

# Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021,  
and ending \_\_\_\_\_, 20\_\_\_\_

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer <b>VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.</b>	EIN or SSN <b>21-0634562</b>
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**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	400,739,226.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration of Officer or Person Subject to Tax**

- 11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ 11.14.22 ▶ **PRESIDENT / CEO**  
Signature of officer or person subject to tax Date Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date 11.14.22	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ VIRTUA HEALTH, INC. 303 LIPPINCOTT DR 4/FLR MARLTON, NJ 08053	EIN 22-3524939	Phone no. 856-355-0001		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name Russlee Armstrong	Preparer's signature 	Date 10/27/2022	Check if self-employed <input type="checkbox"/>	PTIN P00288383
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 2001 MARKET ST., STE. 700, PHILADELPHIA, PA	Phone no. 215-561-4200			

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

<b>B</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	<b>C Name of organization</b> VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. <b>Doing business as</b> VIRTUA MOUNT HOLLY HOSPITAL <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 406 LIPPINCOTT DR. J <b>City or town, state or province, country, and ZIP or foreign postal code</b> MARLTON, NJ 08053-3427 <b>F Name and address of principal officer: DENNIS W. PULLIN</b> 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	<b>D Employer identification number</b> 21-0634562 <b>E Telephone number</b> 856-355-0620 <b>G Gross receipts \$</b> 406,875,340. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> WWW.VIRTUA.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1880 <b>M State of legal domicile:</b> NJ

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO HELP THE COMMUNITY TO BE WELL, GET WELL AND STAY WELL.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	2188
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	118
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,283.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	29,038,487.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	308,823,334.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	2,607,349.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	10,017,325.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	350,486,495.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	130,390,493.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>b</b>	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	199,312,271.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	329,702,764.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	20,783,731.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	853,958,199.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	86,616,945.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	767,341,254.

**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.

<b>Sign Here</b>	Signature of officer DENNIS W. PULLIN, PRESIDENT/CEO Type or print name and title	Date <u>11/19/22</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name RUSSLEE ARMSTRONG	Preparer's signature 	Date 10/27/2022	Check if self-employed <input type="checkbox"/>	PTIN P00288383
	Firm's name GRANT THORNTON LLP				Firm's EIN 36-6055558
	Firm's address 2001 MARKET ST., STE. 700 PHILADELPHIA, PA 19103				Phone no. 215-561-4200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE ARE DEDICATED TO PROVIDING EACH PATIENT AND THEIR FAMILY WITH AN OUTSTANDING EXPERIENCE AND ENSURING THE HIGHEST QUALITY HEALTHCARE FOR THE COMMUNITY. WE ARE COMMITTED TO PROVIDING OUR HEALTHCARE TEAM WITH RESOURCES, TECHNOLOGY AND TRAINING, AS WELL AS WITH OPPORTUNITIES FOR

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

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

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

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

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

4a (Code: ) (Expenses \$ 56,969,113. including grants of \$ ) (Revenue \$ 37,018,419. ) UNREIMBURSED MEDICAID - VIRTUA PROVIDED CARE TO MANY COMMUNITY MEMBERS THAT ARE INSURED UNDER MEDICAL ASSISTANCE PROGRAMS, INCLUDING THE STATE ADMINISTERED MEDICAID PROGRAM. REIMBURSEMENT FOR THESE PROGRAMS IS LESS THAN THE COST OF THE SERVICE PROVIDED BY APPROXIMATELY \$19.9 MILLION, AS ESTIMATED BY MANAGEMENT. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING THROUGH EMERGENCY DEPARTMENTS AND CLINICS.

4b (Code: ) (Expenses \$ 5,910,771. including grants of \$ ) (Revenue \$ 597,151. ) CHARITY CARE - UNDER THE GUIDANCE OF ITS COMMUNITY BASED BOARD OF TRUSTEES AND THE SUPPORT OF THE PHYSICIANS ON ITS OPEN MEDICAL STAFF, VIRTUA- MEMORIAL PROVIDES MEDICALLY NECESSARY SERVICES TO INDIVIDUALS IRRESPECTIVE OF THEIR ABILITY TO PAY. PROGRAMS ARE IN PLACE TO IDENTIFY AND PROVIDE FINANCIAL ASSISTANCE TO THOSE IN NEED. SOME PATIENTS WILL QUALIFY FOR CHARITY CARE ASSISTANCE UNDER STATE OF NEW JERSEY DEFINED ELIGIBILITY CRITERIA. VIRTUA- MEMORIAL AUGMENTS THE STATE'S PROGRAM WITH ITS OWN ASSISTANCE PROGRAM FOR WHICH THE CRITERIA IS LESS RESTRICTIVE THAN THAT OF THE STATE PROGRAM, PROVIDING ASSISTANCE TO INDIVIDUALS EARNING UP TO 500% OF THE FEDERAL POVERTY GUIDELINES. MANAGEMENT ESTIMATES THE TOTAL COST OF CHARITY CARE PROVIDED DURING 2021 TO BE APPROXIMATELY \$5.3 MILLION.

4c (Code: ) (Expenses \$ 8,756,581. including grants of \$ ) (Revenue \$ 5,548,045. ) COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS - AT VIRTUA, WE WANT TO HELP PEOPLE ACHIEVE THEIR GOALS IN LIFE BY STAYING HEALTHY. THAT MEANS PREVENTING ILLNESS BEFORE IT STARTS, SO WE'RE COMMITTED TO EDUCATING PEOPLE ABOUT THEIR HEALTH, PROVIDING SCREENING FOR EARLY DETECTION OF ILLNESS, AND SUPPORT WHEN ILLNESS DOES HAPPEN. WE PROVIDE EXTENSIVE COMMUNITY-BASED CLINICAL SERVICES SUCH AS SCREENINGS FOR CANCER, DIABETES, STROKE, HIGH BLOOD PRESSURE AND MUCH MORE. WE ALSO PROVIDE A WIDE RANGE OF SUPPORT GROUPS, HELPING COMMUNITY MEMBERS DEAL WITH ISSUES OF LOSS AND ILLNESS. WE OFFER AN EXTENSIVE ROSTER OF FREE HEALTH EDUCATION CLASSES WITH INFORMATION ABOUT DISEASE PREVENTION, CHILDBIRTH PREPARATION, BREASTFEEDING AND PARENTING, NUTRITION, FITNESS, AND WELLNESS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 217,883,473. including grants of \$ ) (Revenue \$ 332,614,463.)

4e Total program service expenses 289,519,938.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

**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 2188		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	N/A		
<b>Note:</b> 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		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	N/A		
	If "Yes," complete Form 6069.		

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

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

**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 ..... 20		
	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 ..... 18		
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 on Schedule O the process, if any, used by the organization to review this Form 990. ....		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	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 on 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 on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS W. PULLIN PRESIDENT/CEO	0.20 42.00	X		X				0.	2,516,304.	55,774.
(2) JOHN M. MATSINGER EVP/COO	7.00 33.50				X			0.	1,193,172.	54,076.
(3) ROBERT M. SEGIN TREASURER - EVP/CFO	0.20 42.25			X				0.	1,065,054.	47,864.
(4) LAUREN ROWINSKI SECRETARY - SVP & GEN COUNSEL	0.20 41.80			X				0.	664,883.	40,079.
(5) SHAILEN SHAH, MD TRUSTEE - PHYSICIAN	0.20 41.80	X						0.	586,180.	55,724.
(6) JOHN J. KIRBY SVP&COO MEMORIAL HOSP.	31.00 9.00				X			432,771.	0.	55,526.
(7) DANA SUPE MEDICAL DIRECTOR	40.00 0.00					X		415,142.	0.	37,557.
(8) LISA C. FERRARO SVP - INTEGRATED OPERATION	8.00 32.00				X			0.	395,076.	37,853.
(9) LEO S. LOZANO REGISTERED NURSE(RN)-HPAE	40.00 0.00					X		347,964.	0.	52,991.
(10) MELISSA L. ZAK VP PATIENT CARE	31.00 9.00				X			333,179.	0.	49,726.
(12) ROBERT D. REDLINGER AVP - PATIENT CARE SERVICE	40.00 0.00					X		217,107.	0.	45,007.
(13) VIOLA B. MCQUILLEN CARE COORDINATOR	40.00 0.00					X		245,329.	0.	13,313.
(14) PAMELA A. GALLUS AVP - PATIENT CARE SERVICE	40.00 0.00					X		215,307.	0.	40,258.
(16) DAVID KINDLICK CHAIRMAN	0.20 2.80	X		X				0.	0.	0.
(17) EDWARD B. CLOUES VICE CHAIR	0.20 1.80	X		X				0.	0.	0.
(18) PATRICIA CODEY TRUSTEE	0.20 1.80	X						0.	0.	0.
(19) ELAINE DAMM TRUSTEE	0.20 1.80	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JAMES DWYER TRUSTEE	0.20 1.80	X						0.	0.	0.
(21) DENNIS FLANAGAN TRUSTEE	0.20 1.80	X						0.	0.	0.
(22) GRAYLING JOHNSON TRUSTEE	0.20 1.80	X						0.	0.	0.
(23) SANIAH JOHNSON TRUSTEE	0.20 1.80	X						0.	0.	0.
(24) PRATAP KHEDKAR TRUSTEE	0.20 1.80	X						0.	0.	0.
(25) GEORGE LYNN TRUSTEE	0.20 1.80	X						0.	0.	0.
(26) FAYE MELOY TRUSTEE	0.20 1.80	X						0.	0.	0.
(27) JEFFREY MORRIS, MD TRUSTEE	0.20 1.80	X						0.	0.	0.
(28) JOHN PARKER - EX OFFICIO TRUSTEE	0.20 1.80	X						0.	0.	0.
<b>1b Subtotal</b>								2,206,799.	6,420,669.	585,748.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,206,799.	6,420,669.	585,748.

**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 274

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSSELL INVESTMENTS 1301 SECOND AVENUE, SEATTLE, WA 98101	INVESTMENT MANAGEMENT FEES	561,481.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) STACY ROBINSON TRUSTEE	0.20 1.80	X						0.	0.	0.
(30) MARVIN SAMSON TRUSTEE	0.20 1.80	X						0.	0.	0.
(31) ROY SHUBERT, MD-EX OFFICIO TRUSTEE	0.20 1.80	X						0.	0.	0.
(32) JOHN SWEENEY TRUSTEE	0.20 1.80	X						0.	0.	0.
(33) CHARLES VILA TRUSTEE	0.20 1.80	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A) 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	1 a	Federated campaigns				
	b	Membership dues				
	c	Fundraising events				
	d	Related organizations	650,038.			
	e	Government grants (contributions)	4,236,583.			
	f	All other contributions, gifts, grants, and similar amounts not included above				
	g	Noncash contributions included in lines 1a-1f				
	h	<b>Total.</b> Add lines 1a-1f		4,886,621.		
Program Service Revenue	2 a	NET PATIENT REVENUE	624100	356,147,486.	356,142,203.	5,283.
	b	QIP NJ PROGRAM	611710	2,735,098.	2,735,098.	
	c	RADIATION THERAPY	621400	644,554.	644,554.	
	d	DELIVERY SYSTEM REFORM	611710	468,015.	468,015.	
	e	RADIOLOGY PROCEDURES	621400	95,130.	95,130.	
	f	All other program service revenue	621990	50,564.	50,564.	
	g	<b>Total.</b> Add lines 2a-2f		360,140,847.		
	3	Investment income (including dividends, interest, and other similar amounts)		118,797.		118,797.
4	Income from investment of tax-exempt bond proceeds		105.		105.	
5	Royalties					
Other Revenue	6 a	Gross rents	6a	(i) Real 2,382,890.	(ii) Personal	
	b	Less: rental expenses	6b	2,382,890.		
	c	Rental income or (loss)	6c	0.		
	d	Net rental income or (loss)		0.		
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities 7,218,361.	(ii) Other 15,864,108.	
	b	Less: cost or other basis and sales expenses	7b	3,752,557.	667.	
	c	Gain or (loss)	7c	3,465,804.	15,863,441.	
	d	Net gain or (loss)		19,329,245.		19,329,245.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	9a			
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	JOINT VENTURE INCOME	621990	15,399,302.	15,399,302.	
	b	DIETARY REVENUE	624100	621,097.		621,097.
	c	MEM AMBUL SURG CTR	621990	203,774.	203,774.	
	d	All other revenue	624100	39,438.	39,438.	
	e	<b>Total.</b> Add lines 11a-11d		16,263,611.		
12	<b>Total revenue.</b> See instructions		400,739,226.	375,778,078.	5,283.	20,069,244.

