, subject to certain limitations. The Center is reimbursed for these cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Center and audits thereof by the program's fiscal intermediaries. Fiscal intermediaries have not audited the cost reports for the years ended December 31, 2020 and 2019. In the opinion of management, adequate provision has been made for estimated settlements and potential adjustments resulting from audit and final settlements with third-party payors. Differences between the estimated and final settlements are recorded in the year of settlement. Included in the net patient service revenue for the years ended December 31, 2020 and 2019 is \$1,567,660 and \$183,618, respectively of net unfavorable adjustments, for third-party payor settlements relating to previous years' estimates or changes in estimates.

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Net revenue from the Medicare and Medicaid programs for the years ended December 31, 2020 and 2019 constitutes 58% and 56%, respectively, of the Center's net patient service revenue. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending investigations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory actions including fines, penalties, and exclusion from the Medicare and Medicaid programs.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the federal government, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Center.

The Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. These agreements have retrospective audit clauses, allowing the payor to review and adjust claims subsequent to initial payment. Changes in estimates resulting from such adjustments are recorded when known or can be estimated.

The components of net patient service revenue for the years ended December 31, are as follows:

	<u>2020</u>	<u>2019</u>
Gross charges	\$ 1,006,955,522	\$ 1,068,633,323
Contractual adjustments and implicit price concessions	(822,979,075)	(867,833,058)
Change in estimate of prior year's net patient service revenue	(1,567,660)	(183,618)
Charity care subsidy	<u>436,241</u>	<u>411,703</u>
	<u>\$ 182,845,028</u>	<u>\$ 201,028,350</u>

Contract assets are related to in-house patients who were provided services during the reporting period but were not discharged as of the reporting date and for which the Center does not have the right to bill.

Patient receivables and other contract asset balances from contracts with customers at December 31, 2020, 2019 and 2018 were as follows:

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Patient receivables, net	\$ 21,267,495	\$ 25,147,664	\$ 23,682,068
Other contract assets	1,809,582	859,855	848,675

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6. INVESTMENTS AND ASSETS RESTRICTED AS TO USE

Investments and assets limited as to use consist of the following:

	<u>2020</u>	<u>2019</u>
Unrestricted investments		
Cash and cash equivalents	\$ 158,974	\$ 102,595
Corporate bonds	514,058	844,309
Government securities	281,089	214,847
Equity securities (including mutual funds and exchange traded funds)	<u>8,786,538</u>	<u>6,604,058</u>
	<u>\$ 9,740,659</u>	<u>\$ 7,765,809</u>
By Board for designated purposes		
Cash and cash equivalents	\$ 322,690	\$ 334,260
Corporate bonds	707,427	635,346
Government securities	1,234,084	1,290,744
Certificates of deposit	548,981	540,938
Equity securities (including mutual funds)	<u>12,321,672</u>	<u>9,448,466</u>
	<u>\$ 15,134,854</u>	<u>\$ 12,249,754</u>
Donor restricted		
Cash and cash equivalents	<u>\$ 1,369,714</u>	<u>\$ -</u>
Insurance fund - held by Deborah Medical Associates		
Cash and cash equivalents	\$ 106,829	\$ 160,219
Corporate bonds	399,573	111,376
Government securities	635,580	900,373
Equity securities	<u>3,602,911</u>	<u>2,921,115</u>
	<u>\$ 4,744,893</u>	<u>\$ 4,093,083</u>
Under bond indenture agreement - held by trustee		
Cash and cash equivalents	\$ 1,016,077	\$ 1,031,287
Less: Amounts required for current liabilities	<u>(1,016,077)</u>	<u>(1,031,287)</u>
	<u>\$ -</u>	<u>\$ -</u>
Assets limited as to use under bond indenture agreement are maintained for the following purposes		
Debt service principal fund	\$ 955,982	\$ 944,406
Debt service interest fund	<u>60,095</u>	<u>86,881</u>
	<u>\$ 1,016,077</u>	<u>\$ 1,031,287</u>

Net investment return for the years ended December 31, 2020 and 2019 amounted to \$3,222,888 and \$3,098,246, respectively, and is included in other revenue, gains and losses on the accompanying consolidated statements of operations and changes in net assets.

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7. FAIR VALUE MEASUREMENTS

The Center measures fair value as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. In determining fair value, the Center uses the market approach, which utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

The Center uses the fair value hierarchy to determine the fair value based on the following:

Level 1 - Holdings use quoted (unadjusted) prices for identical assets or liabilities in active markets.

Level 2 - Holdings use the following methods: quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information, non-current prices, high variability over time), inputs other than quoted prices that are observable for the assets/liabilities (e.g., interest rates, yield curves volatility, default rates, etc.), and inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Holdings use quoted market prices of the Center's beneficial interest in the underlying investments of the perpetual trust.

There have been no changes in valuation techniques for these assets for the years ended December 31, 2020 and 2019.

The following tables present the fair value hierarchy for the Center's financial assets measured at fair value on a recurring basis as of December 31:

<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 47,066,314	\$ -	\$ -	\$ 47,066,314
Corporate bonds	-	1,621,058	-	1,621,058
Equity securities (including mutual funds and exchange traded funds)	24,711,121	-	-	24,711,121
Governmental securities	2,150,753	-	-	2,150,753
Certificates of deposit	-	548,981	-	548,981
Beneficial interest in perpetual trust	-	-	1,867,592	1,867,592
	<u>\$ 73,928,188</u>	<u>\$ 2,170,039</u>	<u>\$ 1,867,592</u>	<u>\$ 77,965,819</u>
<u>2019</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 17,023,407	\$ -	\$ -	\$ 17,023,407
Corporate bonds	-	1,591,031	-	1,591,031
Equity securities (including mutual funds and exchange traded funds)	18,973,639	-	-	18,973,639
Governmental securities	2,405,964	-	-	2,405,964
Certificates of deposit	-	540,938	-	540,938
Beneficial interest in perpetual trust	-	-	1,771,366	1,771,366
	<u>\$ 38,403,010</u>	<u>\$ 2,131,969</u>	<u>\$ 1,771,366</u>	<u>\$ 42,306,345</u>

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During the years ended December 31, 2020 and 2019, there were no transfers into or out of Level 3 and there were no purchases of Level 3 assets.

8. PROPERTY, PLANT AND EQUIPMENT

Depreciation, including amortization on capital leases, on property, plant and equipment was \$7,049,930 and \$7,138,172 for the years ended December 31, 2020 and 2019, respectively.

