

Tax Exempt Entity Declaration and Signature  
for E-file

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or tax year beginning \_\_\_\_\_, 20\_\_\_\_\_  
and ending \_\_\_\_\_, 20\_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

2024

Name of filer

VIRTUA WILLINGBORO HOSPITAL, INC.

EIN or SSN

22-3612265

## 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.

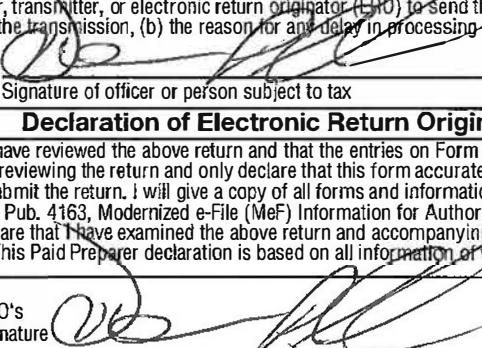
|  |  |                                      |
|--|--|--------------------------------------|
| 1a <input checked="" type="checkbox"/> Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....     | 1b <input type="text"/> 159,334,175. |
| 2a <input type="checkbox"/> Form 990-EZ check here         | b Total revenue, if any (Form 990-EZ, line 9) .....                          | 2b <input type="text"/>              |
| 3a <input type="checkbox"/> Form 1120-POL check here       | b Total tax (Form 1120-POL, line 22) .....                                   | 3b <input type="text"/>              |
| 4a <input type="checkbox"/> Form 990-PF check here         | b Tax based on investment income (Form 990-PF, Part V, line 5) .....         | 4b <input type="text"/>              |
| 5a <input type="checkbox"/> Form 8868 check here           | b Balance due (Form 8868, line 3c) .....                                     | 5b <input type="text"/>              |
| 6a <input type="checkbox"/> Form 990-T check here          | b Total tax (Form 990-T, Part III, line 4) .....                             | 6b <input type="text"/>              |
| 7a <input type="checkbox"/> Form 4720 check here           | b Total tax (Form 4720, Part III, line 1) .....                              | 7b <input type="text"/>              |
| 8a <input type="checkbox"/> Form 5227 check here           | b FMV of assets at end of tax year (Form 5227, Item D) .....                 | 8b <input type="text"/>              |
| 9a <input type="checkbox"/> Form 5330 check here           | b Tax due (Form 5330, Part II, line 19) .....                                | 9b <input type="text"/>              |
| 10a <input type="checkbox"/> Form 8038-CP check here       | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..... | 10b <input type="text"/>             |

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

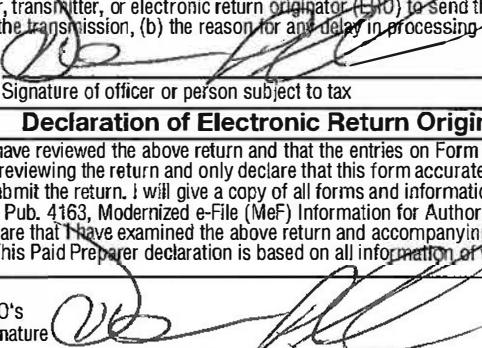
11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and 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 2024 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

 11/17/25

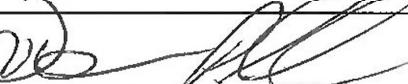
PRESIDENT/CEO

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<br>Use<br>Only | ERO's<br>signature                                      | Date <input type="text"/> 11/17/25 | Check if<br>also paid<br>preparer <input type="checkbox"/> | Check if<br>self-<br>employed <input type="checkbox"/> | ERO's SSN or PTIN <input type="text"/> |
|                      | Firm's name (or yours<br>if self-employed),<br>address, and ZIP code<br>VIRTUA HEALTH, INC<br>303 LIPPINCOTT DR 4/FLR<br>MARLTON, NJ 08053 | <input type="text"/>               | <input type="text"/>                                       | <input type="text"/>                                   | EIN <input type="text"/> 22-3524939    |

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<br>Preparer<br>Use Only | Print/Type preparer's name <input type="text"/> Russlee Armstrong | Preparer's signature  | Date <input type="text"/> 11/8/25 | Check if<br>self-<br>employed <input type="checkbox"/> | PTIN <input type="text"/> P00288383        |
|                              | Firm's name <input type="text"/> GRANT THORNTON ADVISORS LLC      | <input type="text"/>   | <input type="text"/>              | <input type="text"/>                                   | Firm's EIN <input type="text"/> 99-1856619 |

Firm's address  2001 MARKET ST, STE 800, PHILA., PA 19103

Phone no.  215-561-4200

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8453-TE (2024)

EXTENDED TO NOVEMBER 17, 2025  
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-0047

2024

Open to Public  
Inspection

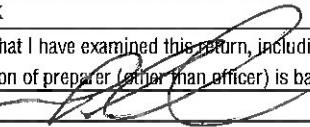
|   |  |   |
|---|--|---|
| <b>A</b> For the 2024 calendar year, or tax year beginning _____ and ending _____   |  |   |
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br><br>VIRTUA WILLINGBORO HOSPITAL, INC.                             | <b>D</b> Employer identification number<br><br>22-3612265             |
| <input type="checkbox"/> Address change   | Doing business as  |   |
| <input type="checkbox"/> Name change  |  |   |
| <input type="checkbox"/> Initial return   |  |   |
| <input type="checkbox"/> Final return/terminated  | Number and street (or P.O. box if mail is not delivered to street address)<br>406 LIPPINCOTT DR.   |   |
| <input type="checkbox"/> Amended return   | Room/suite<br>J  |   |
| <input type="checkbox"/> Application pending  | City or town, state or province, country, and ZIP or foreign postal code<br>MARLTON, NJ 08053-3427 |   |
| <b>F</b> Name and address of principal officer: DENNIS W. PULLIN<br>303 LIPPINCOTT DR 4/FL, MARLTON, NJ 08053   |  |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |   |
| <b>J</b> Website: <a href="http://WWW.VIRTUA.ORG">WWW.VIRTUA.ORG</a>  |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other             |  | <b>L</b> Year of formation: 1998 <b>M</b> State of legal domicile: NJ |