**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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	871,202.	696,962.	174,240.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,947,014.	90,357,611.	22,589,403.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,893,785.	3,115,028.	778,757.	
9 Other employee benefits	14,478,839.	11,583,071.	2,895,768.	
10 Payroll taxes	8,304,519.	6,643,615.	1,660,904.	
11 Fees for services (nonemployees):				
a Management	9,204,420.	9,204,420.		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	561,481.	449,185.	112,296.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,202,118.	27,396,350.	1,805,768.	
12 Advertising and promotion	3,227.	3,227.		
13 Office expenses	5,363,662.	4,288,429.	1,075,233.	
14 Information technology				
15 Royalties				
16 Occupancy	7,600,750.	5,050,339.	2,550,411.	
17 Travel	80,042.	77,988.	2,054.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	323,763.	323,763.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,128,966.	15,303,173.	3,825,793.	
23 Insurance				
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 UBI TAX	600.		600.	
b VIRTUA HEALTH ALLOCATIO	72,231,926.	57,785,541.	14,446,385.	
c MEDICAL SUPPLIES	54,161,184.	54,161,184.		
d NJ HOSPITAL FEE	1,878,372.	1,878,372.		
e All other expenses	1,539,761.	1,201,680.	338,081.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>341,775,631.</b>	<b>289,519,938.</b>	<b>52,255,693.</b>	<b>0.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	3,646.	<b>1</b>	1,442,804.
	<b>2</b> Savings and temporary cash investments .....	749,297.	<b>2</b>	835,523.
	<b>3</b> Pledges and grants receivable, net .....	104,049.	<b>3</b>	128,274.
	<b>4</b> Accounts receivable, net .....	33,821,487.	<b>4</b>	45,468,786.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	23,586.	<b>8</b>	354,448.
	<b>9</b> Prepaid expenses and deferred charges .....	1,794,362.	<b>9</b>	2,509,353.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 433,207,150.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 304,582,984.	139,560,126.	<b>10c</b> 128,624,166.
	<b>11</b> Investments - publicly traded securities .....	1,396,210.	<b>11</b>	1,412,863.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	154,302,288.	<b>12</b>	177,385,600.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	9,178,718.	<b>13</b>	9,811,967.
	<b>14</b> Intangible assets .....		<b>14</b>	667,485.
	<b>15</b> Other assets. See Part IV, line 11 .....	513,024,430.	<b>15</b>	558,150,232.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	853,958,199.	<b>16</b>	926,791,501.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	19,938,978.	<b>17</b>	23,971,582.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	86,451.	<b>19</b>	848,973.
	<b>20</b> Tax-exempt bond liabilities .....	8,185,835.	<b>20</b>	7,323,909.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	449,000.	<b>23</b>	449,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	80,715.
	<b>25</b> 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 .....	57,956,681.	<b>25</b>	48,998,094.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	86,616,945.	<b>26</b>	81,672,273.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	751,733,511.	<b>27</b>	828,368,013.
	<b>28</b> Net assets with donor restrictions .....	15,607,743.	<b>28</b>	16,751,215.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	767,341,254.	<b>32</b>	845,119,228.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	853,958,199.	<b>33</b>	926,791,501.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	400,739,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	341,775,631.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,963,595.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	767,341,254.
5	Net unrealized gains (losses) on investments	5	10,919,330.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,895,049.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	845,119,228.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	<b>Employer identification number</b> 21-0634562
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15		%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number 21-0634562
---	--

**Organization type (check one):**

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

Employer identification number 21-0634562

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form section for Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and tables for revenue and assets.

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

Schedule D (Form 990) 2021

132051 10-28-21



**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	10,348,469.	9,614,977.	8,628,470.	9,698,923.	9,108,367.
b Contributions					
c Net investment earnings, gains, and losses	1,153,873.	1,233,228.	1,493,455.	-535,870.	1,125,951.
d Grants or scholarships					
e Other expenditures for facilities and programs	419,434.	412,388.	422,073.	448,908.	448,695.
f Administrative expenses	101,024.	87,348.	84,875.	85,675.	86,700.
g End of year balance	10,981,884.	10,348,469.	9,614,977.	8,628,470.	9,698,923.

- 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  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  | X  |
| (ii) Related organizations   | 3a(ii) | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     | X  |
- 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		20,727,584.		20,727,584.
b Buildings		151,061,995.	119,709,847.	31,352,148.
c Leasehold improvements		24,785,299.	5,828,056.	18,957,243.
d Equipment		235,753,330.	179,045,081.	56,708,249.
e Other		878,942.		878,942.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				128,624,166.

**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) PRIVATE PLACEMENT FUND	177,385,600.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	177,385,600.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES LONG TERM	448,838,827.
(2) INVESTMENT IN SUBSIDIARIES	92,815,890.
(3) RIGHT OF USE ASSETS	15,645,778.
(4) OTHER ACCOUNTS RECEIVABLE	849,737.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	558,150,232.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ESTIMATED SETTLEMENTS DUE TO 3RD PARTY PAYORS	29,380,083.
(3) LEASE LIABILITY	17,269,358.
(4) EXTENDED SICK TIME RESERVE	1,741,711.
(5) DUE TO AFFILIATES	453,726.
(6) CAPITAL LEASE	153,216.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,998,094.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for totals.

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.

PART V, LINE 4:

THE PRINCIPAL IN BOTH THE ROBERTS PERMANENT ENDOWMENT AND THE COATE

PERMANENT ENDOWMENT WAS SET UP SO THAT THE INCOME FROM IT WOULD BE

DISTRIBUTED TO VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2021**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization** VIRTUA-MEMORIAL HOSPITAL BURLINGTON  
COUNTY, INC. **Employer identification number**  
21-0634562

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %	X	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,910,771.	597,151.	5,313,620.	1.55%
<b>b</b> Medicaid (from Worksheet 3, column a)			56,969,113.	37,018,419.	19,950,694.	5.83%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			62,879,884.	37,615,570.	25,264,314.	7.38%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			8,756,581.	5,548,045.	3,208,536.	.94%
<b>f</b> Health professions education (from Worksheet 5)			2,226,293.	765,165.	1,461,128.	.43%
<b>g</b> Subsidized health services (from Worksheet 6)			11,141,636.	10,668,588.	473,048.	.14%
<b>h</b> Research (from Worksheet 7)			119,182.	10,766.	108,416.	.03%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			110,376.	365.	110,011.	.03%
<b>j Total.</b> Other Benefits			22,354,068.	16,992,929.	5,361,139.	1.57%
<b>k Total.</b> Add lines 7d and 7j			85,233,952.	54,608,499.	30,625,453.	8.95%

**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			399,306.	180,656.	218,650.	.06%
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			399,306.	180,656.	218,650.	.06%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's 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	56,604,403.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	66,139,946.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-9,535,543.
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

1 VIRTUA MEMORIAL HOSPITAL  
 175 MADISON AVENUE  
 MOUNT HOLLY, NJ 08060  
 WWW.VIRTUA.ORG  
 LICENSE #10301

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY</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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY-ACTION-PLAN</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

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



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

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

**Policy Relating to Emergency Medical Care**

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's 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)		

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

		Yes	No
<b>22</b>	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		
<b>23</b>	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.		X
<b>24</b>	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.		X

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

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

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

PART V, LINE 16A, FAP WEBSITE:

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

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.

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

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

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

VIRTUA'S FINANCIAL ASSISTANCE POLICY ("FAP") IS DESIGNED TO ASSIST

THOSE WHO DO NOT HAVE ADEQUATE FINANCIAL RESOURCES OR HEALTH INSURANCE

TO PAY FOR THE CARE THAT THEY, OR SOMEONE FOR WHOM THEY ARE

RESPONSIBLE, RECEIVED. THE POLICY AND RELATED ACTIONS HAVE BEEN

STRUCTURED TO COMPLY WITH SECTION 501(R) OF THE INTERNAL REVENUE CODE.

VIRTUA'S FAP PERTAINS TO THE PROVISION OF EMERGENCY AND OTHER MEDICALLY

NECESSARY CARE. THE FAP LISTS AND EXPLAINS THE PROGRAMS AND

REGULATIONS UNDER WHICH FINANCIAL ASSISTANCE IS AVAILABLE, AS FOLLOWS:

A) GOVERNMENT PROGRAMS SUCH AS MEDICAID AND SOCIAL SECURITY

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

C) NEW JERSEY UNINSURED DISCOUNT (PUBLIC LAW 2008, CHAPTER 60)

**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.

D) NJ FAMILYCARE

E) NEW JERSEY CANCER EDUCATION AND EARLY DETECTION

F) THE CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND

G) NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICE

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

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

VIRTUA HAS SET UP CONSPICUOUS DISPLAYS IN ITS PUBLIC HOSPITAL LOCATIONS

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

FINANCIAL ASSISTANCE AVAILABLE. VIRTUA WILL PROVIDE PATIENTS WITH A

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

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

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

EMERGENCY DEPARTMENTS AND PATIENT REGISTRATION AREAS. THE FAP,

APPLICATIONS, AND PLS ARE ALL AVAILABLE IN ENGLISH AND IN THE PRIMARY

LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP")

THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY

SERVED BY VIRTUA. VIRTUA'S AGB CALCULATIONS ARE AVAILABLE UPON REQUEST

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

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

OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES PURSUANT TO INTERNAL

REVENUE CODE SECTION 501(R)(5).

VIRTUA COMPLIES WITH ALL FEDERAL AND STATE REGULATIONS AND CONTRACTUAL

PROVISIONS WITH REGARDS TO ITS BILLING AND COLLECTION PRACTICES. FOR

UNINSURED PATIENTS OR THOSE WITHOUT SECONDARY INSURANCE COVERAGE FOR A

RESIDUAL BALANCE, VIRTUA WILL NOT ENGAGE IN EXTRAORDINARY COLLECTION

**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.

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

MADE TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE

UNDER VIRTUA'S FAP. THE ACCOUNTS OF PATIENTS FOR WHICH THERE IS NO

IDENTIFIED THIRD PARTY HEALTH INSURANCE COVERAGE WILL FOLLOW THE

DEFINED SELF-PAY COLLECTION CYCLE, WITH THE RESPONSIBLE PARTY BEING

MADE AWARE OF THE AVAILABILITY OF DISCOUNTS OFFERED UNDER THE FAP. IF

A COMPLETED FAP APPLICATION IS RECEIVED, VIRTUA (AND ANY THIRD PARTIES

ACTING ON VIRTUA'S BEHALF) WILL SUSPEND ANY ECAS AGAINST THE INDIVIDUAL

UNTIL A QUALIFICATION DETERMINATION IS MADE.

FOR UNPAID ACCOUNTS THAT HAVE REACHED THE END OF THE COLLECTION CYCLE

WITHOUT BEING IN THE PROCESS OF MAKING PAYMENT ARRANGEMENTS OR APPROVED

FOR FINANCIAL ASSISTANCE, AN ESTIMATION OF THE RESPONSIBLE PARTY'S

ANNUAL INCOME MAY BE OBTAINED FROM AN OUTSIDE CREDIT AGENCY TO

DETERMINE IF THE INDIVIDUAL WOULD LIKELY BE FAP-ELIGIBLE. IF SO, A

REDUCTION TO CHARGES WILL BE APPLIED PRIOR TO TRANSFERRING THE ACCOUNT

BALANCE TO A THIRD PARTY FOR COLLECTION. VIRTUA WILL NOTIFY THE

INDIVIDUAL REGARDING THE BASIS FOR THE PRESUMPTIVE FAP-ELIGIBILITY

DETERMINATION. VIRTUA WILL ENSURE REASONABLE EFFORTS HAVE BEEN TAKEN

TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE

UNDER THE FAP PRIOR TO INITIATING ECAS. EMERGENT, URGENT, AND LABOR

AND DELIVERY SERVICES COVERED UNDER EMTALA (EMERGENCY MEDICAL TREATMENT

AND ACTIVE LABOR ACT) ARE NOT SUBJECT TO PRIOR PAYMENT. VIRTUA WILL NOT

ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING

EMERGENCY MEDICAL CARE.