Property, plant and equipment consists of the following:

	<u>Estimated Life (Years)</u>	<u>2020</u>	<u>2019</u>
Land		\$ 100,365	\$ 100,365
Buildings and improvements	5-40	48,550,626	48,243,741
Equipment	5-20	57,200,314	55,344,727
		105,851,305	103,688,833
Less: Accumulated depreciation and amortization		(74,172,240)	(67,545,465)
		31,679,065	36,143,368
Construction in progress		2,292,111	676,877
		<u>\$ 33,971,176</u>	<u>\$ 36,820,245</u>

The following, classified as equipment, is held under capital leases:

Equipment	\$ 7,369,921	\$ 7,369,921
Less: Accumulated amortization	(4,937,349)	(4,027,435)
	<u>\$ 2,432,572</u>	<u>\$ 3,342,486</u>

9. LONG-TERM DEBT

Long-term debt consists of the following:

	<u>2020</u>	<u>2019</u>
Capital lease obligations, secured by related equipment with interest rates ranging from 4.05% to 8.29%	\$ 1,327,313	\$ 2,245,218
Notes payable	234,168	997,756
Series 2014 Refunding Bonds	4,277,000	6,144,000
Taxable term loan - 2016	6,772,671	8,868,932
	12,611,152	18,255,906
Less: Unamortized debt issuance costs - 2014 issue	(92,592)	(131,405)
Unamortized debt issuance costs - 2016 taxable loan	(57,143)	(78,572)
Long-term debt, net of unamortized debt issuance costs	12,461,417	18,045,929
Less: Current maturities	(5,253,805)	(5,565,471)
Long-term debt, less current maturities	<u>\$ 7,207,612</u>	<u>\$ 12,480,458</u>

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Bonds

The Series 2014 bonds were issued on May 13, 2014 in the amount of \$16,148,000 through a financing arrangement with the New Jersey Health Care Facilities Financing Authority (the "Authority"). The principal of the bonds mature and/or sinking fund installments become due on July 1 of each year until 2023. The Series 2014 series bonds were restructured in 2016 to reduce the rate of interest. Annual payments of the restructured bond principal and/or sinking fund requirements range from \$1,820,000 to \$1,963,000. The interest rate on the bonds is 2.81% and is due on January 1 and July 1 of each year. Although the Series 2014 bonds are a liability of the Authority and certain amounts of the proceeds are held by a trustee, for accounting purposes the obligation and trustee funds are treated as those of the Center.

In 2016, the Center also borrowed \$14,350,000, using the proceeds to fund the Center's pension plan with the intent to terminate the plan. The principal of this loan becomes due on July 1 of each year until 2023. Annual payments of the principal requirements range from \$2,096,262 to \$2,340,742. The interest rate on this loan is 3.68% and is due on January 1 and July 1 of each year.

The aggregate cost basis of the debt issuance costs was \$470,969 at December 31, 2020 and 2019. Accumulated amortization was \$321,234 and \$260,992 at December 31, 2020 and 2019. Amortization expense on the deferred financing cost was \$60,242 for the years ended December 31, 2020 and 2019. Amortization expense for the next three years is expected to be \$60,243 per year in 2021 and 2022 and \$29,249 in 2023.

All property, plant and equipment, gross receipts of the Center, and a parcel of land owned by the Foundation as to which the Center has entered into a rent-free ground lease with the Foundation are pledged to secure payment of interest and principal on the Series 2014 bonds. The Center has covenants to maintain a minimum annual debt service coverage ratio, a minimum cushion ratio and maintain a minimum number of days cash on hand. In addition, the Center and the Foundation have entered into a Subsidy Agreement whereby the Foundation has guaranteed the interest and principal payments of the Center for the Series 2014 bonds. The Subsidy Agreement requires that the Center and Foundation maintain a certain combined financial ratio of cash and investments to the previous 3 years' average subsidy paid by the Foundation to the Center. Failure to meet the annual debt service coverage ratio, the cushion ratio, number of days cash on hand or the combined financial ratio could require the Center and Foundation to engage and follow the recommendations of a consultant, post collateral with the trustee, or if unremediated for longer than 2 years could cause the holders of the bonds to demand immediate repayment. The Center and Foundation have complied with this and all other financial covenants related to the Series 2014 bonds at December 31, 2020.

Notes Payable

During 2018, the Center entered into an agreement with a vendor for the purchase of medical equipment with a cost of approximately \$2,000,000. In 2018, when the balance due to this vendor was \$1,450,949, the Center entered into an agreement to pay the vendor 35 monthly, interest-free payments of \$41,456. The outstanding balances on this loan at December 31, 2020 and 2019 are \$234,168 and \$731,636, respectively.

During 2019, the Center entered into a loan agreement with a vendor for the purchase of medical equipment with a cost of approximately \$456,000. The outstanding balance on this loan at December 31, 2019 was \$266,120. There is no outstanding balance at December 31, 2020.

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Future Principal/Sinking Fund Payments

Maturities and principal/sinking fund payments on long-term debt for the next five years and thereafter are as follows:

	Series 2014 Refunding Bonds	2016 Taxable Loan	Notes Payable	Capital Lease Obligations	Total
2021	\$ 1,914,000	\$ 2,175,382	\$ 234,168	\$ 973,069	\$ 5,296,619
2022	1,963,000	2,256,547	-	230,720	4,450,267
2023	400,000	2,340,742	-	131,353	2,872,095
2024	-	-	-	43,784	43,784
2025	-	-	-	-	-
Thereafter	-	-	-	-	-
	<u>4,277,000</u>	<u>6,772,671</u>	<u>234,168</u>	<u>1,378,926</u>	<u>12,662,765</u>
Less: Amount representing interest under capital lease obligations	<u>-</u>	<u>-</u>	<u>-</u>	<u>51,613</u>	<u>51,613</u>
	<u>\$ 4,277,000</u>	<u>\$ 6,772,671</u>	<u>\$ 234,168</u>	<u>\$ 1,327,313</u>	<u>\$ 12,611,152</u>

Lines of Credit

The Foundation has a line of credit in the amount of \$6,425,000 and \$6,377,711 at December 31, 2020 and 2019, respectively, at an interest rate of 2.81% and 3.90%, at December 31, 2020 and 2019, respectively, which includes two letters of credit totaling \$875,000 at December 31, 2020 and 2019, which expire on July 23, 2021, that are collateral for potential claims under the Center's workers' compensation insurance policy (see Note 12). The maximum amount that can be borrowed against the line of credit was \$5,550,000 and \$5,502,711 at December 31, 2020 and 2019, respectively. Although this line of credit is in the Foundation's name, and collateralized by Foundation assets, the liability, if any, and related interest expense are recorded on the Center's consolidated financial statements. At December 31, 2020 and 2019, no amounts were outstanding on this line of credit.