**Part I** Summary

|   |  |
|---|--|
| <b>Activities &amp; Governance</b>  | 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP THE COMMUNITY TO BE WELL, GET WELL AND STAY WELL. |
|   | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.              |
|   | 3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 5  |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 1  |
|   | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) ..... 5 930   |
|   | 6 Total number of volunteers (estimate if necessary) ..... 6 56  |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 1,223.  |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... 7b 0.       |  |
| <b>Revenue</b>  | 8 Contributions and grants (Part VIII, line 1h) ..... 11,510. 395.   |
|   | 9 Program service revenue (Part VIII, line 2g) ..... 121,358,104. 158,917,193.   |
|   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 31,208. 32,346.   |
|   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 315,263. 384,241.  |
|   | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 121,716,085. 159,334,175.                                  |
|   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0. 0.  |
|   | 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.   |
| <b>Expenses</b>   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 56,838,584. 61,422,842.                                     |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.  |
|   | b Total fundraising expenses (Part IX, column (D), line 25) ..... 0.   |
|   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 66,461,955. 85,336,843.  |
|   | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 123,300,539. 146,759,685.   |
|   | 19 Revenue less expenses. Subtract line 18 from line 12 ..... -1,584,454. 12,574,490.  |
|   | 20 Total assets (Part X, line 16) ..... 92,395,494. 96,034,002.  |
| 21 Total liabilities (Part X, line 26) ..... 75,820,667. 61,864,786.                        |  |
| 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 16,574,827. 34,169,216. |  |

**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<br> | Date<br>11/17/25   |                 |   |                   |
| Paid Preparer    | Preparer's name<br>RUSSLEE ARMSTRONG  | Preparer's signature<br> | Date<br>11/8/25 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00288383 |
| Use Only         | Firm's name<br>GRANT THORNTON ADVISORS LLC  | Firm's EIN<br>99-1856619   |                 |   |                   |
|                  | Firm's address<br>2001 MARKET ST, STE 800<br>PHILA., PA 19103   | Phone no.<br>215-561-4200  |                 |   |                   |

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form 990 (2024)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 33,837,037. including grants of \$ \_\_\_\_\_) (Revenue \$ 23,441,211. )

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 \$10.4 MILLION, AS ESTIMATED BY MANAGEMENT. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING THROUGH EMERGENCY DEPARTMENTS AND CLINICS.

4b (Code: \_\_\_\_\_) (Expenses \$ 10,289,402. including grants of \$ \_\_\_\_\_) (Revenue \$ 6,766,518. )

SUBSIDIZED HEALTH SERVICES - VIRTUA WILLINGBORO IS WELL-REGARDED FOR ITS BEHAVIORAL HEALTH PROGRAM, INCLUDING PSYCHIATRIC CRISIS SERVICES AND A COMPLETE RANGE OF SERVICE FOR PATIENTS WHO NEED TO BE HOSPITALIZED, INCLUDING LIVING SPRINGS AT LOURDES, A UNIQUE VOLUNTARY INPATIENT PROGRAM DESIGNED TO ACCOMMODATE THE BEHAVIORAL HEALTH NEEDS OF OUR SERVICEMEN AND WOMEN, VETERANS, SPOUSES AND ADULT DEPENDENTS.

4c (Code: \_\_\_\_\_) (Expenses \$ 5,545,078. including grants of \$ \_\_\_\_\_) (Revenue \$ 1,555,528. )

CHARITY CARE - UNDER THE GUIDANCE OF ITS COMMUNITY BASED BOARD OF TRUSTEES AND THE SUPPORT OF THE PHYSICIANS ON ITS OPEN MEDICAL STAFF, VIRTUA WILLINGBORO HOSPITAL PROVIDES MEDICALLY NECESSARY SERVICES TO INDIVIDUALS IRRESPECTIVE OF THEIR ABILITY TO PAY. PROGRAMS ARE IN PLACE TO IDENTIFY AND PROVIDE FINANCIAL ASSISTANCE TO THOSE IN NEED. SOME PATIENTS WILL QUALIFY FOR CHARITY CARE ASSISTANCE UNDER STATE OF NEW JERSEY DEFINED ELIGIBILITY CRITERIA. VIRTUA WILLINGBORO HOSPITAL AUGMENTS THE STATE'S PROGRAM WITH ITS OWN ASSISTANCE PROGRAM FOR WHICH THE CRITERIA IS LESS RESTRICTIVE THAN THAT OF THE STATE PROGRAM, PROVIDING ASSISTANCE TO INDIVIDUALS EARNING UP TO 500% OF THE FEDERAL POVERTY GUIDELINES. MANAGEMENT ESTIMATES THE TOTAL COST OF CHARITY CARE PROVIDED DURING 2024 TO BE APPROXIMATELY \$3.9 MILLION.

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

(Expenses \$ 76,325,405. including grants of \$ \_\_\_\_\_) (Revenue \$ 127,154,146. )

4e Total program service expenses 125,996,922.

Form 990 (2024)