PATIENTS WHOM RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE AT

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

VIRTUA ARE COMMONLY ALSO SEEN BY PRIVATE PHYSICIAN GROUPS OR OTHER

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

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

HOSPITAL FACILITIES THAT PROVIDE EMERGENCY OR OTHER MEDICALLY NECESSARY

HEALTH CARE SERVICES. THE POLICY SPECIFIES WHICH PROVIDERS ARE COVERED

UNDER THIS FAP AND WHICH ARE NOT.

PART V, SECTION B, LINE 5 CHNA COMMUNITY ENGAGEMENT

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

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

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

COUNTIES THAT COMPRISE THE SJHC SERVICE AREAS (BURLINGTON, CAMDEN, AND

GLOUCESTER COUNTIES). TO ACHIEVE THE GOAL OF OBTAINING LOCALLY

ACTIONABLE INFORMATION FOR IMPROVING HEALTH, THIS CHNA EMPLOYED A

MIXED-METHODS ITERATIVE STRATEGY OF DATA COLLECTION THAT COMBINED

QUANTITATIVE AND QUALITATIVE ANALYSIS OF PRIMARY DATA COLLECTED FROM

COMMUNITY MEMBERS AND STAKEHOLDERS WITH QUANTITATIVE ANALYSIS OF

SECONDARY DATA. THE TWO FUNDAMENTALS OF OUR APPROACH ARE RIGOROUS DATA

ANALYSIS AND COMMUNITY VOICE. TO THAT END, WE USED A VARIETY OF METHODS

AND TOOLS TO ANALYZE THE DATA WE COLLECTED BOTH FROM COMMUNITY MEMBERS

AND OTHER SOURCES WE IDENTIFIED THROUGH CONSULTATION WITH TRUSTED

COMMUNITY PARTNERS IN EACH COUNTY.

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

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

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

OUR MAIN OBJECTIVE WAS TO GATHER THE THOUGHTS OF COMMUNITY MEMBERS AND

**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.

STAKEHOLDERS ON HEALTH ISSUES (SUCH AS ACCESS TO CARE, HEALTH EDUCATION, AND COMMUNICATION) AND ANY BARRIERS RESIDENTS MAY CONFRONT IN OBTAINING CARE. ADDITIONAL AREAS OF INQUIRY INCLUDED THE STRENGTHS AND WEAKNESSES OF THE HEALTH CARE DELIVERY SYSTEM, AS WELL AS POTENTIAL AREAS OF IMPROVEMENT. THE FOCUS GROUP FORMAT ALLOWED PARTICIPANTS TO EXPRESS THEIR OPINIONS, SUGGESTIONS, AND RECOMMENDATIONS IN A CONFIDENTIAL FORMAT. BECAUSE THEY LIVE AND WORK WITHIN THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC) SERVICE AREA, COMMUNITY MEMBER AND STAKEHOLDER INPUT WAS CRUCIAL TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. OUR FOCUS GROUPS UTILIZED A SEMI-STRUCTURED RESEARCH INSTRUMENT. FOCUS GROUPS RANGED IN SIZE FROM 2 TO 17 PARTICIPANTS. INFORMED CONSENT WAS OBTAINED AFTER THE PURPOSE OF THE FOCUS GROUP WAS EXPLAINED AND PRIOR TO THE DATA COLLECTION PROCESS, FOLLOWING THE APPROVED IRB PROTOCOL. ONE RESEARCH TEAM MEMBER FACILITATED THE FOCUS GROUP AND 1 TO 2 ADDITIONAL RESEARCH TEAM MEMBERS TOOK DETAILED NOTES. FOLLOWING EACH FOCUS GROUP, THE RESEARCH TEAM COMPILED A REPORT INCLUDING NOTES AND A SUMMARY OF THE FOCUS GROUP.

WE CONDUCTED 5 INTERVIEWS WITH KEY STAKEHOLDERS IN THE COUNTIES WHO WERE IDENTIFIED BY SJHC. THE INTERVIEWS WERE COMPLETED USING A SEMI-STRUCTURED RESEARCH INSTRUMENT, AND THE GOALS OF THE INTERVIEW WERE SIMILAR TO THOSE OF THE FOCUS GROUPS. THE PURPOSE OF THE RESEARCH PROJECT WAS EXPLAINED TO POTENTIAL PARTICIPANTS AND INFORMED CONSENT WAS OBTAINED PRIOR TO THE DATA COLLECTION PROCESS, FOLLOWING THE APPROVED IRB PROTOCOL. INTERVIEWS WERE CONDUCTED IN A PRIVATE SETTING. RESEARCH TEAM MEMBERS TOOK NOTES, AND SOME INTERVIEWS WERE ALSO AUDIO-RECORDED. INTERVIEW PARTICIPANTS WERE ASKED TO THINK ABOUT AND

**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.

SHARE THEIR PERSPECTIVES ON ACCESS TO CARE, HEALTH EDUCATION AND COMMUNICATION, AS WELL AS THE BARRIERS RESIDENTS FACE IN OBTAINING CARE. OTHER AREAS OF INQUIRY INCLUDED THE STRENGTHS AND WEAKNESSES OF THE HEALTH CARE DELIVERY SYSTEM AS WELL POTENTIAL AREAS OF IMPROVEMENT. BOTH THE RESEARCH INSTRUMENT AND THE PROTOCOL FOR THE INTERVIEW WERE DEVELOPED BASED ON THE GROUNDED THEORY APPROACH WITHIN THE QUALITATIVE RESEARCH FRAMEWORK. THIS METHOD PERMITS RESEARCH STUDY PARTICIPANTS TO ANSWER THE QUESTIONS IN THE WAY THAT THEY FEEL COMFORTABLE. FURTHERMORE, THIS METHOD ALLOWS A FREE FLOWING CONVERSATION BETWEEN THE INTERVIEWER AND INTERVIEWEE AND ALLOWS THE PARTICIPANT TO DETAIL AND EXPLAIN VARIOUS VIEWPOINTS THROUGHOUT THE INTERVIEW. ANOTHER BENEFIT IS THAT THE INTERVIEWER IS NOT CONSTRAINED TO THE QUESTIONS ON THE INSTRUMENT AND IS PERMITTED TO ASK APPROPRIATE FOLLOW-UP QUESTIONS, FOR INSTANCE, WHEN CLARITY IS NEEDED.

A LIST OF ALL LOCATIONS, PARTICIPATION NUMBERS AND PARTICIPATING AGENCIES IS INCLUDED AS APPENDICES IN CHNA REPORT.

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

- COOPER UNIVERSITY HEALTH CARE,
- JEFFERSON HEALTH,
- LOURDES HEALTH SYSTEM (NOW VIRTUA),
- VIRTUA HEALTH

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

- BURLINGTON COUNTY HEALTH DEPARTMENT,
- CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND



**Part V 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.

- GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PART V, SECTION B, LINE 11 CHNA ASSESSMENT

THE CHNA REVEALED THE COMMUNITIES' KEY ISSUES AND AREAS OF OPPORTUNITY.

THE ASSESSMENT CONTRIBUTES SUPPORTING DATA AND ENABLES VIRTUA HEALTH TO

TAKE AN IN-DEPTH LOOK AT ITS GREATER COMMUNITY AND TO DEVELOP

INNOVATIVE AND EVIDENCE BASED IMPLEMENTATION STRATEGIES. SIGNIFICANT

RESULTS FROM THE CNHA ARE INTEGRATED INTO THE PROCESS OF PRIORITIZATION

OF HEALTH NEEDS AND THE DEVELOPMENT OF A HEALTH SYSTEM IMPLEMENTATION

PLAN.

BASED ON COMMUNITY NEEDS, FOUR AREAS HAVE BEEN IDENTIFIED AS CRITICAL

COMMUNITY NEEDS AND ARE ADDRESSED IN THIS IMPLEMENTATION PLAN:

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, ACCESSING CARE, COMMUNICATIONS

AND RELATIONSHIPS, AND OBESITY.

VIRTUA HEALTH, AS A COMPREHENSIVE HEALTHCARE SYSTEM WITH A MISSION TO

HELP THE SOUTH JERSEY COMMUNITY TO BE WELL, GET WELL, AND STAY WELL,

EMBRACES THE OPPORTUNITY TO UTILIZE ITS RESOURCES TO ASSIST ITS SJHC

PARTNERS IN ADDRESSING THESE PRIORITY AREAS. THE CHNA TEAM

COLLABORATED WITH COLLEAGUES ACROSS THE VIRTUA SYSTEM TO IDENTIFY

RESOURCES THAT COULD BE LEVERAGED TO PROVIDE SOLUTIONS TO THE PROBLEMS

AND GAPS IDENTIFIED BY SOUTH JERSEY RESIDENTS. THIS COLLABORATION

REVEALED BOTH THE VAST AMOUNT OF WORK ALREADY UNDERWAY WITHIN VIRTUA

AND THE OPPORTUNITY TO COORDINATE THIS WORK TO BEST ADDRESS THE NEEDS

IDENTIFIED IN THE 2019 CHNA. FOLLOWING A SERIES OF MEETINGS INVOLVING

A MULTI-DISCIPLINARY GROUP OF VIRTUA LEADERS, THE FOLLOWING GOALS,

**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.

OBJECTIVES, STRATEGIES WERE DEVELOPED AS PART OF THE COMMUNITY HEALTH

IMPROVEMENT PLAN (CHIP) FOR 2020-2022 PERIOD.

1. BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

BRIEF DESCRIPTION OF NEED: BEHAVIORAL HEALTH DESCRIBES THE CONNECTION

BETWEEN A PERSON'S BEHAVIORS AND THE HEALTH AND WELL-BEING OF THE BODY

AND MIND. IT INCLUDES STRATEGIES AIMED AT PROMOTING AND IMPROVING

MENTAL HEALTH, AS WELL AS STRATEGIES AIMED AT PREVENTING OR INTERVENING

IN ADDICTIONS. BROADLY, COMMUNITY MEMBERS DESCRIBED THE PREVALENCE OF

NEEDS RELATED TO BEHAVIORAL HEALTH, THE LINKS BETWEEN MENTAL HEALTH AND

SUBSTANCE ABUSE, THE INADEQUACY OF RESOURCES, AND SPECIFIC POPULATIONS

THAT ARE PARTICULARLY AT RISK FOR BEHAVIORAL HEALTH CHALLENGES.

GOAL: OFFER A RANGE OF ACCESSIBLE BEHAVIORAL HEALTH PREVENTION AND

TREATMENT OPTIONS THAT FIT THE NEEDS OF INDIVIDUALS.

OBJECTIVES:

-INCREASE SCREENINGS FOR BEHAVIORAL HEALTH NEEDS IN A VARIETY OF

HEALTH CARE SETTINGS.

-INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR MENTAL

HEALTH AND/OR SUBSTANCE ABUSE.

STRATEGIES:

-PROVIDE SUICIDE SCREENINGS TO EMERGENCY DEPARTMENT PATIENTS AND REFER

FOR TREATMENT AS NEEDED

-SUICIDE SEVERITY RATING SCALE IN EMERGENCY DEPARTMENTS

-PROVIDE DEPRESSION SCREENINGS IN PRIMARY CARE AND URGENT CARE

**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.

-PHQ SCREENING TOOLS

-EXPLORE IMPLEMENTATION OF ALCOHOL AND SUBSTANCE USE SCREENING TOOL IN

PRIMARY CARE

-PROVIDE MEDICATION ASSISTED TREATMENT (MAT) IN INPATIENT AND

OUTPATIENT CARE SETTING

-MAT INITIATION IN INPATIENT SETTING- VIRTUA MEMORIAL BEHAVIORAL

HEALTH UNIT

-MAT OFFERED IN OUTPATIENT SETTING- VIRTUA BERLIN

-PROMOTE AWARENESS ABOUT VIRTUA HEALTH'S ONLINE BEHAVIORAL HEALTH

RESOURCES

-EDUCATE STAFF ON ONLINE BEHAVIORAL HEALTH RESOURCE DIRECTORY

-INCREASE COMMUNITY AWARENESS AND UNDERSTANDING ABOUT MENTAL HEALTH

ISSUES

-MENTAL HEALTH EDUCATION AT COMMUNITY HEALTH EVENTS

2. ACCESSING CARE

BRIEF DESCRIPTION OF NEED: COMMUNITY MEMBERS' CONCERNS ABOUT ACCESSING

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

TIME INVOLVED IN GETTING CARE, DIFFICULTY NAVIGATING THE HEALTH CARE

SYSTEM AND TREATMENT PLANS, AND TRANSPORTATION, LACK OF PROVIDERS

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

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

IMPORTANT NEED.