The Center has available another line of credit for \$1,000,000 which is due on demand, with an interest rate of 1.55%, and requires the Center to maintain with the bank a Certificate of Deposit of \$1,000,000, which is included in cash and cash equivalents. This line of credit had \$1,000,000 outstanding at December 31, 2020 and 2019.

10. RELATED ORGANIZATION

Contributions by the Foundation to the Center for operations amounted to \$4,000,000 in 2020 and 2019, which are included in nonoperating revenue. Additionally, the Foundation raised on the behalf of the Center \$4,441,451 and \$2,779,086 for the years ended December 31, 2020 and 2019, respectively. The Center has included these amounts in other revenue, gains and losses. Funding by the Foundation to the Center for the Children of the World and other specific purpose programs amounted to \$205,746 and \$196,947 in 2020 and 2019, respectively, and is included in other revenue, gains and losses in the consolidated statements of operations and changes in net assets. Any future contributions from the Foundation to the Center are at the discretion of the Foundation's Board of Directors. At December 31, 2020 and 2019, the Center had a receivable due from the Foundation in the amount of \$4,283,448 and \$3,911,410, respectively.

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A summary of the Foundation's assets, liabilities and net assets, results of operations, and changes in net assets is as follows:

	<u>2020</u>	<u>2019</u>
Assets	\$ 31,375,741	\$ 32,314,300
Liabilities	\$ 6,636,785	\$ 6,359,956
Net assets		
Without donor restrictions	10,908,172	11,307,616
With donor restrictions	13,830,784	14,646,728
Total net assets	<u>24,738,956</u>	<u>25,954,344</u>
 Total liabilities and net assets	 <u>\$ 31,375,741</u>	 <u>\$ 32,314,300</u>
 Total revenue	 <u>\$ 4,922,545</u>	 <u>\$ 18,048,160</u>
Less expenses		
Program services	4,205,746	4,196,947
Management, administrative and general	84,224	81,307
Fundraising	<u>1,847,963</u>	<u>7,234,829</u>
Total expenses	<u>6,137,933</u>	<u>11,513,083</u>
 Changes in net assets	 (1,215,388)	 6,535,077
Net assets		
Beginning of year	<u>25,954,344</u>	<u>19,419,267</u>
 End of year	 <u>\$ 24,738,956</u>	 <u>\$ 25,954,344</u>

11. RETIREMENT BENEFIT PLANS

Defined Benefit Pension Plan

The Center has a noncontributory defined benefit pension plan (the "Plan") which covered all full-time employees of the Center and the Foundation who met prescribed eligibility requirements. The Center froze the Plan as of December 31, 2005 for all employees and replaced it with a defined contribution plan as of January 1, 2006. The Plan uses a December 31 measurement date.

There were no amounts charged to the Foundation for pension expense related to the Plan during 2020 and 2019.

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The following table sets forth the changes in benefit obligation, changes in Plan assets and components of net periodic benefit cost for the pension plan:

	<u>2020</u>	<u>2019</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 62,324,866	\$ 55,340,371
Interest cost	1,918,888	2,351,389
Actuarial (gain) loss	5,379,108	9,604,989
Benefits and expenses paid	<u>(4,724,903)</u>	<u>(4,971,883)</u>
Benefit obligation at end of year	<u>64,897,959</u>	<u>62,324,866</u>
Change in plan assets		
Fair value of the Plan assets at beginning of year	56,930,597	51,758,845
Actual return on Plan assets	7,710,330	10,143,635
Benefits and expenses paid	<u>(4,724,903)</u>	<u>(4,971,883)</u>
Contributions by the Plan's sponsor	<u>-</u>	<u>-</u>
Fair value of the Plan assets at end of year	<u>59,916,024</u>	<u>56,930,597</u>
Funded status at end of year - recognized in consolidated balance sheets as accrued retirement benefits	<u>\$ (4,981,935)</u>	<u>\$ (5,394,269)</u>
Accumulated benefit obligation	<u>\$ 64,897,959</u>	<u>\$ 62,324,866</u>
Amounts recognized in accumulated net assets without donor restrictions		
Net actuarial loss	<u>\$ 18,071,724</u>	<u>\$ 20,911,151</u>
Components of net periodic benefit cost		
Net periodic benefit cost		
Interest cost	\$ 1,918,888	\$ 2,351,389
Expected return on Plan assets	(4,614,795)	(3,099,736)
Amortization of net loss	2,600,000	1,994,144
Lump sum distribution settlements	<u>2,523,000</u>	<u>1,550,231</u>
	<u>2,427,093</u>	<u>2,796,028</u>
Other changes in benefit obligations recognized in other changes in net assets without donor restrictions		
Net actuarial loss	2,283,573	2,561,090
Amortization of net gain	<u>(2,600,000)</u>	<u>(1,994,144)</u>
	<u>(316,427)</u>	<u>566,946</u>
Total recognized in net benefit cost and without donor restrictions	<u>\$ 2,110,666</u>	<u>\$ 3,362,974</u>

The estimated net actuarial loss that will be amortized from other changes in net assets without donor restrictions into net periodic benefit cost over the next fiscal year is \$2,600,000.

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	<u>2020</u>	<u>2019</u>
Assumptions		
Weighted average assumptions used to determine pension obligation		
Discount rate	3.29%	4.58%
Rate of compensation increase	N/A	N/A
Weighted average assumptions used to determine net periodic benefit cost for the year ended		
Discount rate	3.29%	4.58%
Rate of compensation increase	N/A	N/A
Expected return on the Plan assets	7.50%	7.50%

Plan Assets

The Plan's asset allocations by asset category are as follows:

	<u>Target Asset Allocation</u> <u>2020</u>	<u>Target Asset Allocation</u> <u>2019</u>	<u>December 31,</u>	
Asset category			<u>2020</u>	<u>2019</u>
Cash	0%	0%	3%	2%
Equity securities	70	65	74	61
Fixed income	30	35	23	37
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

The expected long-term rate of return for the Plan's total assets is based on the expected return of each of the above categories, weighted based on the target allocation for each class. Equity securities are expected to return 9% to 10% over the long-term, while fixed income is expected to return between 5% and 6%.