## 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)?<br>If "Yes," complete Schedule A .....  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II .....   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .....  | X   |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....  | X   |    |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....  | X   |    |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....   | X   |    |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....  | X   |    |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....   | 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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....</li> </ul> |     |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....  |     |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....  | X   |    |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?<br>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....  | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....   | X   |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....   | X   |    |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....   | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....   | X   |    |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....   | 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? If "Yes," complete Schedule I, Parts I and II .....  | 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 .....  | 22  | 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 .....  | 23  | 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 .....   | 24a | X  |
| 24b | .....  | 24b |    |
| 24c | .....  | 24c |    |
| 24d | .....  | 24d |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....   | 25a | X  |
| 25b | .....  | 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 .....   | 26  | 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 ..... | 27  | 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):  |     |    |
| 28a | .....  | 28a | X  |
| 28b | .....  | 28b | X  |
| 28c | .....  | 28c | X  |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....  | 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 .....   | 30  | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....   | 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 .....   | 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 .....   | 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 .....   | 34  | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | 35a | X  |
| 35b | .....  | 35b | X  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....   | 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 .....  | 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 .....   | 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  | 0  |
| 1b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  | 1b  | 0  |
| 1c | 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  | 930 |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....   | 2b  | X   |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | 3a  | X   |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....  | 3b  |     |
| 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)? ..... | 4a  | X   |
| b   | If "Yes," enter the name of the foreign country _____<br>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? .....  | 5a  | X   |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....   | 5b  | X   |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....  | 5c  |     |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | 6a  | X   |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....  | 6b  |     |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   | 7a  | X   |
| 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? .....  | 7b  |     |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? .....  | 7c  | X   |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....   | 7d  |     |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year .....  | 7e  | X   |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  | 7f  | X   |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....   | 7g  | N/A |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....   | 7h  | N/A |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....   | 8   |     |
| 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>   | 9a  |     |
| a   | Did the sponsoring organization make any taxable distributions under section 4966? .....   | 9b  |     |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....  |     |     |
| 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 | 13a |
| Note: See the instructions for additional information the organization must report on Schedule O. |  |     |     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....  | 13b |     |
| c   | Enter the amount of reserves on hand .....   | 13c |     |
| 14a   | Did the organization receive any payments for indoor tanning services during the tax year? .....   | 14a | X   |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....  | 14b |     |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | 15  | X   |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                    |  |     |     |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | 16  | X   |
| If "Yes," complete Form 4720, Schedule O.   |  |     |     |
| 17  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....                                | N/A | 17  |
| 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 .....   | 5   |    |
| 1b | 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.       | 1   |    |
| 2  | Enter the number of voting members included on line 1a, above, who are independent .....  |     | X  |
| 3  | 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  |
| 4  | 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  |
| 5  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  |     | X  |
| 6  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....  |     |    |
| 7a | Did the organization have members or stockholders? .....  |     |    |
| b  | 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? .....  |     |    |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....   |     |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| a  | The governing body? .....   |     |    |
| b  | Each committee with authority to act on behalf of the governing body? .....   |     |    |
| 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? .....  |    |
| 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 .....  |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....   |    |
| 13  | Did the organization have a written whistleblower policy? .....  |    |
| 14  | Did the organization have a written document retention and destruction policy? .....   |    |
| 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 .....   |    |
| b   | Other officers or key employees of the organization .....  |    |
|     | 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? .....  |    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |    |
| 16b |  |    |

### 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  X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |         |
|---|---|--|-----------------------|---------|--------------|---------------------------------|--|--|--|---------|
|   |   | Individual Trustee or director   | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee |  |  |  |         |
| (1) DENNIS W. PULLIN (END 7/31/23)<br>PRESIDENT/CEO             | 0.00  |  |                       |         |              | X                               |  | 0.   | 3,255,726.   | 65,233. |
|   | 41.20   |  |                       |         |              |                                 |  |  |  |         |
| (2) JOHN M. MATSINGER<br>EVP/COO                                | 0.00  |  |                       |         |              | X                               |  | 0.   | 1,702,837.   | 51,558. |
|   | 40.20   |  |                       |         |              |                                 |  |  |  |         |
| (3) ROBERT M. SEGIN (END 7/31/23)<br>TREASURER - EVP/CFO        | 0.00  |  |                       |         |              | X                               |  | 0.   | 1,359,141.   | 47,568. |
|   | 41.30   |  |                       |         |              |                                 |  |  |  |         |
| (4) RHONDA R. SHEPPARD-JORDAN<br>TRUSTEE-EVP & HR OFF (STAR)    | 0.10  |  |                       |         |              |                                 |  | 0.   | 950,696.   | 50,918. |
|   | 40.00   |  |                       |         |              |                                 |  |  |  |         |
| (5) LAUREN ROWINSKI (END 7/31/23)<br>SECRETARY-SVP & CHIEF LEGA | 0.00  |  |                       |         |              | X                               |  | 0.   | 950,446.   | 49,835. |
|   | 41.00   |  |                       |         |              |                                 |  |  |  |         |
| (6) HAFEZA SHAIKH<br>TRUSTEE - DESIGNEE OF MED                  | 0.10  | X  | X                     |         |              |                                 |  | 0.   | 712,917.   | 71,592. |
|   | 40.00   |  |                       |         |              |                                 |  |  |  |         |
| (7) LISA C. FERRARO<br>SVP-CHIEF QUALITY SAFETY R               | 0.00  |  |                       |         |              | X                               |  | 0.   | 568,100.   | 49,740. |
|   | 40.10   |  |                       |         |              |                                 |  |  |  |         |
| (8) JOHN J. KIRBY<br>TRUSTEE - HOSPITAL PRESIDE                 | 10.80   | X  |                       |         |              |                                 |  | 0.   | 546,807.   | 69,958. |
|   | 29.40   |  |                       |         |              |                                 |  |  |  |         |
| (9) JUSTINE LOMBARDI<br>REGISTERED NURSE                        | 40.00   |  |                       |         |              | X                               |  | 361,509.   | 0.   | 19,213. |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (10) DENNIS HUNTER<br>AVP PATIENT CARE SERVICES                 | 40.00   |  |                       |         |              | X                               |  | 228,881.   | 0.   | 53,012. |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (11) ERIC AGBAGBEY<br>REGISTERED NURSE                          | 40.00   |  |                       |         |              | X                               |  | 211,486.   | 0.   | 51,226. |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (12) DEBRA KRICHLING<br>DIRECTOR PHARMACY                       | 40.00   |  |                       |         |              | X                               |  | 244,572.   | 0.   | 13,077. |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (13) UDECHUKWU OGUERI<br>REGISTERED NURSE                       | 40.00   |  |                       |         |              | X                               |  | 191,440.   | 0.   | 9,505.  |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (14) MALIK MAJEED, ESQ<br>TRUSTEE- CHAIR                        | 0.01  | X  | X                     |         |              |                                 |  | 0.   | 0.   | 0.      |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |
| (15) BRENDAN MAHON<br>TRUSTEE                                   | 0.01  | X  |                       |         |              |                                 |  | 0.   | 0.   | 0.      |
|   | 0.00  |  |                       |         |              |                                 |  |  |  |         |

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

|  |            |             |          |
|--|------------|-------------|----------|
| <b>1b Subtotal</b> .....   | 1,237,888. | 10,046,670. | 602,435. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.         | 0.          | 0.       |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 1,237,888. | 10,046,670. | 602,435. |