GOAL: OFFER SUPPORTIVE SERVICES THAT ASSIST THE COMMUNITY WITH

ACHIEVING ACCESSIBLE HEALTH CARE.

**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.

**OBJECTIVES:**

-REDUCE TRANSPORTATION BARRIERS FOR RESIDENTS TO RECEIVE CARE.

-IMPROVE NAVIGATION OF HEALTH CARE SERVICES TO LINK INDIVIDUALS TO

APPROPRIATE, TRANSPARENT, AND COST-EFFECTIVE CARE.

**STRATEGIES:**

-IMPROVE ACCESS TO SERVICES AND RESOURCES IN VIRTUA AND THE COMMUNITY

-MOBILE PEDIATRIC VAN- FLU SHOTS, BLOOD LEAD LEVEL SCREENINGS

-MOBILE MAMMOGRAPHY PROGRAM

-COMPREHENSIVE PRIMARY CARE PSYCHOTHERAPY PROGRAM

-CONTINUE TO PROVIDE TRANSPORTATION SERVICES FOR PATIENTS EXPERIENCING

**TRANSPORTATION BARRIERS**

-RIDES FOR ELIGIBLE PATIENTS TO PRIMARY AND SPECIALTY CARE

**APPOINTMENTS**

-IMPROVE ACCESS TO VIRTUA SERVICES BY ENHANCING HOW WE CONNECT AND

**SUPPORT OUR COMMUNITY.**

-DIGITAL ACCESS THROUGH "CHAT SESSIONS"

- "MY CHART" PROMOTION TO INCREASE SPECIALIST APPOINTMENTS

-SUPPORT CHERRY HILL FREE CLINIC REFERRALS

**3. COMMUNICATIONS AND RELATIONSHIPS**

**BRIEF DESCRIPTION OF NEED:** COMMUNITY MEMBERS REPORTED THAT

COMMUNICATION AROUND HEALTH CARE WAS A BARRIER TO CARE. RUSHED OR

UNCLEAR COMMUNICATION BETWEEN PATIENTS AND PROVIDERS LEFT COMMUNITY

MEMBERS FEELING UNCERTAIN ABOUT THEIR DIAGNOSES AND TREATMENT PLANS.

COMMUNITY MEMBERS AND STAKEHOLDERS ALIKE WORRIED THAT STIGMA ASSOCIATED

WITH IDENTITY OR DIAGNOSES IMPACTED EFFECTIVE COMMUNICATION BETWEEN

PATIENTS AND PROVIDERS. STAKEHOLDERS WORRIED THAT POOR COMMUNICATION

**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.

BETWEEN AGENCIES RESULTED IN DUPLICATE SERVICES AND KEPT PATIENTS FROM

RECEIVING AVAILABLE SERVICES. COMMUNITY MEMBERS AND STAKEHOLDERS

MENTIONED A NEED FOR BETTER COMMUNICATION BETWEEN HEALTH SYSTEMS AND

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

COMMUNITY MEMBERS WERE NOT AWARE OF PROGRAMS AND SERVICES PROVIDED BY

THE HEALTH SYSTEMS. FINALLY, COMMUNITY MEMBERS AND STAKEHOLDERS

MENTIONED THE NEED TO HAVE POPULATION-SPECIFIC COMMUNICATIONS

STRATEGIES.

GOAL: IMPROVE COMMUNICATION AND COORDINATION ACROSS THE HEALTH CARE

CONTINUUM, INCLUSIVE OF PATIENTS, PROVIDERS, AND OTHER COMMUNITY

ORGANIZATIONS.

OBJECTIVES:

-IMPROVE COMMUNICATION BETWEEN PROVIDERS AND PATIENTS TO ESTABLISH

CLEARER PATIENT UNDERSTANDING OF THE CARE PLAN.

-ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING

THEIR HEALTH CARE.

IMPROVE COMMUNICATION BETWEEN HEALTH CARE AGENCIES.

STRATEGIES:

-EDUCATE STAFF AND PROVIDERS TO REDUCE IMPLICIT BIAS AND INCREASE

CULTURAL COMPETENCY

-UNCONSCIOUS BIAS CONTENT INCLUDED IN COMPLIANCE TRAINING

-ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING

THEIR HEALTH CARE

- "MY CHART" PROMOTION AND UTILIZATION

**Part V Facility Information** (continued)

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

-IMPROVE COMMUNICATION BETWEEN PROVIDERS AND PATIENTS TO ESTABLISH

CLEARER PATIENT UNDERSTANDING OF THE CARE PLAN

-PATIENT SATISFACTION SURVEY ANALYSIS

-CONTINUE TO PROMOTE VIRTUA HEALTH SERVICES AND PROGRAMS IN THE

COMMUNITY

-CRM DATA MINING FOR CUSTOMIZED MARKETING CAMPAIGNS OF VIRTUA

PROGRAMS AND SERVICES

-IMPROVE COMMUNICATION BETWEEN HEALTH CARE AGENCIES

-PARTICIPATION IN LOCAL COUNTY BOARDS OF HEALTH AND MOBILIZING

ACTION BY PLANNING AND PROMOTION (MAPP)MEETINGS

4. OBESITY

BRIEF DESCRIPTION OF NEED: COMMUNITY MEMBERS RANKED OBESITY AS A TOP

HEALTH ISSUE IN THEIR COMMUNITIES. WHEN ASKED TO IDENTIFY HEALTH ISSUES

FACING THEIR COMMUNITIES, OVER 1/3 OF ALL RESPONSES WERE DIRECTLY

RELATED TO OBESITY, THE CAUSES OF OBESITY, AND THE CHRONIC DISEASES

THAT ARE ASSOCIATED WITH OBESITY. ACROSS THE BURLINGTON, CAMDEN, AND

GLOUCESTER COUNTIES, JUST OVER HALF OF COMMUNITY MEMBERS IDENTIFIED

ADULT OBESITY AS AN ISSUE FACING THEIR COMMUNITY. COMMUNITY MEMBERS

SELECTED AS IMPORTANT HEALTH ISSUES BOTH THE CAUSES OF OBESITY AND ITS

CONSEQUENCES.

GOAL: INCREASE ACCESS TO EDUCATION, HEALTHY FOOD OPTIONS, AND

PARTICIPATION IN PHYSICAL ACTIVITY.

OBJECTIVES:

-PROVIDE ASSISTANCE SO INDIVIDUALS CAN REDUCE UNHEALTHY FOOD CHOICES.

**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.

-INCREASE ENGAGEMENT IN PROGRAMMING THAT PROMOTES A HEALTHY LIFESTYLE.

STRATEGIES:

-INCREASE ACCESS TO HEALTHY FOOD OPTIONS

-VIRTUA MOBILE FARMERS MARKET

-FOOD AS MEDICINE PROGRAM

-INCREASE ACCESS TO EDUCATION AROUND HEALTHY LIFESTYLE

-HEALTHY LIFESTYLE EDUCATION VIA SOCIAL MEDIA PLATFORMS

-COOKING DEMOS AT NUTRITION AND WEIGHT LOSS PROGRAMS

-INCREASE ACCESS TO PHYSICAL ACTIVITY

-EXERCISE AND FITNESS CLASSES

OVER THE NEXT THREE YEARS, VIRTUA HEALTH, IN COLLABORATION WITH OUR

COMMUNITY PARTNERS AND LOCAL PUBLIC HEALTH AGENCIES WILL WORK TOWARD

IMPLEMENTING THESE STRATEGIES TO ADDRESS THE CONCERNS IDENTIFIED BY OUR

COMMUNITY. WE EMBRACE THE CHALLENGE OF CONFRONTING THE NEEDS IDENTIFIED

BY OUR COMMUNITY AND PROVIDING THE RESOURCES TO BE WELL, STAY WELL, AND

GET WELL.

PART V, LINE 7B

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

[ATE/VIRTUA/PDF/CHNA/CHNA%20REPORT\\_VIRTUA\\_FINAL090319-SMALL.ASHX?LA=EN](https://www.virtua.org/-/media/files/virtua%20enterprise/virtua%20corporate/virtua/pdf/chna/chna%20report_virtua_final090319-small.ashx?la=en)





**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

NOT APPLICABLE

PART I, LINE 6A, COMMUNITY BENEFIT REPORT

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

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

A COST ACCOUNTING SYSTEM THAT ADDRESSED ALL PATIENT SEGMENTS WAS USED TO CALCULATE THE FINANCIAL ASSISTANCE, MEANS-TESTED GOVERNMENT PROGRAMS (ITEMS 7A THROUGH 7D) AND SUBSIDIZED HEALTH SERVICES (ITEM 7G) COST. THE CALCULATION OF COST FOR ALL OTHER BENEFITS (ITEMS 7E, 7F, 7H, AND 7I) IS BASED ON ACTUAL COST.

PART II, COMMUNITY BUILDING ACTIVITIES:

132100 11-22-21

**Part VI** Supplemental Information (Continuation)

## DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES:

VIRTUA COMMITS EXTENSIVE RESOURCES TO THE COMMUNITIES IT SERVES THROUGH DIRECT FINANCIAL CONTRIBUTIONS AS WELL AS IN HEALTH/COMMUNITY-IMPROVEMENT PROGRAMMING AND PROFESSIONAL TIME AND EXPERTISE. VIRTUA FOCUSES ITS RESOURCES ON PROGRAMS THAT WILL HAVE THE MOST SIGNIFICANT IMPACT ON HEALTH IMPROVEMENT. SOCIAL DETERMINANTS OF HEALTH LIKE ACCESS TO GOOD MEDICAL CARE AND NUTRITIOUS FOOD ARE A CENTERPIECE OF VIRTUA'S COMMUNITY HEALTH IMPROVEMENT EFFORTS. VIRTUA HAS A YEAR-ROUND, WEEKLY MOBILE FARMERS MARKET SITE AT THE CAMDEN CAMPUS, WHICH INCREASED HEALTHY FOOD ACCESS AND PURCHASES THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). FOOD DRIVES WERE ORGANIZED TO SUPPORT VIRTUA'S FOOD ACCESS PROGRAMS, WHICH INCLUDE TWO FOOD PANTRIES THAT PROVIDE AND NON-PERISHABLES TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AT NO COST. THE 2021 ANNUAL TURKEY AND PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY MEALS, INCLUDING A WHOLE TURKEY, FOR MORE THAN 1,500 FAMILIES IN CAMDEN CITY AND WILLINGBORO, NJ. VIRTUA HEALTH ORGANIZED, OR COLLABORATED WITH COMMUNITY STAKEHOLDERS, PARTICIPATION IN DOZENS OF COMMUNITY ENGAGEMENT AND BUILDING EVENTS. A SAMPLING INCLUDES, NUMEROUS DISEASE-SPECIFIC SUPPORT GROUPS, VARIOUS HEALTH AND WELLNESS FAIRS, COMMUNITY/SCHOOL CLEAN-UPS, AND EDUCATIONAL EVENTS ON A VARIETY OF HEALTH SERVICES TOPICS. VIRTUA'S MOBILE FARMERS MARKET, HOSPITAL-BASED FOOD PANTRIES, AND MOBILE UNITS FOR PEDIATRICS AND MAMMOGRAPHY HAVE PROVIDED A CRITICAL SAFETY NET IN COMMUNITIES WITH THE GREATEST NEED. VIRTUA COLLABORATES WITH OTHER TRUSTED COMMUNITY ORGANIZATIONS, SCHOOLS, NON-PROFIT FOUNDATIONS, AND FAITH-BASED ORGANIZATIONS TO REACH AS MANY AREA RESIDENTS AS POSSIBLE. VIRTUA WORKS WITH THESE PARTNERS TO EDUCATE THE PUBLIC, PROMOTE HEALTH SERVICES AND WELLNESS ACTIVITIES, AND BRING VIRTUA SERVICES DIRECTLY TO THE PEOPLE WHO LIVE THERE. THE RIDE HEALTH

**Part VI** Supplemental Information (Continuation)

TRANSPORTATION ASSISTANCE PROGRAM, WHICH PROVIDES FREE NON-EMERGENCY  
 MEDICAL TRANSPORTATION FOR ESTABLISHED PATIENTS WHO FACE BARRIERS TO  
 ACCESSING HEALTHCARE SERVICES, IS ANOTHER DIRECT WAY VIRTUA HELPS THEIR  
 PATIENTS ON A DAILY BASIS.