The investment policy, as established by the Investment Committee, is to provide for growth of capital with a moderate level of volatility by investing assets per the target allocations stated above. The asset allocation and the investment policy are reviewed periodically to determine if the policy should be changed.

Fair Value of the Plan Assets

The following fair value hierarchy table presents information about each major category of the Plan's financial assets measured at fair value, using the market approach, on a recurring basis:

<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,675,196	\$ -	\$ 1,675,196
Fixed income (a)	4,323,917	9,447,241	13,771,158
Equity securities (b)	44,469,670	-	44,469,670
	<u>\$ 50,468,783</u>	<u>\$ 9,447,241</u>	<u>\$ 59,916,024</u>

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<u>2019</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash and cash equivalents	\$ 849,863	\$ -	\$ 849,863
Fixed income (a)	3,697,241	17,629,536	21,326,777
Equity securities (b)	34,753,957	-	34,753,957
	<u>\$ 39,301,061</u>	<u>\$ 17,629,536</u>	<u>\$ 56,930,597</u>

- (a) Comprised of investment grade bonds of issuers from various industries which is presented as Level 2 and U.S. government issues which is presented as Level 1.
- (b) Comprised of mutual funds investing in at least 90% of assets in common stock of companies with large market capitalizations similar to companies in the Standard & Poor's ("S&P") 500 Index.

Cash Flows

Contributions

There are no contributions expected to be paid into the Plan in 2021 for plan year 2020.

Estimated future benefit payment:

2021	\$ 4,151,881
2022	4,184,384
2023	5,272,920
2024	4,978,564
2025	4,624,053
2026-2030	27,792,378

Defined Contribution Plans

The Center sponsors a 401(k) savings plan covering all employees. Employer contributions to the 401(k) savings plan are based on a formula as defined by the 401(k) plan document. Expense related to the 401(k) savings plan was \$1,376,942 and \$2,884,312 for the years ended December 31, 2020 and 2019, respectively.

For reasons relating primarily to proposed changes by the IRS to certain non-qualified plans, the Center Board resolved, effective January 1, 2017, to freeze the 457(e) Severance Savings Plan ("SSP"), as amended and restated. No Voluntary Deferrals were permitted under the terms of the SSP after December 31, 2017, and the SSP was frozen as of that date. The accounts of all Participants in the SSP are preserved and will be administered until such time as Participants or their Beneficiaries become entitled to distribution, all in accordance with the terms of the Plan.

A frozen Supplemental Executive Retirement Plan ("SERP") is also being administered until such time as Participants or their Beneficiaries become entitled to distribution, in accordance with the terms of that Plan.

The total deposits in these frozen plans at December 31, 2020 and 2019 were \$1,442,432 and \$1,153,745, respectively. The plans are recorded in accrued retirement benefits in the consolidated balance sheets. As of December 31, 2020 and 2019, the frozen SSP balance was \$1,442,133 and \$1,153,470, respectively. As of December 31, 2020 and 2019, \$299 and \$275, respectively, of the balances above were held in the frozen SERP plan.

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In 2017, the Center Board created a new non-qualified plan, a 457(f) Deborah-Funded Top Hat Plan. The Center may, at its sole discretion, deposit funds into this plan. This plan had a balance of \$1,123,349 and \$777,001 at December 31, 2020 and 2019, respectively.

Effective January 1, 2018, the Center Board created another new non-qualified plan, a 457(b) Employee-Funded Savings Plan. A designated group of management and physicians are eligible to participate in this 457(b) plan. This plan had a balance of \$568,210 and \$344,589 at December 31, 2020 and 2019, respectively.

The assets of these plans remain assets of the Center. The participants bear the risk of forfeiting their balances in these plans under certain, defined circumstances.

12. COMMITMENTS AND CONTINGENCIES

Professional and General Liability Insurance

The Center addresses its risk of professional and general liability loss by means of aggressive and consistent risk management initiatives, and funds its expected losses through Deborah Medical Associates Insurance Company ("DMAIC"), a wholly-owned captive insurance company domiciled in New Jersey. Since its inception on January 1, 2016, DMAIC issued occurrence basis professional liability and general liability insurance policies covering the Hospital, its employees and allied who are on the medical staff of the Center and who meet specific underwriting criteria.

The Center purchases excess liability coverage in excess of DMAIC coverage for claims in excess of \$2,000,000 on an individual claim basis and a maximum limit of \$6,000,000 annual aggregate. The Center's excess coverage level is \$20,000,000 for any claims breaching the initial limits. Since the inception of the self-insured program in 1988, the Center has maintained various levels of excess insurance coverage. At December 31, 2020 and 2019, no claims have reached excess insurance levels.

As of October 1, 2016, DCG insured its professional liability coverage through DMAIC with limits of \$1,000,000 each medical incident for each insured physician, insured allied, or insured medical organization; \$3,000,000 aggregate limit for healthcare professional liability for each insured physician, insured allied, or insured medical organization.

Total policy limits for healthcare professional liability for all insureds combined: \$2,000,000 each claim for all insureds combined; \$6,000,000 aggregate limit for all insureds combined. The total policy aggregate and total policy each claim limits are shared by all policies written by DMAIC regardless of the number of insureds, claims or claimants involved.

Malpractice Litigation

The Center is a defendant in civil actions for alleged medical malpractice and general liability claims. These actions are being defended by the Center and its medical malpractice insurance carrier. In the opinion of management, the Center's liability in these actions will be within the limits of DMAIC's medical malpractice and comprehensive general liability coverage; and within the limits of the insured excess coverage; however, there can be no assurance in this regard.

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Workers' Compensation

The Center maintains statutory workers' compensation coverage with an insurance company, subject to a deductible of bodily injury by accident \$300,000 each occurrence; bodily injury by disease \$300,000 each employee; all covered bodily injury \$1,500,000 aggregate. The Workers' Compensation policy also includes Employers Liability Insurance with limits of: bodily injury by accident: \$1,000,000 each accident; bodily injury by disease: \$1,000,000 policy limit; and bodily injury by disease: \$1,000,000 each employee; for 2020 and 2019. The aggregate deductible amount is a minimum deductible amount that is subject to adjustment based on a rate of 1.747 per each \$100 that the audited workers' compensation remuneration exceeds the estimated payroll at inception. Due to this level of retention, the Center is required to post collateral, which is in the form of letters of credit (see Note 9) for outstanding open years. Based upon historical loss experience, the Center recorded a liability for the estimated retention and costs of claims not reported of \$520,408 and \$360,472 at December 31, 2020 and 2019, respectively. The liability is recorded as a component of accrued compensation and employee benefits.