**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

145

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

## 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.

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

|   |  | (A)<br>Total revenue         | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|---|--|------------------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns .....   | <b>1a</b>                    |  |                                      |   |
|   | <b>b</b> Membership dues .....   | <b>1b</b>                    |  |                                      |   |
|   | <b>c</b> Fundraising events .....  | <b>1c</b>                    |  |                                      |   |
|   | <b>d</b> Related organizations .....   | <b>1d</b> 395.               |  |                                      |   |
|   | <b>e</b> Government grants (contributions) .....   | <b>1e</b>                    |  |                                      |   |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>                    |  |                                      |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f .....   | <b>1g</b> \$                 |  |                                      |   |
|   | <b>h Total.</b> Add lines 1a-1f .....  |                              | 395.   |                                      |   |
| <b>Program Service<br/>Revenue</b>                                |  | <b>Business Code</b>         |  |                                      |   |
|   | <b>2 a</b> NET PATIENT REVENUE .....   | 624100                       | 154,982,898.                                 | 154,981,675.                         | 1,223.  |
|   | <b>b</b> NJ QUALITY IMPROVEMENT .....  | 621990                       | 3,934,295.                                   | 3,934,295.                           |   |
|   | <b>c</b>   |                              |  |                                      |   |
|   | <b>d</b>   |                              |  |                                      |   |
|   | <b>e</b>   |                              |  |                                      |   |
|   | <b>f</b> All other program service revenue .....   |                              |  |                                      |   |
|   | <b>g Total.</b> Add lines 2a-2f .....  |                              | 158,917,193.                                 |                                      |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |                              | 32,346.                                      |                                      | 32,346.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |                              |  |                                      |   |
|   | <b>5</b> Royalties .....   |                              |  |                                      |   |
|   | <b>6 a</b> Gross rents .....   | (i) Real<br>6a 814,063.      |  |                                      |   |
|   | <b>b</b> Less: rental expenses .....   | (ii) Personal<br>6b 814,063. |  |                                      |   |
|   | <b>c</b> Rental income or (loss) .....   | 6c 0.                        |  |                                      |   |
|   | <b>d</b> Net rental income or (loss) .....   |                              | 0.   |                                      |   |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities<br>7a         |  |                                      |   |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses .....   | (ii) Other<br>7b             |  |                                      |   |
|   | <b>c</b> Gain or (loss) .....  | 7c                           |  |                                      |   |
|   | <b>d</b> Net gain or (loss) .....  |                              |  |                                      |   |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | 8a                           |  |                                      |   |
|   | <b>b</b> Less: direct expenses .....   | 8b                           |  |                                      |   |
|   | <b>c</b> Net income or (loss) from fundraising events .....  |                              |  |                                      |   |
|   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | 9a                           |  |                                      |   |
|   | <b>b</b> Less: direct expenses .....   | 9b                           |  |                                      |   |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |                              |  |                                      |   |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....   | 10a                          |  |                                      |   |
|   | <b>b</b> Less: cost of goods sold .....  | 10b                          |  |                                      |   |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |                              |  |                                      |   |
| <b>Miscellaneous<br/>Revenue</b>                                  |  | <b>Business Code</b>         |  |                                      |   |
|   | <b>11 a</b> CAFETERIA REVENUE .....  | 722514                       | 367,028.                                     |                                      | 367,028.  |
|   | <b>b</b> GIFT SHOP INCOME .....  | 459420                       | 16,943.                                      |                                      | 16,943.   |
|   | <b>c</b> MEDICAL RECORDS FEES .....  | 621110                       | 210.   | 210.                                 |   |
|   | <b>d</b> All other revenue .....   | 621500                       | 60.  |                                      | 60.   |
|   | <b>e Total.</b> Add lines 11a-11d .....  |                              | 384,241.                                     |                                      |   |
|   | <b>12</b> Total revenue. See instructions .....  |                              | 159,334,175.                                 | 158,916,180.                         | 1,223.  |
|   |  |                              |  |                                      | 416,377.  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....  |                       |                                 |  |                             |
| 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 .....  | 49,041,553.           | 39,233,242.                     | 9,808,311.                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....  | 1,659,768.            | 1,327,814.                      | 331,954.                               |                             |
| 9 Other employee benefits .....   | 7,016,404.            | 5,613,123.                      | 1,403,281.                             |                             |
| 10 Payroll taxes .....  | 3,705,117.            | 2,964,094.                      | 741,023.                               |                             |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management .....  | 1,916,672.            | 1,916,672.                      |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  |                       |                                 |  |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....  | 18,568,449.           | 17,994,240.                     | 574,209.                               |                             |
| 12 Advertising and promotion .....  |                       |                                 |  |                             |
| 13 Office expenses .....  | 4,272,611.            | 3,973,528.                      | 299,083.                               |                             |
| 14 Information technology .....   | 7,667.                | 7,667.                          |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 1,476,395.            | 1,284,464.                      | 191,931.                               |                             |
| 17 Travel .....   | 9,894.                | 9,894.                          |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 70,321.               |                                 | 70,321.                                |                             |
| 20 Interest .....   |                       |                                 |  |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 6,557,594.            | 5,246,075.                      | 1,311,519.                             |                             |
| 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 VIRTUA HLTH ALLOCATION .....  | 30,131,147.           | 24,104,918.                     | 6,026,229.                             |                             |
| b MEDICAL SUPPLIES .....  | 18,182,310.           | 18,182,310.                     |  |                             |
| c COUNTY OP HOSP FEE .....  | 3,448,831.            | 3,448,831.                      |  |                             |
| d DOH\HCCRA .....   | 670,104.              | 670,104.                        |  |                             |
| e All other expenses .....  | 24,848.               | 19,946.                         | 4,902.                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24e .....   | 146,759,685.          | 125,996,922.                    | 20,762,763.                            | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)<br>Beginning of year | (B)<br>End of year              |
|-----------------------------|---|--------------------------|---------------------------------|
| Assets                      | 1 Cash - non-interest-bearing .....   | 4,833.                   | 1 5,210.                        |
|                             | 2 Savings and temporary cash investments .....  |                          | 2                               |
|                             | 3 Pledges and grants receivable, net .....  |                          | 3                               |
|                             | 4 Accounts receivable, net .....  | 13,988,295.              | 4 14,218,078.                   |
|                             | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | 5                               |
|                             | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | 6                               |
|                             | 7 Notes and loans receivable, net .....   |                          | 7                               |
|                             | 8 Inventories for sale or use .....   | 629,234.                 | 8 728,715.                      |
|                             | 9 Prepaid expenses and deferred charges .....   | 256,103.                 | 9 370,804.                      |
|                             | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 100,937,396.             |                                 |
|                             | b Less: accumulated depreciation .....  | 10b 27,662,772.          | 10c 72,786,436. 10c 73,274,624. |
|                             | 11 Investments - publicly traded securities .....   |                          | 11                              |
|                             | 12 Investments - other securities. See Part IV, line 11 .....   |                          | 12                              |
|                             | 13 Investments - program-related. See Part IV, line 11 .....  |                          | 13                              |
|                             | 14 Intangible assets .....  | 49,834.                  | 14 49,834.                      |
|                             | 15 Other assets. See Part IV, line 11 .....   | 4,680,759.               | 15 7,386,737.                   |
|                             | 16 Total assets. Add lines 1 through 15 (must equal line 33) .....  | 92,395,494.              | 16 96,034,002.                  |
| Liabilities                 | 17 Accounts payable and accrued expenses .....  | 9,166,278.               | 17 9,852,904.                   |
|                             | 18 Grants payable .....   |                          | 18                              |
|                             | 19 Deferred revenue .....   | 70,883.                  | 19 0.                           |
|                             | 20 Tax-exempt bond liabilities .....  |                          | 20                              |
|                             | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21                              |
|                             | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | 22                              |
|                             | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23                              |
|                             | 24 Unsecured notes and loans payable to unrelated third parties .....   |                          | 24                              |
|                             | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 66,583,506.              | 25 52,011,882.                  |
|                             | 26 Total liabilities. Add lines 17 through 25 .....   | 75,820,667.              | 26 61,864,786.                  |
| Net Assets or Fund Balances | 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. .....  |                          |                                 |
|                             | 27 Net assets without donor restrictions .....  | 16,392,590.              | 27 33,988,904.                  |
|                             | 28 Net assets with donor restrictions .....   | 182,237.                 | 28 180,312.                     |
|                             | 29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. .....   |                          |                                 |
|                             | 29 Capital stock or trust principal, or current funds .....   |                          | 29                              |
|                             | 30 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 30                              |
|                             | 31 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 31                              |
|                             | 32 Total net assets or fund balances .....  | 16,574,827.              | 32 34,169,216.                  |
|                             | 33 Total liabilities and net assets/fund balances .....   | 92,395,494.              | 33 96,034,002.                  |