OUR FACILITIES PROVIDED FREE MEETING SPACE FOR A WIDE RANGE OF COMMUNITY  
 GROUPS, AND OUR EMERGENCY SERVICES EXPERTS SUPPORT AN EXTENSIVE NETWORK OF  
 DISASTER PLANNING ORGANIZATIONS THROUGHOUT THE STATE OF NEW JERSEY TO  
 ENSURE COMMUNITY READINESS IN THE EVENT OF A MAJOR EMERGENCY. VIRTUA'S  
 EMERGENCY SERVICES STAFF ALSO PROVIDE FREE SUPPORT AND EDUCATION AT  
 COMMUNITY EVENTS THROUGHOUT THE YEAR.

AS THE REGION'S LEADING PROVIDER OF MATERNITY AND WOMEN'S HEALTH SERVICES,  
 VIRTUA PROVIDES EXPANSIVE PROGRAMMING, INCLUDING BREAST-FEEDING SUPPORT,  
 FREE SCREENINGS FOR POST-PARTUM DEPRESSION AND SUPPORT FOR FAMILIES  
 FOLLOWING THE LOSS OF AN INFANT.

VIRTUA PROVIDES A WIDE RANGE OF FREE SERVICES FOR THE ENTIRE COMMUNITY AND  
 HEALTH PROFESSIONALS, FROM SUPPORT GROUPS FOR THOSE AFFECTED BY CANCER AND  
 DIABETES, TO COVID-19 SUPPORT GROUP, TO HEALTH EDUCATION, SCREENING, AND  
 FREE LAB WORK TO THOSE WHO CANNOT AFFORD TO PAY. VIRTUA IS ALSO A  
 SUPPORTER OF THE CHERRY HILL FREE CLINIC, WHICH PROVIDES CARE TO THE  
 WORKING POOR - RESIDENTS WHO ARE UNINSURED BUT NOT ELIGIBLE FOR PUBLIC  
 ASSISTANCE SUCH AS MEDICAID.

IN 2021, VIRTUA CONTINUED THE BRIDGE EMPOWERMENT PROGRAM WHICH HAS A  
 MISSION OF EMPOWERING PEOPLE TO LIVE THEIR BEST LIVES THROUGH ENHANCING  
 LIFE SKILLS, BUILDING HEALTHY COMMUNITIES, AND LIVING WITH A PURPOSE.

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

VIRTUA MANAGERS DONATE THEIR TIME AND SKILL TO A WIDE RANGE OF COMMUNITY

Part VI Supplemental Information (Continuation)

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

PART III, LINE 2:

VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. ADOPTED ASU 2014-09 (ASC TOPIC 606) AS OF JANUARY 1, 2018. UNDER THE PROVISIONS OF ASU 2014-09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS OF ACCOUNTS RECEIVABLE ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE, RATHER THAN AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT EXPENSE. VIRTUA ESTIMATES IMPLICIT PRICE CONCESSIONS BY EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, ANALYZING HISTORICAL DATA AND IDENTIFYING TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE.

PART III, LINE 3:

NOT APPLICABLE

PART III, LINE 4:

THE FOOTNOTE REGARDING BAD DEBT EXPENSE, OR IMPLICIT PRICE CONCESSIONS AS DEFINED BY ASU 2014-09, CAN BE FOUND ON PAGE 14 OF THE ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

VIRTUA BELIEVES THAT IT IS APPROPRIATE TO RECOGNIZE THE MEDICARE REVENUE

**Part VI** Supplemental Information (Continuation)

SHORTFALL AS COMMUNITY BENEFIT. IT HAS BEEN WIDELY RECOGNIZED THAT  
 MEDICARE PAYMENT RATES IN AGGREGATE HAVE BEEN SET AT A LEVEL THAT DOES NOT  
 COVER THE TOTAL COST OF CARE. BY BEARING THE REIMBURSEMENT SHORTFALL  
 RESULTING FROM THE BELOW COST MEDICARE PAYMENT LEVEL, VIRTUA AND OTHER  
 HOSPITALS ARE ALLEVIATING THE GOVERNMENT'S BURDEN WHICH PROMOTES THE  
 CHARITABLE PURPOSE OF THE ORGANIZATION.  
 THE FILED MEDICARE COST REPORT IS THE BASIS FOR THE ALLOWABLE COST  
 REPORTED ON LINE 6.

PART III, LINE 9B:

VIRTUA IS DEDICATED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR OUR  
 COMMUNITY, REGARDLESS OF ABILITY TO PAY. WE RECOGNIZE THAT THE COST OF  
 HEALTH CARE CAN BE AN EXCESSIVE FINANCIAL BURDEN FOR OUR UNINSURED  
 PATIENTS. FOR OUR UNINSURED PATIENTS WHO WERE INELIGIBLE FOR STATE OR  
 FEDERAL ASSISTANCE (E.G., HEALTHCARE FOR THE UNINSURED, CHARITY CARE,  
 MEDICAID), THERE IS AN OPPORTUNITY FOR FINANCIAL RELIEF UNDER THE VIRTUA  
 CHARITY ASSISTANCE PROGRAM.

IF YOU MEET THE FOLLOWING CRITERIA, YOU CAN BE ELIGIBLE FOR A SIGNIFICANT  
 REDUCTION TO YOUR HOSPITAL BILL:

YOU HAVE NO INSURANCE COVERAGE.

YOU ARE NOT ELIGIBLE FOR MEDICAID.

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

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

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

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 2:

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

VIRTUA ALSO IS INVOLVED WITH THE CAMDEN CITY HEALTHY FUTURES COMMITTEE,  
WHICH HAS CONDUCTED A HEALTH NEEDS ASSESSMENT OF THE CITY AND HAS PUT  
ACTION PLANS IN PLACE FOR EACH OF THE TOP HEALTH PRIORITIES IDENTIFIED.  
PRIORITIES HAVE BEEN SET RELATIVE TO OBESITY (HEART DISEASE, DIABETES, AND  
STROKE), ACCESS TO CARE, THE HIGH CANCER MORTALITY RATE, MENTAL HEALTH,

**Part VI** Supplemental Information (Continuation)

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

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

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

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

MAJOR STRATEGY FOR ELIMINATING DISPARITIES IN CANCER CARE IS THE CANCER

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

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

MINORITY SCREENING RATES, INCREASE PROSTATE CANCER SCREENING RATES, AND

REDUCE SMOKING.

VIRTUA PARTICIPATES IN DISASTER AND FLU PLANNING GROUPS IN BOTH BURLINGTON

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

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

ADDRESS COMMUNITY PUBLIC HEALTH NEEDS. VIRTUA HAS IMPLEMENTED A RISK

ASSESSMENT AND SCREENING PROCESS FOR ADMITTED HOSPITALIZED IN-PATIENTS

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

THE HOSPITALS AND COMMUNITY EVALUATION. THESE EFFORTS HAVE RESULTED IN

PATIENT SCREENING AND ISOLATION PROTOCOLS. THROUGH PARTICIPATION IN

VARIOUS COMMUNITY MEETINGS AND FORUMS, VIRTUA RECEIVES INPUT FROM ITS

SERVICE AREA RELATIVE TO COMMUNITY HEALTH NEEDS. VIRTUA ALSO MONITORS

COMMUNITY NEEDS SPECIFIC TO ITS SERVICE LINES AND IDENTIFIES AVAILABLE

RESOURCES IT CAN CALL UPON TO ADDRESS THEM.

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

RAND INSTITUTE FOR PUBLIC AFFAIRS AT RUTGERS UNIVERSITY-CAMDEN (WRI) ON

BEHALF OF THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC). THE SJHC CONSISTS

OF COOPER UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, LOURDES HEALTH SYSTEM

(NOW VIRTUA HEALTH), AND VIRTUA HEALTH. TO ACHIEVE THE GOAL OF OBTAINING

LOCALLY ACTIONABLE INFORMATION FOR IMPROVING HEALTH, THIS CHNA EMPLOYED A

MIXED-METHODS ITERATIVE STRATEGY OF DATA COLLECTION THAT COMBINED

**Part VI** Supplemental Information (Continuation)

QUANTITATIVE AND QUALITATIVE ANALYSIS OF PRIMARY DATA COLLECTED FROM  
 COMMUNITY MEMBERS AND STAKEHOLDERS WITH QUANTITATIVE ANALYSIS OF SECONDARY  
 DATA. THE TWO FUNDAMENTALS OF OUR APPROACH ARE RIGOROUS DATA ANALYSIS AND  
 COMMUNITY VOICE. TO THAT END, WE USED A VARIETY OF METHODS AND TOOLS TO  
 ANALYZE THE DATA WE COLLECTED BOTH FROM COMMUNITY MEMBERS AND OTHER  
 SOURCES WE IDENTIFIED THROUGH CONSULTATION WITH TRUSTED COMMUNITY PARTNERS  
 IN EACH OF THE THREE COUNTIES- CAMDEN, BURLINGTON, AND GLOUCESTER. PRIMARY  
 DATA IS CONSIDERED DATA COLLECTED AND ANALYZED BY THE WRI RESEARCH TEAM,  
 AND SECONDARY DATA IS DATA COLLECTED BY OTHER ENTITIES AND ANALYZED BY THE  
 WRI RESEARCH TEAM.

PART VI, LINE 3:

DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE  
 AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN ENGLISH AND  
 SEVERAL OTHER LANGUAGES. FINANCIAL ASSISTANCE INFORMATION IS PROVIDED BY  
 REGISTRATION STAFF AND IS COVERED IN FINANCIAL COUNSELING APPOINTMENTS.  
 BROCHURES ARE DISTRIBUTED AND ALSO MADE AVAILABLE IN THE PATIENT/FAMILY  
 WAITING AREAS. BILINGUAL SIGNAGE IS POSTED THROUGHOUT THE HOSPITAL,  
 INCLUDING IN THE EMERGENCY DEPARTMENTS AND OUTPATIENT REGISTRATION AREAS.  
 THE ADMISSION BOOKLET AND HANDOUTS PROVIDED AT REGISTRATION/ADMISSION  
 CONTAIN INFORMATION ABOUT FINANCIAL COUNSELING AND GUIDANCE SHOULD THE  
 PATIENT HAVE DIFFICULTY IN PAYING THEIR HOSPITAL BILL. AVAILABILITY OF  
 CHARITY CARE ASSISTANCE IS ALSO INDICATED ON ALL STATEMENTS AND LETTERS  
 SENT TO PATIENTS. VIRTUA'S WEBSITE CONTAINS INFORMATION ON CHARITY CARE  
 ASSISTANCE ALONG WITH THE APPLICATION. THE HEALTH SYSTEM REGULARLY  
 MONITORS ALL APPLICABLE POLICIES FOR COMPLIANCE WITH 501R REGULATIONS, AND  
 HAS MADE ANY NECESSARY CHANGES.  
 ON A ONE-TO-ONE BASIS, FINANCIAL COUNSELING SERVICES ARE PROVIDED TO



**Part VI** Supplemental Information (Continuation)

PATIENTS THAT ARE UNINSURED OR UNDERINSURED. SUPPORT IS PROVIDED TO HELP PATIENTS COMPLETE RELEVANT APPLICATIONS FOR ASSISTANCE UNDER THE STATE OF NEW JERSEY CHARITY CARE PROGRAM GUIDELINES, THE STATE OF NEW JERSEY MEDICAID PROGRAM, VIRTUA'S OWN CHARITY CARE PROGRAM, AND ANY OTHER ASSISTANCE FOR WHICH THEY MAY BE ELIGIBLE. COMPLETION OF APPLICATIONS IS CONDUCTED THROUGH BEDSIDE INTERVIEWS WITH ADMITTED PATIENTS, AND VIA LETTERS, PHONE CALLS, AND FIELD SERVICE VISITS TO PATIENT HOMES, WHEN APPROPRIATE. BILINGUAL STAFF ARE AVAILABLE ON-SITE AND INTERPRETATION SERVICES ARE AVAILABLE OVER THE PHONE.

PART VI, LINE 4:

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY THE WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS AT RUTGERS UNIVERSITY-CAMDEN (WRI) ON BEHALF OF THE SOUTH JERSEY HEALTH COLLABORATIVE (SJHC). THE SOUTH JERSEY HEALTH COLLABORATIVE CONSISTS OF COOPER UNIVERSITY HEALTH CARE, JEFFERSON HEALTH, LOURDES HEALTH SYSTEM(NOW VIRTUA HEALTH), AND VIRTUA HEALTH. FOR THE PURPOSE OF THIS ASSESSMENT, COMMUNITY IS DEFINED AS THE THREE COUNTIES THAT COMPRISE THE SJHC SERVICE AREAS (BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES).