DCG maintains a separate Guaranteed Cost Workers Compensation policy with an insurance company with statutory limits for workers' compensation coverage; and, with Employers Liability limits of \$1,000,000 each accident Bodily Injury by Accident; \$1,000,000 policy limit Bodily Injury by Disease; \$1,000,000 each employee Bodily Injury by Disease.

Operating Leases

The Center leases various equipment and facilities under operating leases expiring at various dates through 2028. Total rent expense for the years ended December 31, 2020 and 2019 was \$2,265,639 and \$1,852,223, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2020 that have initial or remaining lease terms in excess of one year:

2021	\$ 1,041,646
2022	991,559
2023	1,003,017
2024	859,903
2025	722,303
Thereafter	<u>1,962,133</u>
	<u>\$ 6,580,561</u>

Leased Property

On February 12, 2009, the Center and Our Lady of Lourdes Healthcare Services, Inc. ("OLLHS") signed a lease agreement for the Satellite Emergency Department ("SED"), in which the Center has leased designated space on the first floor of the Center's campus for OLLHS to operate the SED, while the Center has agreed to provide certain ancillary services to patients of the SED including various clinical (laboratory, radiology, respiratory and pharmacy), non-clinical (housekeeping and security), and on-demand (facilities maintenance, IT and bio-medical engineering) services. Effective June 30, 2019, this lease agreement was terminated. For the year ended December 31, 2019, OLLHS paid the Center \$1,099,021 for ancillary services, which is included in other revenue, gains and losses. There were no payments made for the year ended December 31, 2020.

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The SED began operations on March 1, 2010, with minimum lease payments of \$13,200 per month (\$158,400 annually). The initial lease term was ten years, with three five-year renewal periods at the option of OLLHS. As part of the agreement, in exchange for OLLHS covering the initial costs of improvements, the Center agreed to waive the minimum lease payments for the initial term of the lease (the "Lease Incentive"). The Center recorded the Lease Incentive, included in other assets, and unrecognized lease income, included in other liabilities, for the initial term of the lease. The costs of the improvements, the Lease Incentive and the unrecognized lease income were amortized on a straight-line basis over the initial ten-year lease term. Net income for the years ended December 31, 2020 and 2019 related to the SED lease was \$0 and \$60,715, respectively, and is included in other revenue, gains and losses.

In July 2019, the Center and Capital Health System, Inc. ("Capital Health") signed a lease agreement for the SED, in which the Center has leased designated space on the first floor of the Center's campus for Capital Health to operate the SED, while the Center has agreed to provide certain ancillary services to patients of the SED including various clinical (laboratory, radiology, respiratory and pharmacy), non-clinical (housekeeping and security), and on-demand (facilities maintenance, IT and bio-medical engineering) services. The lease expires on June 30, 2024. The monthly rental payments are \$19,185 (\$230,225 annually). In addition to the monthly rental charge, Capital Health is required to reimburse the Center for the ancillary charges. For the years ended December 31, 2020 and 2019, Capital Health paid the Center \$2,131,166 and \$1,180,558, respectively.

On June 1, 2016, the Center ("Lessor") signed a Ground Lease with Browns Mills Medical Office Building, LLC ("Lessee"), in which the Center has leased a portion of its land to the Lessee to develop and construct a medical office building containing approximately 60,000 gross square feet. The Lessee has agreed to pay the Center fair market annual rent of \$32,500. The initial lease term is fifty years with two renewal terms of ten years each at the option of the Lessee. The obligation on the part of the Lessee to pay rent commenced on January 11, 2017.

On September 8, 2016, the Center, as Lessee, signed a lease with Browns Mills Medical Office Building, LLC, as Lessor, in which the Center will lease space from the Lessor. Lease payments for the medical office building are \$38.57 per square foot with operating expenses of \$11.80 per square foot. The initial term of this lease is fifteen years. The commencement date for the first of the leased suites was in August 2018, and the commencement dates for the second and third suites was December 2018 and March 2019, respectively. On February 28, 2020, the Center, as Lessee, signed an additional lease with Browns Mills Medical Office Building, LLC, as Lessor, in which the Center will lease space from the Lessor. Lease payments for the medical office building are \$25 per square foot with operating expenses of \$11.00 per square foot. The total space to be leased by the Center is 16,947 square feet. The initial term of this lease is ten years.

Professional Services Agreements

The Center entered into a series of Professional Services Agreements with certain physician practices whereby payments are made by the Center to the practices for physician productivity using third-party fair market value data. In exchange, payments on amounts billed and collected from patients are remitted to the Center. The Center and the practices also entered into Staff Services Agreements and Practice Space and Expenses Agreements whereby the Center pays for the expenses associated with operating the practices. Total expenses related to these agreements were \$3,174,945 and \$1,597,044 for the years ended 2020 and 2019, respectively. The aggregate amounts budgeted for these practices in 2021 total approximately \$4,731,000.

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Long-term Debt Commitments

In December 2020, the Center qualified for loans issued and/or guaranteed by the United States Department of Agriculture ("USDA") as follows: 1) an \$88,174,000 direct loan by the USDA (the "USDA Loan"); and 2) a \$10,277,000 loan by Greater Nevada Credit Union, guaranteed by the USDA (the "Guaranteed Loan"). These loans will underwrite the construction and renovation costs of the "Deborah 100" Expansion Project. The USDA Loan is a 40-year loan with a fixed interest rate of 2.125%. The Guaranteed Loan is a 30-year loan with a fixed interest rate of 4.07%. These loans will close once the certificate of occupancy for the renovations and expansion is issued. To fund the Deborah 100 Expansion Project during construction, Greater Nevada Credit Union has committed to provide the Center with "drawdown" bridge financing, also guaranteed by the USDA, for a period of 3 years at a fixed rate of 2.89%, with an expected closing in September 2021. The aggregate cost basis of the debt issuance costs was \$173,247 at December 31, 2020, and is included in non-current assets, on the consolidated balance sheet.

13. CONCENTRATIONS OF CREDIT RISK

The Center grants credit without collateral to its patients who are insured under third-party payor agreements. The mix of accounts receivable from third-party payors was as follows:

	<u>2020</u>	<u>2019</u>
Medicare	54 %	51 %
Managed care	24	28
Commercial insurance	6	7
Blue Cross	6	7
Medicaid	<u>10</u>	<u>7</u>
	<u>100 %</u>	<u>100 %</u>

The Center maintains cash and equivalents in a financial institution which exceed Federal Depository Insurance Corporation limits. Management believes the credit risk related to these deposits is minimal.