Form 990 (2024)

**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  | 159,334,175. |
| 2 Total expenses (must equal Part IX, column (A), line 25) .....  | 2  | 146,759,685. |
| 3 Revenue less expenses. Subtract line 2 from line 1 .....  | 3  | 12,574,490.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                       | 4  | 16,574,827.  |
| 5 Net unrealized gains (losses) on investments .....  | 5  |              |
| 6 Donated services and use of facilities .....  | 6  |              |
| 7 Investment expenses .....   | 7  |              |
| 8 Prior period adjustments .....  | 8  |              |
| 9 Other changes in net assets or fund balances (explain on Schedule O) .....  | 9  | 5,019,899.   |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ..... | 10 | 34,169,216.  |

**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? .....  | 2a  | x  |
| 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   |     |    |
| 2b Were the organization's financial statements audited by an independent accountant? .....   | 2b  | x  |
| 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  |     |    |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... | 2c  | x  |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....  | 3a  | x  |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....     | 3b  |    |

Form 990 (2024)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 <b>Total.</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 .....   |          |          |          |          |           |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |           |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |           |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |                          |
| <b>12 Gross receipts from related activities, etc. (see instructions)</b> .....   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

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

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

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 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**

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

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

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....                         | 18 | % |

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Section A. All Supporting Organizations**

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**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? | 11a |    |
| b A family member of a person described on line 11a above?  | 11b |    |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                     | 11c |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

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

| Section A - Adjusted Net Income  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1         |                |                             |
| 2 Recoveries of prior-year distributions   | 2         |                |                             |
| 3 Other gross income (see instructions)  | 3         |                |                             |
| 4 Add lines 1 through 3.   | 4         |                |                             |
| 5 Depreciation and depletion   | 5         |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6         |                |                             |
| 7 Other expenses (see instructions)  | 7         |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>  |                |                             |
| 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)  | <b>1d</b> |                |                             |
| e <b>Discount</b> claimed for blockage or other factors<br>( <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         |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |
| 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |

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

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

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

## Part VI

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

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

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

Complete if the

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

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

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

|   |   |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).   |   |
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education)   | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   | <b>Held at the End of the Tax Year</b>                                      |
| 2a Total number of conservation easements .....   | 2a  |
| 2b Total acreage restricted by conservation easements .....   | 2b  |
| 2c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c  |
| 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....   | 2d  |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....   |   |
| 4 Number of states where property subject to conservation easement is located .....   |   |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....   |   |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....   |   |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |   |

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

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

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

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

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

LHA 432051 01-02-25

**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 |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

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

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                      |                  |                |                    |                      |                     |
| 1b Contributions                                  |                  |                |                    |                      |                     |
| 1c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| 1d Grants or scholarships                         |                  |                |                    |                      |                     |
| 1e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| 1f Administrative expenses                        |                  |                |                    |                      |                     |
| 1g End of year balance                            |                  |                |                    |                      |                     |

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

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

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

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

(i) Unrelated organizations? \_\_\_\_\_  
 (ii) Related organizations? \_\_\_\_\_

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

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

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

**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.

|   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 10,650,000.                     |                              | 10,650,000.    |
| 1b Buildings  |                                      | 29,144,599.                     | 7,991,051.                   | 21,153,548.    |
| 1c Leasehold improvements   |                                      | 11,725,367.                     | 1,729,103.                   | 9,996,264.     |
| 1d Equipment  |                                      | 43,866,366.                     | 17,942,618.                  | 25,923,748.    |
| 1e Other  |                                      | 5,551,064.                      |                              | 5,551,064.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 73,274,624.    |

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) OTHER ASSETS  | 6,717,189.     |
| (2) RIGHT OF USE ASSETS   | 496,458.       |
| (3) DUE FROM AFFILIATES   | 173,090.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b> | 7,386,737.     |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DUE TO AFFILIATES   | 48,459,829.    |
| (3) DUE TO THIRD PARTY  | 2,661,590.     |
| (4) LEASE LIABILITY   | 499,798.       |
| (5) EXTENDED SICK TIME RESERVE  | 390,665.       |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b> | 52,011,882.    |

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

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

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

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

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

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

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

## **Part XIII Supplemental Information**

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

**SCHEDULE H**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

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

1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a .....  
b If "Yes," was it a written policy? .....