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

POPULATION SNAPSHOTS

Part VI Supplemental Information (Continuation)

BURLINGTON COUNTY

-PRIMARILY WHITE, AND SLIGHTLY OLDER

-34% MINORITY POPULATION

-HIGHEST MEDIAN INCOME; LOWEST POVERTY RATES

-6.1% OF THE POPULATION IS BELOW THE POVERTY LINE

-LOWEST UNEMPLOYMENT RATE

-HIGHEST EDUCATIONAL ATTAINMENT

-37.2% WITHOUT ACCESS TO A LARGE GROCERY STORE

-1.5X THE NATIONAL AVERAGE OF OVERDOSE DEATHS

-HIGHEST PROPORTION OF VETERANS

CAMDEN COUNTY

-MOST RACIALLY/ETHNICALLY DIVERSE

-44% MINORITY POPULATION

-2.5X MORE SPANISH SPEAKERS THAN BURLINGTON AND GLOUCESTER COUNTIES

-LOWEST MEDIAN INCOME; HIGHEST POVERTY RATES

-12% BELOW POVERTY, 6.5% UNINSURED, 5% WITHOUT CAR ACCESS

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

SCORE (9.4)

-HIGHEST UNEMPLOYMENT RATE

-LOWEST EDUCATIONAL ATTAINMENT

-GREATEST SOCIOECONOMIC DISPARITY AMONG RACIAL/ETHNIC POPULATIONS

-SMOKING RATE, POOR MENTAL HEALTH DAYS, AND ADULTS IN POOR/FAIR GENERAL

HEALTH ALL HIGHER THAN STATE.

-1.5X THE NATIONAL AVERAGE OF OVERDOSE DEATHS.

GLOUCESTER COUNTY

Part VI Supplemental Information (Continuation)

-PRIMARILY WHITE AND OLDEST POPULATION IN NJ

-21% MINORITY POPULATION

-SECOND LOWEST MEDIAN INCOME; HIGHER UNEMPLOYMENT BUT LOWER POVERTY RATES

THAN THE STATE

-44% DO NOT HAVE ACCESS TO LARGE GROCERY STORE

-OVERDOSE DEATHS ARE 2X NATIONAL AVERAGE

-7.5% OF POPULATION IS BELOW FEDERAL POVERTY LEVEL

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

SCHOOL DIPLOMA

PART VI, LINE 5:

DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITY: VIRTUA'S ACCOUNTABLE

CARE ORGANIZATION (ACO) OVERSEES SPECIFIC PATIENT POPULATIONS UNDER

AGREEMENTS WITH MEDICARE AND MAJOR MANAGED CARE INSURERS IN ITS REGION.

THE OBJECTIVE OF THE ACO IS TO MANAGE THE HEALTH OF THE PATIENT

POPULATIONS INCLUDED IN THE PROGRAM, ADVANCING PROPER MANAGEMENT OF

CHRONIC HEALTH CONDITIONS, AND PROMOTING OVERALL HEALTH AND WELLNESS. DONE

EFFECTIVELY, THESE WILL ALSO HAVE THE RELATED BENEFIT OF REDUCING THE

COSTS OF HEALTH CARE. THE ACO'S SCOPE IS EXPECTED TO EXPAND MOVING FORWARD

IN TERMS OF THE NUMBER OF COMMUNITY MEMBERS FOR WHICH VIRTUA IS

RESPONSIBLE FOR THEIR HEALTH AND WELLNESS.

VIRTUA OFFERS TRANSPORTATION ASSISTANCE TO PATIENTS WHO QUALIFY BASED ON

MEDICAL NEEDS, TRANSPORTATION NEEDS, AND/OR FINANCIAL CONSIDERATIONS.

VIRTUA PROVIDES TRANSPORTATION ASSISTANCE TO NEEDY PATIENTS AS A PART OF

COMMUNITY BENEFIT INITIATIVE UNDER THE " RIDE HEALTH PROGRAM." DURING 2021,

VIRTUA PROVIDED 11,480 FREE RIDES TO NEEDY PATIENTS FOR THEIR MEDICAL

APPOINTMENTS AND HOSPITAL DISCHARGES.

VIRTUA'S CLINICIANS AND STAFF PROVIDE HEALTH EDUCATION TO THOUSANDS OF

Part VI Supplemental Information (Continuation)

COMMUNITY MEMBERS AT HUNDREDS OF EVENTS. INCLUDED WITHIN THESE ARE

DIABETES SCREENING AND EDUCATION, FREE DIAGNOSTIC TESTING, CANCER-SPECIFIC

EDUCATION, PARAMEDIC SAFETY EDUCATION, FREE CAR SEAT SAFETY CHECKS,

CLINICS FOR CHILDREN TO HELP DISPEL FEAR OF HOSPITALS, AND OTHER FREE

CLASSES ATTENDED BY THOUSANDS OF COMMUNITY MEMBERS. VIRTUA CLINICIANS ALSO

ATTEND AND PARTICIPATE IN MANY EVENTS SPONSORED BY THE LOCAL COMMUNITIES.

VIRTUA IS ALSO AN ACTIVE SPONSOR IN MANY COMMUNITY WELLNESS EVENTS, SUCH

AS FITNESS RUNS. THE MEMBERS OF VIRTUA'S BOARD OF TRUSTEES ARE ALMOST

ENTIRELY FROM THE LOCAL COMMUNITIES, MANY OF WHICH HAVE SPENT MOST OR ALL

OF THEIR LIVES RESIDING IN. THEY ARE INDIVIDUALS WITH VARYING PROFESSIONAL

BACKGROUNDS, INCLUDING SOME PHYSICIANS. BECAUSE OF THEIR EXPERIENCES FROM

LIVING IN THE HOSPITAL'S PRIMARY SERVICE AREA, THEY ARE TRUE ADVOCATES FOR

THE COMMUNITY. VIRTUA HAS UTILIZED ITS FINANCIAL RESOURCES TO INVEST IN

PROJECTS, TECHNOLOGIES, AND PROGRAMS THAT WILL CONTRIBUTE TO IMPROVED

HEALTH STATUS FOR ITS COMMUNITY MEMBERS. WITHIN THE LAST FIVE YEARS,

VIRTUA HAS INVESTED IN CONSTRUCTING A NEW STATE-OF-THE-ART HOSPITAL AND

OUTPATIENT CENTERS THAT PROVIDE EASY ACCESS TO A WIDE VARIETY OF

COMPREHENSIVE SERVICES. THE ORGANIZATION HAS AN OPEN MEDICAL STAFF THAT

PROVIDES PRIVILEGES TO QUALIFIED PHYSICIANS FROM WITHIN THE COMMUNITY.

VIRTUA PROVIDES COMPREHENSIVE HEALTH CARE SERVICES AND FOOD ACCESS

PROGRAMS IN ORDER TO ADDRESS THE CONNECTION BETWEEN DIET AND CHRONIC

DISEASE. VIRTUA IS COMMITTED TO OUR MISSION TO HELP OUR COMMUNITIES BE

WELL, GET WELL, AND STAY WELL. OUR GOAL IS TO IMPROVE HEALTH AND ENSURE

GOOD NUTRITION IN THE UNDERSERVED AREAS OF CAMDEN AND BURLINGTON COUNTIES,

WHICH HAVE BEEN IDENTIFIED AS FOOD DESERTS. FOOD DESERTS ARE THOSE AREAS

DEFINED AS LACKING IN RELIABLE ACCESS TO SUFFICIENT, AFFORDABLE,

NUTRITIOUS FOOD.

OUR PROGRAMS PROVIDE INTEGRATED INTERVENTIONS THROUGH A PHILOSOPHY OF FOOD

**Part VI** Supplemental Information (Continuation)

AS MEDICINE, AND OUR TOUCH POINTS ARE THE FOOD FARMACY, MOBILE FARMERS

MARKET (MFM), AND MOBILE GROCERY STORE. VIRTUA ALSO PROVIDES WRAP-AROUND

SOCIAL SERVICES, HEALTH EDUCATION, AND NUTRITION LITERACY. IT IS OUR GOAL

FOR THESE PROGRAMS TO HAVE A MEASURABLE HEALTH IMPROVEMENT IMPACT IN THE

COMMUNITIES WE SERVE.

VIRTUA'S MEMORIAL FOOD FARMACY LAUNCHED IN AUGUST 2018, WHILE THE CAMDEN

FOOD FARMACY OPEN IN 2019. DURING THE HEIGHT OF THE COVID-19 PANDEMIC, THE

FOOD FARMACIES REMAINED OPEN AND DISTRIBUTED 59,267 POUNDS OF FRESH

PRODUCE AND HEALTHY NON-PERISHABLES THROUGH OUR CHOICE PANTRIES. IN 2021,

THE FOOD FARMACY SAW CLOSE TO 900 COMPLETED APPOINTMENTS IN WHICH

NUTRITION EDUCATION SESSIONS TOOK PLACE AS WELL AS FOOD DISTRIBUTIONS OF

AT LEAST 10 MEALS WORTH OF FOOD. BETWEEN 2019 AND 2021, THE FOOD FARMACIES

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

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

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

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

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

MONTHS HAD A 33% INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, 0.4 POINT

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

DIASTOLIC BLOOD PRESSURE.

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

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

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

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

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

OBTAINING FRESH FRUIT AND VEGETABLES. AS OF THE MFM'S LAST CUSTOMER

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

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

**Part VI** Supplemental Information (Continuation)

MF. THE MF. TYPICALLY PROVIDES ACCESS TO A VARIETY OF HEALTHY PRODUCE  
FOUR DAYS A WEEK, YEAR ROUND. THIS 23-FOOT BUS IS BRIMMING WITH FRESH  
FRUITS AND VEGETABLES THAT ARE SOLD AT SIGNIFICANTLY REDUCED PRICES IN  
COMMUNITIES THROUGHOUT BURLINGTON AND CAMDEN COUNTIES. BY THE END OF 2021,  
OVER 9% OF TOTAL GROSS SALES WERE SNAP TRANSACTIONS, 403 STOPS WERE  
COMPLETED, AND CLOSE TO 800 POUNDS OF FOOD WAS DONATED.

IN FEBRUARY 2021, VIRTUA LAUNCHED THE EAT WELL MOBILE GROCERY STORE; A  
SUPERMARKET ON WHEELS HOUSED INSIDE A RETROFITTED TRANSIT BUS. THIS MOBILE  
MARKET VISITS LOW-INCOME NEIGHBORHOODS TO SELL, AT BELOW-MARKET PRICES,  
FRESH FRUITS, VEGETABLES, MEATS, DAIRY ITEMS, AND BASIC DRY GOODS WITH A  
VARIETY OF PAYMENT OPTIONS INCLUDING CREDIT, CASH, AND SNAP. WE BRING  
HEALTHY FOOD TO COMMUNITIES WHERE THE NEED IS GREATEST, AT PRICES THAT ARE  
WELL BELOW GROCERY STORE RATES. OUR DIETITIANS PROVIDE NUTRITION  
COUNSELING BASED ON EACH INDIVIDUAL'S SPECIFIC HEALTH CONCERNS. IN ITS  
FIRST YEAR OF OPERATION, THE EAT WELL MOBILE GROCERY STORE HAD 303 STOPS  
THROUGHOUT THE REGION, SEEING MORE THAN 3,000 TRANSACTIONS. ON AVERAGE,  
CUSTOMERS SPEND \$10, WHICH, AGAIN, REPRESENTS AT LEAST A 40% REDUCTION IN  
TOTAL PURCHASE PRICE COMPARED WITH TRADITIONAL RETAILERS. AT THE END OF  
2021, OVER 35% OF TOTAL GROSS SALES WERE SNAP TRANSACTIONS

VIRTUA'S FOOD ACCESS PROGRAMS ARE COMMITTED TO PROVIDING THE HIGHEST  
QUALITY AND MOST NUTRITIOUS PRODUCE FOR OUR PATIENTS AND CUSTOMERS. OUR  
PROGRAM DIETICIANS CURATE RECIPES AND OFFERINGS BASED ON CLIENT INPUT AND  
COMMUNITY VOICE, WHICH INCREASES OUR DIVERSITY IN VARIETY AND CULTURAL  
COMPETENCY. DOING SO OFFERS NEW OPPORTUNITIES TO MEET THE CLIENT WHERE  
THEY ARE IN THEIR NUTRITION JOURNEY AND ENCOURAGES INCORPORATING NEW AND  
HEALTHY FOODS INTO THEIR DIET. THE 1:1 NUTRITION EDUCATION ENSURES ADVICE  
IS TAILORED TO THE CLIENT AND NOT ONLY INCREASES ACCESS TO HEALTHY FOOD,  
BUT ALSO CREATES SUSTAINABLE BEHAVIOR CHANGES THAT PROMOTE LIFE-LONG

**Part VI** Supplemental Information (Continuation)

HEALTHY EATING PATTERNS.