The Center routinely invests its surplus cash in money market mutual funds. The money market funds are generally invested in U.S. Government and agency obligations. These investments are not insured or guaranteed by the U.S. Government; however, insurance is maintained by investment brokers, and management believes the credit risk related to these investments is minimal.

14. FUNCTIONAL EXPENSES

The Center's primary program service is to provide comprehensive inpatient and outpatient cardiac, vascular, and pulmonary health care services. The consolidated financial statements report certain expense categories that are attributable to both program services and management, administrative and general functions. Therefore, the natural expenses require allocation on a reasonable basis, that is consistently applied, across functional expense categories. Certain expenses are wholly allocated to either program or management, administrative and general because they directly support those functions. There are certain other categories of expenses that are attributable to more than one function, so they are allocated accordingly. Those expenses include benefits, insurance, depreciation and interest. Those expenses are allocated based on a percentage of program salaries and management, administrative and general salaries to total salaries.

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Expenses by functional classification for the years ended December 31, 2020 and 2019 consist of the following:

2020	Program Services	Management, Administrative and General	Total Expenses
Salary and wages	\$ 71,918,006	\$ 17,703,481	\$ 89,621,487
Employee benefits	14,374,725	3,523,142	17,897,867
Supplies and other expenses	67,642,816	22,384,880	90,027,696
Interest	502,073	127,917	629,990
Depreciation and amortization	5,664,311	1,385,619	7,049,930
	<u>\$ 160,101,931</u>	<u>\$ 45,125,039</u>	<u>\$ 205,226,970</u>

2019	Program Services	Management, Administrative and General	Total Expenses
Salary and wages	\$ 72,715,723	\$ 16,716,021	\$ 89,431,744
Employee benefits	15,501,608	3,588,446	19,090,054
Supplies and other expenses	71,131,818	22,988,804	94,120,622
Interest	645,257	154,861	800,118
Depreciation and amortization	5,797,411	1,340,761	7,138,172
	<u>\$ 165,791,817</u>	<u>\$ 44,788,893</u>	<u>\$ 210,580,710</u>

15. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods:

	2020	2019
Subject to expenditure for specified purpose		
Health care services	\$ 77,829	\$ 79,263
Purchase of property, plant and equipment	388,309	388,309
Capital campaign donations	2,902,824	-
	<u>3,368,962</u>	<u>467,572</u>
Subject to passage of time		
Beneficial interest in perpetual trust	1,867,592	1,771,366
Beneficial interest in restricted net assets with donor restrictions of Deborah Hospital Foundation	12,878,450	13,715,242
	<u>14,746,042</u>	<u>15,486,608</u>
	<u>\$ 18,115,004</u>	<u>\$ 15,954,180</u>

During 2020 and 2019, net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose of health care services and purchase of property, plant, and equipment in the amount of \$914,094 and \$1,598,296, respectively.

Deborah Heart and Lung Center
Notes to Consolidated Financial Statements
December 31, 2020 and 2019

16. BOARD DESIGNATED NET ASSETS

The Board designated net assets are restricted for future operations. These funds are in a separate brokerage account, and funds can only be withdrawn from that account after management has obtained approval from the Board of Trustees.

Board designated net assets consist of the following at December 31:

	<u>2020</u>	<u>2019</u>
For future operations	\$ 11,998,508	\$ 9,972,166
Apartment security deposits	2,355	2,253
Severance savings plan	1,442,133	1,153,470
Supplemental retirement plan	299	275
457(f) deferred compensation plan	1,123,349	777,001
457(b) deferred compensation plan	<u>568,210</u>	<u>344,589</u>
	<u>\$ 15,134,854</u>	<u>\$ 12,249,754</u>

17. NET ASSETS WITHOUT DONOR RESTRICTIONS

Included in net assets without donor restrictions are unrealized gains from DMAIC's investments in the amount of \$38,632 and \$9,326 at December 31, 2020 and 2019, respectively.

18. SUBSEQUENT EVENTS

The Center evaluated its December 31, 2020 consolidated financial statements for subsequent events through May 28, 2021, the date the consolidated financial statements were available to be issued. Based on this evaluation, the Center has determined that no subsequent events have occurred that required disclosure in the consolidated financial statements.