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year:  
 Applied uniformly to all hospital facilities       Applied uniformly to most hospital facilities  
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....  
 100%     150%     200%     Other \_\_\_\_\_ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....  
 200%     250%     300%     350%     400%     Other \_\_\_\_\_ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....  
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year? .....  
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....  
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....  
6a Did the organization prepare a community benefit report during the tax year? .....  
b If "Yes," did the organization make it available to the public? .....

|    | Yes | No |
|----|-----|----|
| 1a | X   |    |
| 1b | X   |    |
| 3a | X   |    |
| 3b | X   |    |
| 4  | X   |    |
| 5a |     | X  |
| 5b |     |    |
| 5c |     |    |
| 6a | X   |    |
| 6b | X   |    |

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial assistance at cost (from Worksheet 1) .....   |   |                               | 5,545,078.                          | 1,555,528.                    | 3,989,550.                        | 2.72%                        |
| b Medicaid (from Worksheet 3, column a) .....   |   |                               | 33,837,037.                         | 23,441,211.                   | 10,395,826.                       | 7.08%                        |
| c Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial assistance and means-tested government programs .....                   |   |                               | 39,382,115.                         | 24,996,739.                   | 14,385,376.                       | 9.80%                        |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               | 579,158.                            | 61,552.                       | 517,606.                          | .35%                         |
| f Health professions education (from Worksheet 5) .....   |   |                               | 615,614.                            | 163,300.                      | 452,314.                          | .31%                         |
| g Subsidized health services (from Worksheet 6) .....   |   |                               | 10,289,402.                         | 6,766,518.                    | 3,522,884.                        | 2.40%                        |
| h Research (from Worksheet 7) .....   |   |                               | 62,781.                             | 1,357.                        | 61,424.                           | .04%                         |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               | 40,710.                             | 230.                          | 40,480.                           | .03%                         |
| <b>j Total.</b> Other benefits .....  |   |                               | 11,587,665.                         | 6,992,957.                    | 4,594,708.                        | 3.13%                        |
| <b>k Total.</b> Add lines 7d and 7j .....   |   |                               | 50,969,780.                         | 31,989,696.                   | 18,980,084.                       | 12.93%                       |

**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.

|  | <b>(a)</b> Number of activities or programs (optional) | <b>(b)</b> Persons served (optional) | <b>(c)</b> Total community building expense | <b>(d)</b> Direct offsetting revenue | <b>(e)</b> Net community building expense | <b>(f)</b> Percent of total expense |
|--|--|--------------------------------------|---|--------------------------------------|---|-------------------------------------|
| <b>1</b> Physical improvements and housing                         |  |                                      |   |                                      |   |                                     |
| <b>2</b> Economic development                                      |  |                                      |   |                                      |   |                                     |
| <b>3</b> Community support   |  |                                      | 62,547.                                     | 45,475.                              | 17,072.                                   | .01%                                |
| <b>4</b> Environmental improvements                                |  |                                      |   |                                      |   |                                     |
| <b>5</b> Leadership development and training for community members |  |                                      | 1,489.                                      | 8.                                   | 1,481.                                    | .00%                                |
| <b>6</b> Coalition building  |  |                                      | 429.  | 3.                                   | 426.                                      | .00%                                |
| <b>7</b> Community health improvement advocacy                     |  |                                      |   |                                      |   |                                     |
| <b>8</b> Workforce development                                     |  |                                      | 11,970.                                     | 68.                                  | 11,902.                                   | .01%                                |
| <b>9</b> Other   |  |                                      |   |                                      |   |                                     |
| <b>10 Total</b>  |  |                                      | 76,435.                                     | 45,554.                              | 30,881.                                   | .02%                                |

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

## Section A. Bad Debt Expense

|   |  |   |
|---|--|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....  |   |
| 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 .....   | 2 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit ..... | 3 |
| 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.  |   |

|  |    | Yes         | No |
|--|----|-------------|----|
| ent Association                              |    | 1           | X  |
|  | 2  | 19,836,733. |    |
|  | 3  |             |    |
| s bad debt<br>ents.                          |    |             |    |
|  | 5  | 14,835,549. |    |
|  | 6  | 15,618,308. |    |
|  | 7  | -782,759.   |    |
| nunity benefit.<br>ed on line 6.             |    |             |    |
|  | 9a | X           |    |
| ix year contain provisions on the<br>Part VI | 9b | X           |    |

## Section B. Medicare

|   |  |   |
|---|--|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) .....   | 5 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 .....                                      | 6 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) .....  | 7 |
| 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.

Check the box that describes the method used:

## Cost accounting system

**Section C. Collection Practices**

**9a** Did the organization have a written debt collection policy during the tax year? .....

**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.

## Part IV Management Companies and Joint Ventures

9b. (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

## Part V Facility Information

## **Section A. Hospital Facilities**

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

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

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

**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 WILLINGBORO HOSPITAL, 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 (CHNA)</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? .....   | 1   | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  | 2   | X  |
| 3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....   | 3   | 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   |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | 5   | X  |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | 6a  | X  |
| 6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....   | 6b  | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | 7   | X  |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): _____   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | 8   | X  |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | 10  | X  |
| a If "Yes," list url: <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS</u>   |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | 10b |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  | 12a | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   | 12b |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: VIRTUA WILLINGBORO HOSPITAL, INC.

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

**Part V Facility Information (continued)****Billing and Collections**Name of hospital facility or letter of facility reporting group: VIRTUA WILLINGBORO HOSPITAL, INC.

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

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

**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 WILLINGBORO HOSPITAL, INC.

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | x  |
| <b>24</b> |     | x  |

Schedule H (Form 990) 2024

**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 WILLINGBORO HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY](http://WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY)

VIRTUA WILLINGBORO HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY](http://WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY)

VIRTUA WILLINGBORO HOSPITAL, INC.

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

[WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY](http://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)
- 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 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:**

THE 2022 CHNA WAS CONDUCTED FROM DECEMBER 2021 TO MAY 2022 AND INCLUDED QUANTITATIVE AND QUALITATIVE RESEARCH METHODS TO DETERMINE HEALTH TRENDS AND DISPARITIES IN BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES AND THE CITY OF CAMDEN WHERE APPLICABLE. SECONDARY RESEARCH METHODS WERE USED TO IDENTIFY AND ANALYZE STATISTICAL SOCIOECONOMIC AND HEALTH INDICATORS. DATA WERE COMPARED ACROSS ZIP CODES AND NEIGHBORHOODS WHERE AVAILABLE, AND COMPARED TO THE COUNTIES, NEW JERSEY STATE, AND NATIONAL BENCHMARKS.