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

FARMACY ARE UPSTREAM COMMUNITY HEALTH PROGRAMS MANAGED BY THE VIRTUA

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

HEALTH DISPARITIES IN UNDERSERVED COMMUNITIES AND IS COMPRISED OF A WIDE

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

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

ALSO WORKS CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS, SUCH THE CAMDEN

COALITION OF HEALTHCARE PROVIDERS AND PARKSIDE BUSINESS COALITION IN

PARTNERSHIP TO ENGAGE RESIDENTS AND LOCAL STAKEHOLDERS. VIRTUA IS ALSO ON

THE FOREFRONT OF THE NUTRITION INCENTIVE MOVEMENT, PILOTING INNOVATIVE

PROGRAMS AIMED AT MEASURE THE IMPACTED THE PRODUCE PRESCRIPTIONS HAVE ON

FOOD INSECURITY AND CHRONIC DISEASE MANAGEMENT.

PART VI, LINE 6:

DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITIES SERVED:

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. IS A CONTROLLED ENTITY OF

A COMMUNITY OWNED HEALTH SYSTEM, VIRTUA HEALTH, INC. VIRTUA IS COMMITTED

TO HELPING THE PEOPLE OF SOUTH JERSEY BE WELL, GET WELL, AND STAY WELL BY

PROVIDING THE COMPLETE SPECTRUM OF ADVANCED, ACCESSIBLE, AND TRUSTED

HEALTH CARE SERVICES. VIRTUA'S 14,000 COLLEAGUES PROVIDE TERTIARY CARE,

INCLUDING A RENOWNED CARDIOLOGY PROGRAM, COMPLEMENTED BY A COMMUNITY-BASED

CARE PORTFOLIO. IN ADDITION TO FIVE ACUTE CARE HOSPITALS, TWO SATELLITE

EMERGENCY DEPARTMENTS, AND MORE THAN 280 OTHER LOCATIONS, VIRTUA BRINGS

HEALTH SERVICES DIRECTLY INTO COMMUNITIES THROUGH HOME HEALTH,

REHABILITATION, MOBILE SCREENINGS, AND ITS PARAMEDIC PROGRAM. VIRTUA HAS

2,850 AFFILIATED DOCTORS AND OTHER CLINICIANS, AND ITS SPECIALTIES INCLUDE

ORTHOPEDICS, ADVANCED SURGERY, AND MATERNITY. VIRTUA IS AFFILIATED WITH

**Part VI** Supplemental Information (Continuation)

PENN MEDICINE FOR CANCER AND NEUROSCIENCE, AND THE CHILDREN'S HOSPITAL OF  
 PHILADELPHIA FOR PEDIATRICS. AS A NOT-FOR-PROFIT, VIRTUA IS COMMITTED TO  
 THE WELL-BEING OF THE COMMUNITY AND PROVIDES INNOVATIVE OUTREACH PROGRAMS  
 THAT ADDRESS SOCIAL CHALLENGES AFFECTING HEALTH, FROM ADDICTION AND OTHER  
 BEHAVIORAL ISSUES TO LACK OF NUTRITIOUS FOOD AND STABLE HOUSING. A  
 MAGNET-RECOGNIZED HEALTH SYSTEM RANKED BY U.S. NEWS AND WORLD REPORT,  
 VIRTUA HAS RECEIVED MANY AWARDS FOR QUALITY, SAFETY, AND ITS OUTSTANDING  
 WORK ENVIRONMENT. THE INDIVIDUAL HOSPITALS DEVELOP, IMPLEMENT, AND FUND  
 PROGRAMS SPECIFIC TO THE NEEDS OF ITS LOCAL COMMUNITY. IN ADDITION, UNDER  
 THE PARENT COMPANY'S CENTRALIZED PROGRAM OF EXCELLENCE STRUCTURE,  
 INITIATIVES ARE UNDERTAKEN THAT HAVE IMPACT ACROSS ALL VIRTUA ENTITIES AND  
 COMMUNITIES.

PART VI, LINE 7

THE STATE OF NEW JERSEY DOES NOT REQUIRE FILING OF THE COMMUNITY  
 BENEFIT REPORT



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 VIRTUA-MEMORIAL HOSPITAL BURLINGTON  
 COUNTY, INC.

Employer identification number  
 21-0634562

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> 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.	<b>4c</b>	X
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	X
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2021



**Part III Supplemental Information**

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

PART I, LINE 3:

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. ADOPTS THE POLICIES OF

VIRTUA HEALTH, INC. REGARDING ESTABLISHING THE COMPENSATION OF THE

ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THE POLICY USES THE FOLLOWING:

COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN

EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE

VIRTUA BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B:

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

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

PART 1, LINE 7:

PAY AT RISK AND/OR DISCRETIONARY BONUSES PROVIDED TO THE INDIVIDUALS

LISTED ON FORM 990, PART VII, SECTION A, LINE 1A ARE BASED ON THE

ACHIEVEMENT OF SIGNIFICANT QUANTITATIVE, QUALITATIVE, AND/OR

PROGRAMMATIC GOALS AND ARE APPROVED BY THE COMPENSATION COMMITTEE FOR

DISQUALIFIED INDIVIDUALS AND BY THE CEO FOR ALL OTHERS.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number 21-0634562
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL GROWTH.

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

ADDITIONAL COMMUNITY BENEFIT, SUCH AS:

SUBSIDIZED HEALTH SERVICES: PROVIDE SEVERAL OUTPATIENT SERVICES TO MEET

COMMUNITY NEED.

EXPENSE OF \$11,141,636

REVENUE OF \$10,668,588

RESEARCH: PERFORMED ONCOLOGY CLINICAL RESEARCH STUDIES.

EXPENSE OF \$119,182

REVENUE OF \$10,766

FINANCIAL AND IN-KIND CONTRIBUTIONS: PROVIDED CONTRIBUTIONS TO

NON-PROFIT COMMUNITIES AND HEALTHCARE ORGANIZATIONS THROUGHOUT

BURLINGTON COUNTY. ALSO PROVIDED MEETING SPACES TO ORGANIZATIONS AND

MEDICAL SUPPLIES TO FAMILIES IN NEED.

EXPENSE OF \$110,376

REVENUE OF \$365

HEALTH PROFESSIONS EDUCATION: PROVIDED PRACTICAL EDUCATION TO

PROFESSIONAL STUDENTS IN VARIOUS AREAS OF THE MEDICAL FIELD.

EXPENSE OF \$2,226,293

REVENUE OF \$765,165

COMMUNITY BUILDING ACTIVITIES: HELD EVENTS THROUGHOUT THE YEAR TO FEED

AND PROVIDE PRESENTS TO MANY FAMILIES IN NEED.

EXPENSES OF \$399,306

REVENUE OF \$180,656

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number 21-0634562
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PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITAL:

EXPENSES OF \$203,886,680

REVENUE OF \$320,989,293

EXPENSES \$ 217,883,473. INCLUDING GRANTS OF \$ 0. REVENUE \$ 332,614,463.

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

IN CONNECTION WITH THE COORDINATED APPROACH OF THE ENTITIES AS A HEALTH

CARE SYSTEM ALL ACCOUNT PAYABLE TRANSACTIONS ARE CONDUCTED BY VIRTUA

WEST JERSEY HEALTH SYSTEM, INC. (21-0634532).

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

VIRTUA HEALTH, INC. IS THE SOLE CORPORATE MEMBER.

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

THE GOVERNANCE COMMITTEE OF VIRTUA MEMORIAL'S BOARD OF TRUSTEES MAKES

RECOMMENDATIONS FOR NEW MEMBERSHIP AND THE VIRTUA HEALTH, INC. BOARD OF

TRUSTEES GIVES THE FINAL APPROVAL.

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

THE CHAIRS OF THE VARIOUS COMMITTEES OF VIRTUA-MEMORIAL HOSPITAL BURLINGTON

COUNTY, INC. PRESENT THEIR RECOMMENDATIONS ON SIGNIFICANT MATTERS TO THE

FULL VIRTUA HEALTH, INC. BOARD OF TRUSTEES FOR THEIR APPROVAL.

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

THE FORM 990 IS REVIEWED BY IN HOUSE COUNSEL, EXTERNAL TAX CONSULTANTS, AND

THE BOARD OF TRUSTEES. A FINAL COPY OF FORM 990 IS PROVIDED TO THE BOARD

PRIOR TO FILING.

Name of the organization	VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number	21-0634562
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FORM 990, PART VI, SECTION B, LINE 12C:

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

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

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. EXECUTIVES ARE COMPENSATED BY VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC., HOWEVER NOT EXCLUSIVELY; IN SOME CASES EXECUTIVES ALSO RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SEE SCHEDULE J, PART III (REFERENCE TO SCHEDULE J, PART I, LINE 3) FOR A DESCRIPTION OF THE MANNER

Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number 21-0634562
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IN WHICH VIRTUA HEALTH, INC. UTILIZES TO DETERMINE THE COMPENSATION PAID TO THE EXECUTIVES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WERE NOT MADE AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE POSTED ON THE VIRTUA HEALTH WEBSITE AT [HTTPS://WWW.VIRTUA.ORG/ABOUT/FINANCIAL-INFORMATION](https://www.virtua.org/about/financial-information) AND ALSO ARE AVAILABLE THROUGH THE REPOSITORY WEBSITES EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM) AND DAC (DIGITAL ASSURANCE CERTIFICATION), OR UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN B

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. EXECUTIVES ARE COMPENSATED BY VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. HOWEVER NOT EXCLUSIVELY; IN SOME CASES EXECUTIVES ALSO RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SOME OFFICERS AND KEY EMPLOYEES DEVOTE 40 HOURS A WEEK TO VIRTUA HEALTH, INC. THE AMOUNT OF TIME DEVOTED TO RELATED ORGANIZATIONS IS DEPENDENT UPON THEIR INVOLVEMENT IN THOSE ORGANIZATIONS. AS A RESULT, THE TOTAL AVERAGE HOURS PER WEEK FOR EACH OFFICER AND KEY EMPLOYEES MAY VARY.

FORM 990, PART VII, SECTION A

ONE OR MORE OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES IN THE FILING ORGANIZATION'S PART VII HAD TRANSACTIONS RELATED TO THE "COLLATERAL ASSIGNMENT SPLIT DOLLAR" (CASD) PROGRAM OFFERED BY VIRTUA HEALTH. ALL TRANSACTIONS RELATED TO THIS PROGRAM WERE BETWEEN THE INDIVIDUAL AND VIRTUA HEALTH, INC. EIN 22-3524939. THEREFORE, ALL PART



Name of the organization VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	Employer identification number 21-0634562
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X AND SCHEDULE L REPORTING RELATED TO THESE TRANSACTIONS ARE REPORTED

ON VIRTUA HEALTH'S RETURN.

FORM 990, PART X, LINE 20

THE AMOUNT REPORTED ON LINE 20 IS THE ORGANIZATIONS' ALLOCATED AMOUNT

OF TOTAL BOND ISSUANCE, THE TOTAL BOND ISSUANCE IS REPORTED BY VIRTUA

HEALTH, INC. ON SCHEDULE K (TAX ID #22-3524939)

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

TRANSFER FROM AFFILIATES : VIRTUA MEDICAL GROUP	7,479,003.
RESTRICTED INTEREST	165.
TRANSFER TO AFFILIATES : VIRTUA HEALTH AND REHAB CENTER MT	
HOLLY	-78,465.
NET CHANGE IN TRUST FUNDS	633,250.
TEMP RESTRICTED TRANSFER WITH AFFILIATES VIRTUA	-80,754.
VHF EXPENSES -RELEASED FOR OPERATING	-58,150.
TOTAL TO FORM 990, PART XI, LINE 9	7,895,049.