SUPPLEMENTARY INFORMATION

Deborah Heart and Lung Center

Consolidating Balance Sheet

December 31, 2020

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	The Surgery Center at Deborah	Eliminations	Consolidated Deborah Heart and Lung Center
Assets								
Current assets								
Cash and cash equivalents	\$ 41,808,536	\$ 123,005	\$ 931,337	\$ 202,499	\$ -	\$ 1,026,653	\$ -	\$ 44,092,030
Assets limited as to use	1,016,077	-	-	-	-	-	-	1,016,077
Investments	9,740,659	-	-	-	-	-	-	9,740,659
Patient accounts receivable, net	21,211,190	56,305	-	-	-	-	-	21,267,495
Other contract assets	1,809,582	-	-	-	-	-	-	1,809,582
Due from Deborah Hospital Foundation	4,283,448	-	-	-	-	-	-	4,283,448
Supplies	5,672,596	-	-	-	-	-	-	5,672,596
Prepaid expenses and other current assets	7,312,760	67,294	950,083	47,971	-	200,000	(4,422,731)	4,155,377
Total current assets	92,854,848	246,604	1,881,420	250,470	-	1,226,653	(4,422,731)	92,037,264
Assets limited as to use								
By Board for designated purposes	15,134,854	-	-	-	-	-	-	15,134,854
Donor restricted	1,369,714	-	-	-	-	-	-	1,369,714
Insurance claims - held by Deborah Medical Associates	-	-	4,744,893	-	-	-	-	4,744,893
	16,504,568	-	4,744,893	-	-	-	-	21,249,461
Property, plant and equipment, net	33,225,720	745,456	-	-	-	-	-	33,971,176
Other assets	4,607,622	129,289	-	-	280,800	-	(4,212,214)	805,497
Investment in Surgery Center	765,000	-	-	-	-	-	(765,000)	-
Beneficial interest in perpetual trust	1,867,592	-	-	-	-	-	-	1,867,592
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	12,878,450	-	-	-	-	-	-	12,878,450
Total assets	\$ 162,703,800	\$ 1,121,349	\$ 6,626,313	\$ 250,470	\$ 280,800	\$ 1,226,653	\$ (9,399,945)	\$ 162,809,440
Liabilities and Net Assets (Deficiency)								
Current liabilities								
Accounts payable and accrued expenses	\$ 18,384,684	\$ 113,592	\$ 75,085	\$ -	\$ -	\$ 8,551	\$ 12,190	\$ 18,594,102
Accrued compensation and employee benefits	11,933,024	101,734	-	-	-	-	-	12,034,758
Current portion of CARES Act Medicare advancements	10,034,603	183,525	-	-	-	-	-	10,218,128
Estimated settlements due to third-party payors, net	1,778,052	-	-	-	-	-	-	1,778,052
Accrued interest payable	187,477	-	-	-	-	-	-	187,477
Current maturities of long-term debt	5,253,805	-	-	-	-	-	-	5,253,805
Due to Center and related entities	-	4,528,592	175,296	375,199	-	-	(5,079,087)	-
Line of credit	1,000,000	-	-	-	-	-	-	1,000,000
Total current liabilities	48,571,645	4,927,443	250,381	375,199	-	8,551	(5,066,897)	49,066,322
Accrued employment taxes - long-term	1,336,467	-	-	-	-	-	-	1,336,467
Accrued retirement benefits	8,115,926	-	-	-	-	-	-	8,115,926
Estimated malpractice claims liability	3,452,123	129,291	3,581,414	-	-	-	(3,581,414)	3,581,414
Other liabilities	-	-	930,730	-	-	-	(930,730)	-
CARES Act Medicare advancements, net of current portion	24,190,583	97,082	-	-	-	-	-	24,287,665
Long-term debt, less current maturities, net	7,207,612	-	-	-	-	-	-	7,207,612
Total liabilities	92,874,356	5,153,816	4,762,525	375,199	-	8,551	(9,579,041)	93,595,406
Net assets (deficiency)								
Without donor restrictions								
Controlled by the Center	51,714,440	(4,032,467)	1,863,788	(124,729)	280,800	726,587	179,096	50,607,515
Attributable to non-controlling interests	-	-	-	-	-	491,515	-	491,515
Total without donor restrictions	51,714,440	(4,032,467)	1,863,788	(124,729)	280,800	1,218,102	179,096	51,099,030
With donor restrictions	18,115,004	-	-	-	-	-	-	18,115,004
Total net assets (deficiency)	69,829,444	(4,032,467)	1,863,788	(124,729)	280,800	1,218,102	179,096	69,214,034
Total liabilities and net assets (deficiency)	\$ 162,703,800	\$ 1,121,349	\$ 6,626,313	\$ 250,470	\$ 280,800	\$ 1,226,653	\$ (9,399,945)	\$ 162,809,440

See Independent Auditor's Report.

Deborah Heart and Lung Center

Consolidating Balance Sheet

December 31, 2019

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Assets							
Current assets							
Cash and cash equivalents	14,305,934	226,442	733,219	129,451	\$ -	\$ -	\$ 15,395,046
Assets limited as to use	1,031,287	-	-	-	-	-	1,031,287
Investments	7,765,809	-	-	-	-	-	7,765,809
Patient accounts receivable, net	25,057,999	89,665	-	-	-	-	25,147,664
Other contract assets	859,855	-	-	-	-	-	859,855
Due from Deborah Hospital Foundation	3,911,410	-	-	-	-	-	3,911,410
Supplies	5,254,302	-	-	-	-	-	5,254,302
Prepaid expenses and other current assets	6,529,487	97,053	963,057	179,720	-	(4,607,626)	3,161,691
Total current assets	64,716,083	413,160	1,696,276	309,171	-	(4,607,626)	62,527,064
Assets limited as to use							
By Board for designated purposes	12,249,754	-	-	-	-	-	12,249,754
Insurance claims - held by Deborah Medical Associates	-	-	4,093,083	-	-	-	4,093,083
	12,249,754	-	4,093,083	-	-	-	16,342,837
Property, plant and equipment, net	35,896,357	923,888	-	-	-	-	36,820,245
Other assets	3,589,711	212,403	-	-	280,800	(3,450,664)	632,250
Beneficial interest in perpetual trust	1,771,366	-	-	-	-	-	1,771,366
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	13,715,242	-	-	-	-	-	13,715,242
Total assets	\$ 131,938,513	\$ 1,549,451	\$ 5,789,359	\$ 309,171	\$ 280,800	\$ (8,058,290)	\$ 131,809,004
Liabilities and Net Assets (Deficiency)							
Current liabilities							
Accounts payable and accrued expenses	\$ 26,231,653	170,200	140,944	\$ -	\$ -	\$ 54,135	\$ 26,596,932
Accrued compensation and employee benefits	12,702,187	231,497	-	-	-	-	12,933,684
Estimated settlements due to third-party payors, net	1,651,133	-	-	-	-	-	1,651,133
Accrued interest payable	253,137	-	-	-	-	-	253,137
Current maturities of long-term debt	5,565,471	-	-	-	-	-	5,565,471
Due to Center and related entities	-	4,652,381	156,189	434,571	-	(5,243,141)	-
Line of credit	1,000,000	-	-	-	-	-	1,000,000
Total current liabilities	47,403,581	5,054,078	297,133	434,571	-	(5,189,006)	48,000,357
Accrued retirement benefits	7,669,604	-	-	-	-	-	7,669,604
Estimated malpractice claims liability	2,607,461	212,403	2,819,863	-	-	(2,819,864)	2,819,863
Other liabilities	-	-	993,516	-	-	(993,516)	-
Long-term debt, less current maturities, net	12,480,458	-	-	-	-	-	12,480,458
Total liabilities	70,161,104	5,266,481	4,110,512	434,571	-	(9,002,386)	70,970,282
Net assets (deficiency)							
Without donor restrictions	45,823,229	(3,717,030)	1,678,847	(125,400)	280,800	944,096	44,884,542
With donor restrictions	15,954,180	-	-	-	-	-	15,954,180
Total net assets (deficiency)	61,777,409	(3,717,030)	1,678,847	(125,400)	280,800	944,096	60,838,722
Total liabilities and net assets (deficiency)	\$ 131,938,513	\$ 1,549,451	\$ 5,789,359	\$ 309,171	\$ 280,800	\$ (8,058,290)	\$ 131,809,004

See Independent Auditor's Report.