SECONDARY DATA, INCLUDING DEMOGRAPHIC, SOCIOECONOMIC, AND PUBLIC HEALTH INDICATORS, WERE ANALYZED FOR BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES IN NEW JERSEY (NJ) TO MEASURE KEY DATA TRENDS AND PRIORITY HEALTH ISSUES, AND TO ASSESS EMERGING HEALTH NEEDS. DATA WERE COMPARED TO STATE AND NATIONAL BENCHMARKS AND HEALTHY PEOPLE 2030 (HP2030) GOALS, AS AVAILABLE, TO ASSESS AREAS OF STRENGTH AND OPPORTUNITY. HEALTHY PEOPLE 2030 IS A US DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH PROMOTION AND DISEASE PREVENTION INITIATIVE THAT SETS SCIENCE-BASED, 10-YEAR NATIONAL OBJECTIVES FOR IMPROVING THE HEALTH OF ALL AMERICANS.

PRIMARY RESEARCH AND COMMUNITY ENGAGEMENT

**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.

THROUGH COMPREHENSIVE VIEW OF STATISTICAL HEALTH INDICATORS AND COMMUNITY STAKEHOLDER FEEDBACK, A PROFILE WAS CREATED OF HEALTH INDICATORS AND SOCIOECONOMIC FACTORS THAT INFLUENCE THE HEALTH AND WELL-BEING OF PEOPLE LIVING IN BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES. PRIMARY RESEARCH METHODS THEN USED TO SOLICIT INPUT FROM PUBLIC HEALTH EXPERTS AND KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY UTILIZING INTERVIEWS, AN ONLINE KEY INFORMANT SURVEY AND THROUGH FOCUS GROUPS. THESE FINDINGS WILL GUIDE VIRTUA HEALTH, THE SOUTH JERSEY HEALTH COLLABORATIVE AND THEIR COMMUNITY PARTNERS IN CREATING A COLLABORATIVE, COORDINATED EFFORT TO ADDRESS COMMUNITY HEALTH NEEDS. THE 2022 CHNA PRIMARY RESEARCH AND COMMUNITY ENGAGEMENT STUDY METHODS INCLUDE:

- AN ANALYSIS OF EXISTING SECONDARY DATA SOURCES, INCLUDING PUBLIC HEALTH STATISTICS, DEMOGRAPHIC AND SOCIAL MEASURES, AND HEALTHCARE UTILIZATION
- ONE ON ONE KEY INFORMANT INTERVIEWS WITH KEY INDIVIDUALS REPRESENTING DIVERSE HEALTH, POLICY AND COMMUNITY PERSPECTIVES
- A KEY INFORMANT SURVEY COMPLETED BY 206 INDIVIDUALS THROUGHOUT THE AREA WHO REPRESENT FIRST RESPONDERS, HEALTH CARE PROVIDERS, SOCIAL SERVICES PROFESSIONALS, EDUCATORS, FAITH-BASED LEADERS AND COMMUNITY LEADERS
- 14 FOCUS GROUPS WITH 74 INDIVIDUALS REPRESENTING DIVERSE, UNDERSERVED, MINORITY AND HISTORICALLY DISADVANTAGED POPULATIONS INCLUDING YOUTH
- AN ANALYSIS OF EMERGENCY DEPARTMENT UTILIZATION DATA FROM 2019, 2020 AND 2021

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

## PART V, SECTION B, LINE 6A:

- COOPER UNIVERSITY HEALTH CARE,
- JEFFERSON HEALTH,

## PART V, SECTION B, LINE 6B:

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

## PART V, SECTION B, LINE 7A:

[HTTPS://WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS](https://www.virtua.org/about/community-programs)

## PART V, SECTION B, LINE 10A:

[HTTPS://WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS](https://www.virtua.org/about/community-programs)  
[HTTPS://WWW.VIRTUA.ORG/-/MEDIA/PROJECT/VIRTUA-TENANT/VIRTUA/PDFS/COMMUNITY/CHIP-2023-2025\\_FINAL.PDF](https://www.virtua.org/-/media/project/virtua-tenant/virtua/pdfs/community/chip-2023-2025_final.pdf)

## PART V, SECTION B, LINE 11 CHNA ASEESMENT:

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) 2022:  
 PROVIDING THE BEST POSSIBLE HEALTH CARE FOR THE COMMUNITY REQUIRES A DEEP UNDERSTANDING OF THE INDIVIDUALS AND FAMILIES IN THE REGION AND IDENTIFYING ANY BARRIERS THAT LIMIT THEM FROM LIVING THEIR HEALTHIEST-POSSIBLE LIVES.

TO ADDRESS THIS, THE 2022 SOUTH JERSEY HEALTH COLLABORATIVE (SJHC) CHNA REVIEWED HEALTH INDICATORS, HOSTED FOCUS GROUPS WITH DIVERSE

**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.

POPULATIONS, INCLUDING YOUTH, AND SOLICITED FEEDBACK THROUGH KEY

INFORMANT SURVEY AND STAKEHOLDER INTERVIEWS TO INTERPRET THE

QUANTITATIVE AND QUALITATIVE INFORMATION COLLECTED THROUGH A LENS OF

HEALTH EQUITY AND OPPORTUNITIES TO WORK TOWARD EQUITABLE OUTCOMES FOR

ALL PEOPLE. THE IMPACT OF THE INEQUITIES IN SOCIAL DETERMINANTS OF

HEALTH ARE MOST EVIDENT AMONG HEALTH OUTCOMES IN KEY AREAS: ACCESS TO

CARE, CHRONIC DISEASE, BEHAVIORAL HEALTH, MENTAL HEALTH AMONG YOUTH AND

MATERNAL AND CHILD HEALTH.