**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.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
21-0634562

**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
MEMORIAL AMBULATORY SURGERY CENTER, LLC - 20-4941260, 160 MADISON AVENUE, MT. HOLLY, NJ 08060	SURGICAL CENTER	NEW JERSEY	-326,072.	4,419,901.	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VIRTUA HEALTH, INC. - 22-3524939 303 LIPPINCOTT DR. 4/F/LR MARLTON, NJ 08053	SUPPORTING ORGANIZATION	NEW JERSEY	501 (C) (3)	12A	N/A		X
VIRTUA - WEST JERSEY HEALTH SYSTEM, INC. - 21-0634532, 303 LIPPINCOTT DR. 4/F/LR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
VIRTUA SURGICAL GROUP, P.A. - 22-2580215 303 LIPPINCOTT DR. 4/F/LR MARLTON, NJ 08053	SURGICAL PHYSICIAN PRACTICE	NEW JERSEY	501 (C) (3)	10	N/A		X
VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN, INC. - 22-3554707, 303 LIPPINCOTT DR. 4/F/LR, MARLTON, NJ 80853	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY, INC. - 22-2394675, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
VIRTUA HOME CARE - COMMUNITY NURSING SERVICES, INC. - 21-0679591, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	HOME CARE	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
SUMMIT HEALTH - VIRTUA, INC. - 52-1814579 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH AND WELLNESS SERVICES	NEW JERSEY	501 (C) (3)	3	VIRTUA HEALTH, INC.		X
WEST JERSEY RENEW, INC. - 22-3580917 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	LOW INCOME HOUSING	NEW JERSEY	501 (C) (3)	10	VIRTUA HEALTH, INC.		X
MEMORIAL HOSPITAL OF BURLINGTON COUNTY FOUNDATION, INC. - 22-2337170, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
WEST JERSEY HEALTH & HOSPITAL FOUNDATION, INC. - 23-7414388, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH FOUNDATION, INC. - 04-3722352 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	VIRTUA HEALTH, INC.		X
VIRTUA MEDICAL GROUP, P.A. - 27-1348772 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	PHYSICIAN SERVICES	NEW JERSEY	501 (C) (3)	10	N/A		X
WEST JERSEY HEALTH SYSTEM WORKERS COMP TRUST - 22-3142739, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	WORKERS COMP TRUST	NEW JERSEY	501 (C) (3)	12A	VIRTUA HEALTH, INC.		X
VIRTUA OUR LADY OF LOURDES HOSPITAL, INC. - 21-0635001, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	OUR LADY OF LOURDES HEALTH CARE SERVICES, INC.		X
VIRTUA WILLINGBORO HOSPITAL, INC. - 22-3612265 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501 (C) (3)	3	OUR LADY OF LOURDES HEALTH CARE SERVICES, INC.		X
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH CARE SERVICES	NEW JERSEY	501 (C) (3)	3	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
OUR LADY OF LOURDES FOUNDATION, INC - 22-2351960, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	FUND RAISING FOUNDATION	NEW JERSEY	501 (C) (3)	7	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
LOURDES ANCILLARY SERVICES - 22-2568525 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH CARE SYSTEM SUPPORT	NEW JERSEY	501 (C) (3)	12B	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
OUR LADY OF LOURDES HEALTH CARE SERVICES, INC - 22-2568528, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501 (C) (3)	12B	VIRTUA HEALTH, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
SOUTH JERSEY MUSCULOSKELETAL INSTITUTE, LLC - 20-4481032, 556 EGG HARBOR ROAD, SEWELL, NJ 08080	SURGICAL CENTER	NJ	N/A					X	N/A		X
SUMMIT SURGICAL CENTER, LLC - 73-1730859, 200 BOWMAN DRIVE, SUITE D160, VOORHEES, NJ 08043	SURGICAL CENTER	NJ	N/A					X	N/A		X
AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP, LLC - 20-8643005, 239 HURFVILLE-CROSS KEYS RD, STE SHORE AMBULATORY SURGERY CENTER, LLC - 22-3778333, 405 BETHEL ROAD, SOMERS POINT, NJ 08244	SURGICAL CENTER	NJ	N/A					X	N/A		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROCKLAND SURGICAL PROJECT LLC												
RAMAPO VALLEY SURGICAL CENTER - 20-0580403, 500 NORTH FRANKLIN TURNPIKE, RAMSEY, NJ	SURGICAL CENTER	NJ	N/A				X		N/A		X	
FREEHOLD ENDOSCOPY ASSOCIATES LLC - 84-1634126, 222 SCHANCK ROAD SUITE 100, FREEHOLD, NJ 07728	SURGICAL CENTER	NJ	N/A				X		N/A		X	
CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC - 27-0907140, 234 INDUSTRIAL WAY BUILDING B, VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC - 46-4055781, 303 LIPPINCOTT DRIVE, 4TH FLOOR, MARLTON, NJ	SURGICAL CENTER	NJ	N/A				X		N/A		X	
GASTRO-SURGI CENTER OF NJ, LLC - 22-3472632, 1132 SPRUCE DRIVE, MOUNTAINSIDE, NJ 07092	SURGICAL CENTER	NJ	N/A				X		N/A		X	
VOORHEES ENDOSCOPY HOLDING CO LLC - 47-4669710, 1A BURTON HILLS BLVD, NASHVILLE, TN 37215	MEDICAL	TN	N/A				X		N/A		X	
VIRTUA PENN RADIATION ONCOLOGY PARTNERS, LLC - 82-1947444, 200 BOWMAN DRIVE, SUITE D190, VOORHEES, NJ	RADIOLOGY SERVICES	NJ	N/A				X		N/A		X	
VIRTUA PENN RADIATION ONCOLOGY LEASING, LLC - 83-1438811, 303 LIPPINCOTT DR., MARLTON, NJ 08053	LEASING SERVICES	NJ	N/A				X		N/A		X	
FRESENIUS MEDICAL CARE MARLTON, LLC - 47-2128074, 920 WINTER STREET, WALTHAM, MA 02451	DIALYSIS	NJ	N/A				X		N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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			
VANTAGE SURGICAL CENTER, LLC - 45-0516750, 180 ROUTE 70, MEDFORD, NJ 08055	SURGICAL CENTER	NJ	N/A	RELATED	2,591,055.	7,859,250.	X		N/A	X	51.00%
MEMORIAL AMBULATORY SURGERY CENTER, LLC - 20-4941260, 160 MADISON AVENUE, MT. HOLLY, NJ 08060	SURGICAL CENTER	NJ	N/A	RELATED	-24,504.	3,478,976.	X		N/A	X	61.18%
VIRTUA-SCA HOLDINGS, LLC - 47-3247166, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	4,749,248.	23,206,545.	X		N/A	X	52.00%
BURLINGTON CTY ENDO CTR, LLC C/O PHYSICIANS ENDOSCOPY, LLC - 20-8205206, 2500 YORK ROAD, SUITE 300, JAMISON, PA 18929	HEALTH CARE	NJ	N/A	RELATED	3,424,535.	1,514,647.	X		N/A	X	53.33%
VIRTUA-USP PRINCETON, LLC - 81-3270494, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	2,439,462.	9,114,649.	X		N/A	X	68.20%
ACENTUS PRACTICE MANAGEMENT, LLC - 81-4861192, 1040 N KINGS HIGHWAY, STE 701, CHERRY HILL, NJ 08034	COLLECTIONS SERVICE	NJ	N/A						N/A	X	
ENMAUS HOLDINGS, LLC - 83-1806511, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	AL	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	668,977.	3,646,501.	X		N/A	X	50.10%
MT LAUREL ENDOSCOPY CENTER, L.P - 56-2350370, 15000 MIDLANTIC DR, SUITE 110, MT. LAUREL, NJ 08054	OUTPATIENT CARE CENTER	NJ	N/A				X		N/A	X	
USRC GLOUCESTER, LLC - 38-4117029, 5851 LEGACY CIRCLE, SUITE 900, PLANO, TX 75024	MEDICAL	NJ	N/A				X		N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
LOURDES SPECIALTY HOSPITAL OF SOUTHERN NJ, LLC - 86-1139477, 10735 DAVID TAYLOR DRIVE, SUITE 200, CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD., SUITE 1, VOORHEES, NJ 08043	HEALTH CARE AMBULATORY HEALTH CARE SERVICES	NC NJ	N/A N/A				X X		N/A N/A	X X	
SPECIALIZED SURGICAL CENTER OF CENTRAL NEW JERSEY, LLC - 22-3296144, 562 EASTON AVE, SOMERSET, NJ 08873	SURGICAL CENTER	NJ	N/A				X		N/A	X	
TYLER DIALYSIS, LLC - 45-4079716, C/O TAX DEPT; P.O. BOX 4388, FEDERAL WAY, WA 98063	DIALYSIS	NJ	N/A				X		N/A	X	
VIRTUA - SCA HOLDINGS II, LLC - 85-2278858, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	525,339.	25,995,892.	X		N/A	X	55.00%
RIVER DRIVE HOLDING COMPANY, LLC - 84-3655618, 303 LIPPINCOTT DR FL 4TH, MARLTON, NJ 08053	MEDICAL	NJ	N/A				X		N/A	X	
ACCESS HOLDING COMPANY, LLC - 85-0718604, 2500 YORK ROAD, SUITE 300, JAMISON, PA 18929	MEDICAL	NJ	N/A				X		N/A	X	
SUV MANAGEMENT, LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY SERVICES	NJ	N/A				X		N/A	X	
VIRTUA CAMPUS HOLDING, LLC - 87-3806666, 303 LIPPINCOTT DRIVE, 4TH FLOOR, MARLTON, NJ 08053	MEDICAL	NJ	N/A				X		N/A	X	



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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIRTUA-USP PRINCETON, LLC	S	1,790,764.	FMV CASH DISTRIBUTIONS
(2) EMMAUS HOLDINGS, LLC	S	816,624.	FMV CASH DISTRIBUTIONS
(3) VIRTUA-SCA HOLDINGS, LLC	S	8,313,000.	FMV CASH DISTRIBUTIONS
(4) VIRTUA-SCA HOLDINGS II, LLC	S	1,259,007.	FMV CASH DISTRIBUTIONS
(5) MEMORIAL AMBULATORY SURGERY CENTER, LLC	S	183,531.	FMV CASH DISTRIBUTIONS
(6) VIRTUA-SCA HOLDINGS, LLC	R	7,765,449.	FMV CASH CONTRIBUTIONS

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	VIRTUA-SCA HOLDINGS II, LLC	R	10,478,463.	FMV CASH CONTRIBUTIONS
(8)	MEMORIAL AMBULATORY SURGERY CENTER, LLC	R	685,235.	FMV CASH CONTRIBUTIONS
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				



**Part VII** Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VIRTUA OUR LADY OF LOURDES HOSPITAL, INC

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

NAME OF RELATED ORGANIZATION:

VIRTUA WILLINGBORO HOSPITAL, INC

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

NAME OF RELATED ORGANIZATION:

OUR LADY OF LOURDES FOUNDATION, INC

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

NAME OF RELATED ORGANIZATION:

LOURDES ANCILLARY SERVICES

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP,

LLC

EIN: 20-8643005

239 HURRFVILLE-CROSS KEYS RD, STE #180

SEWELL, NJ 08080

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

**Part VII** Supplemental Information

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

ROCKLAND SURGICAL PROJECT LLC RAMAPO VALLEY SURGICAL CENTER

EIN: 20-0580403

500 NORTH FRANKLIN TURNPIKE

RAMSEY, NJ 07446

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC

EIN: 27-0907140

234 INDUSTRIAL WAY BUILDING B

EATONTOWN, NJ 07724

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC

EIN: 46-4055781

303 LIPPINCOTT DRIVE, 4TH FLOOR

MARLTON, NJ 08053

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA PENN RADIATION ONCOLOGY PARTNERS, LLC

EIN: 82-1947444

200 BOWMAN DRIVE, SUITE D190

VOORHEES, NJ 08043

NAME OF RELATED ORGANIZATION:

VIRTUA-SCA HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

**Part VII** Supplemental Information

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

VIRTUA-USP PRINCETON, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

EMMAUS HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LOURDES SPECIALTY HOSPITAL OF SOUTHERN NJ, LLC

EIN: 86-1139477

10735 DAVID TAYLOR DRIVE, SUITE 200

CHARLOTTE, NC 28262

NAME OF RELATED ORGANIZATION:

VIRTUA - SCA HOLDINGS II, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.