Deborah Heart and Lung Center

Consolidating Statement of Operations and Changes in Net Assets

Year Ended December 31, 2020

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	The Surgery Center at Deborah	Eliminations	Consolidated Deborah Heart and Lung Center
Net assets without donor restrictions								
Revenue								
Net patient service revenue	\$ 180,439,838	\$ 2,405,190	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 182,845,028
Other revenue, gains and losses	10,070,152	3,075,653	1,566,471	143,916	-	-	(4,219,640)	10,636,552
Grant income	12,021,784	94,166	-	-	-	-	-	12,115,950
Net assets released from restriction	403,647	-	-	-	-	-	-	403,647
Total revenue	202,935,421	5,575,009	1,566,471	143,916	-	-	(4,219,640)	206,001,177
Expenses								
Salary and wages	86,496,871	2,983,988	-	-	-	-	140,628	89,621,487
Employee benefits	17,424,234	473,633	-	-	-	-	-	17,897,867
Supplies and other expenses	90,591,736	2,207,055	1,381,530	143,245	-	64,398	(4,360,268)	90,027,696
Interest	629,990	-	-	-	-	-	-	629,990
Depreciation and amortization	6,824,160	225,770	-	-	-	-	-	7,049,930
Total expenses	201,956,991	5,890,446	1,381,530	143,245	-	64,398	(4,219,640)	205,226,970
Income (loss) from operations	968,430	(315,437)	184,941	671	-	(64,398)	-	774,207
Nonoperating revenue								
Contributions from Deborah Hospital Foundation	4,000,000	-	-	-	-	-	-	4,000,000
Excess (deficiency) of revenue over expenses	4,968,430	(315,437)	184,941	671	-	(64,398)	-	4,774,207
Other changes in net assets without donor restrictions								
Net assets released from restriction for property, plant and equipment	510,447	-	-	-	-	-	-	510,447
Other components of net periodic pension costs	(2,427,093)	-	-	-	-	-	-	(2,427,093)
Pension-related changes other than net periodic pension costs	2,839,427	-	-	-	-	-	-	2,839,427
Change in net assets without donor restrictions	5,891,211	(315,437)	184,941	671	-	(64,398)	-	5,696,988
Net assets with donor restrictions								
Contributions	3,815,484	-	-	-	-	-	-	3,815,484
Net assets released from restriction	(914,094)	-	-	-	-	-	-	(914,094)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	(836,792)	-	-	-	-	-	-	(836,792)
Changes in fair value of beneficial interest in perpetual trust	96,226	-	-	-	-	-	-	96,226
Changes in net assets with donor restrictions	2,160,824	-	-	-	-	-	-	2,160,824
Changes in net assets before members' contributions	8,052,035	(315,437)	184,941	671	-	(64,398)	-	7,857,812
Members' contributions	-	-	-	-	-	1,282,500	(765,000)	517,500
Changes in net assets	8,052,035	(315,437)	184,941	671	-	1,218,102	(765,000)	8,375,312
Net assets (deficiency)								
Beginning of year	61,777,409	(3,717,030)	1,678,847	(125,400)	280,800	-	944,096	60,838,722
End of year	\$ 69,829,444	\$ (4,032,467)	\$ 1,863,788	\$ (124,729)	\$ 280,800	\$ 1,218,102	\$ 179,096	\$ 69,214,034

See Independent Auditor's Report.

Deborah Heart and Lung Center

Consolidating Statement of Operations and Changes in Net Assets

Year Ended December 31, 2019

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Net assets without donor restrictions							
Revenue							
Net patient service revenue	\$ 198,523,219	\$ 2,505,131	\$ -	\$ -	\$ -	\$ -	\$ 201,028,350
Other revenue, gains and losses	9,332,077	3,000,422	1,777,874	75,180	-	(4,328,709)	9,856,844
Net assets released from restriction	1,118,000	-	-	-	-	-	1,118,000
Total revenue	<u>208,973,296</u>	<u>5,505,553</u>	<u>1,777,874</u>	<u>75,180</u>	<u>-</u>	<u>(4,328,709)</u>	<u>212,003,194</u>
Expenses							
Salary and wages	86,023,127	3,340,202	-	-	-	68,415	89,431,744
Employee benefits	18,622,029	468,025	-	-	-	-	19,090,054
Supplies and other expenses	95,433,095	2,142,540	871,101	71,010	-	(4,397,124)	94,120,622
Interest	800,118	-	-	-	-	-	800,118
Depreciation and amortization	6,927,304	210,868	-	-	-	-	7,138,172
Total expenses	<u>207,805,673</u>	<u>6,161,635</u>	<u>871,101</u>	<u>71,010</u>	<u>-</u>	<u>(4,328,709)</u>	<u>210,580,710</u>
Income (loss) from operations	1,167,623	(656,082)	906,773	4,170	-	-	1,422,484
Nonoperating revenue							
Contributions from Deborah Hospital Foundation	<u>4,000,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,000,000</u>
Excess (deficiency) of revenue over expenses	5,167,623	(656,082)	906,773	4,170	-	-	5,422,484
Other changes in net assets without donor restrictions							
Net assets released from restriction for property, plant and equipment	480,296	-	-	-	-	-	480,296
Other components of net periodic pension costs	(2,796,028)	-	-	-	-	-	(2,796,028)
Pension-related changes other than net periodic pension costs	<u>983,285</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>983,285</u>
Change in net assets without donor restrictions	<u>3,835,176</u>	<u>(656,082)</u>	<u>906,773</u>	<u>4,170</u>	<u>-</u>	<u>-</u>	<u>4,090,037</u>
Net assets with donor restrictions							
Contributions	1,472,317	-	-	-	-	-	1,472,317
Net assets released from restriction	(1,598,296)	-	-	-	-	-	(1,598,296)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	7,186,236	-	-	-	-	-	7,186,236
Changes in fair value of beneficial interest in perpetual trust	<u>206,803</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>206,803</u>
Change in net assets with donor restrictions	<u>7,267,060</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,267,060</u>
Changes in net assets	11,102,236	(656,082)	906,773	4,170	-	-	11,357,097
Net assets (deficiency)							
Beginning of year	<u>50,675,173</u>	<u>(3,060,948)</u>	<u>772,074</u>	<u>(129,570)</u>	<u>280,800</u>	<u>944,096</u>	<u>49,481,625</u>
End of year	<u>\$ 61,777,409</u>	<u>\$ (3,717,030)</u>	<u>\$ 1,678,847</u>	<u>\$ (125,400)</u>	<u>\$ 280,800</u>	<u>\$ 944,096</u>	<u>\$ 60,838,722</u>

See Independent Auditor's Report.