KEY FOCUS AREAS

- ACCESS TO CARE

- CHRONIC DISEASE

- BEHAVIORAL HEALTH

- MENTAL HEALTH AMONG YOUTH

- MATERNAL CHILD HEALTH

THE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) INDEX MEASURES

WORKING HOUSEHOLDS THAT DO NOT EARN ENOUGH TO MEET ALL OF THEIR NEEDS

GIVEN THE COST OF LIVING. 1 IN 4 SOUTH JERSEY HOUSEHOLDS MET THE ALICE

THRESHOLD BEFORE THE COVID-19 PANDEMIC, AND ALL SOUTH JERSEY COUNTIES

HAD LOWER LIFE EXPECTANCIES THAN NEW JERSEY AS A WHOLE. COVID-19

EXPOSED LONG-STANDING INEQUITIES THAT TAUGHT US WE NEED A MORE

EQUITABLE HEALTHCARE RESPONSE. THE RAPID PACE OF SOCIETAL CHANGE DUE

COVID-19 HAS DRAMATICALLY EXPOSED AND WORSENED THE UNDERLYING

INEQUITIES THAT HAVE EXISTED FOR GENERATIONS THAT CONTINUE TO FUEL

DISPARITIES IN HEALTH OUTCOMES.

VIRTUA HEALTH, AS A COMPREHENSIVE NOT-FOR-PROFIT HEALTHCARE SYSTEM WITH

A MISSION TO HELP THE COMMUNITY TO BE WELL, GET WELL, AND STAY WELL,

EMBRACES THE OPPORTUNITY TO UTILIZE ITS RESOURCES TO ASSIST ITS SJHC

PARTNERS. THE CHNA TEAM COLLABORATED WITH COLLEAGUES AND LEADERS ACROSS

THE VIRTUA SYSTEM TO IDENTIFY RESOURCES THAT COULD BE LEVERAGED TO

ADDRESS SOME NEEDS IDENTIFIED BY SOUTH JERSEY RESIDENTS. THIS

COLLABORATION VALIDATED ONGOING WORK WITHIN VIRTUA AND THE OPPORTUNITY

TO COORDINATE AND ALIGN TO BEST ADDRESS THE NEEDS IDENTIFIED IN THE

LATEST CHNA. THE COMMUNITY HEALTH IMPROVEMENT PLANNING TEAM (CHIP

TEAM), COMPRISING OF MULTI-DISCIPLINARY GROUPS OF VIRTUA LEADERS,

DEVELOPED THE FOLLOWING GOALS, OBJECTIVES, STRATEGIES AS PART OF THE

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR 2023-2025 PERIOD.

PRIORITIES FOR ACTION: BUILDING TRUST AND EQUITY

HEALTH EQUITY APPROACH:

- ACHIEVE EQUITABLE OUTCOMES FOR ALL RESIDENTS REGARDLESS OF RACE, ETHNICITY, AGE, INSURANCE, ZIP CODE, INCOME, GENDER OR LANGUAGE BY CHALLENGING STRUCTURAL AND INSTITUTIONAL INEQUITIES

- LEVERAGE COLLABORATION TO COUNTERACT SOCIAL DRIVERS OF HEALTH

- CHANGE PROCESSES AND POLICIES TO REDEFINE EQUITABLE DISTRIBUTION OF SERVICES

ACCESS TO CARE

THE SOUTH JERSEY AREA HAS AN ABUNDANCE OF HIGH-QUALITY HEALTH AND

SOCIAL SERVICES, EDUCATION, AND BUSINESSES, WHICH CONTRIBUTE TO

CREATING A HEALTHY PLACE TO LIVE. HOWEVER, NOT EVERYONE HAS THE SAME

ACCESS TO THESE COMMUNITY RESOURCES. A CLOSER LOOK AT THE DATA SHOWS

DISPARITIES AMONG BLACK AND BROWN COMMUNITIES AND THOSE WITH LOWER

INCOMES IN RECEIVING THE SERVICES THEY NEED WHEN THEY NEED THEM. THE

BARRIERS THAT KEEP PEOPLE WHO NEED SERVICES FROM RECEIVING THEM ARE

VARIED AND MANY. WE KNOW THAT SOCIAL DETERMINANTS OF HEALTH, LACK OF

ACCESS TO A COMPUTER OR INTERNET CONNECTION, LIMITED ENGLISH LANGUAGE

**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.

CAPACITY, LACK OF CHILDCARE OR TRANSPORTATION, AND LACK OF HEALTH

INSURANCE PERSIST AS BARRIERS TO ACCESSING CARE. PREVENTIVE CARE, SUCH AS PRENATAL CARE AND CANCER SCREENINGS, CAN DETECT SMALL PROBLEMS THAT CAN BE TREATED MORE EASILY AND EFFECTIVELY THAN IF TREATMENT IS DELAYED. WHILE THE PERCENT OF ALL POPULATIONS WITHOUT HEALTH INSURANCE IS STEADILY DECREASING, MORE THAN 1 IN 10 PEOPLE IN THE CITY OF CAMDEN LACK HEALTH INSURANCE.

GOAL: ACHIEVE EQUITABLE ACCESS TO SERVICES FOR ALL PEOPLE REGARDLESS OF RACE, ETHNICITY, AGE, INSURANCE, ZIP CODE, INCOME, GENDER OR LANGUAGE.

## OBJECTIVES:

- REDUCE TRANSPORTATION BARRIERS ADDRESSING THE AREAS OF MOST NEED
- MAINTAIN PREVENTATIVE HEALTH SCREENINGS AND SERVICES THROUGH MOBILE FLEET AND ON-SITE SERVICES
- IMPROVE NAVIGATION OF HEALTHCARE AND SOCIAL SERVICES TO LINK INDIVIDUALS TO APPROPRIATE, TRANSPARENT AND COST-EFFECTIVE CARE
- COLLECT AND UTILIZE DATA TO DRIVE ACTION

## STRATEGIES:

CONTINUE TO PROVIDE TRANSPORTATION SERVICES FOR PATIENTS EXPERIENCING TRANSPORTATION BARRIERS

RIDE HEALTH PROGRAM: FREE RIDES FOR ELIGIBLE PATIENTS AT DISCHARGE FROM HOSPITALS AND FOR MEDICAL APPOINTMENTS

IMPROVE ACCESS TO SERVICES AND RESOURCES IN THE COMMUNITY VIA MOBILE FLEET AND ON-SITE SERVICES

EARLY INTERVENTION PROGRAM/PEDIATRIC MOBILE SERVICES: IMPROVE AND INCREASE INFLUENZA VACCINATION; LEAD POISONING SCREENING; ORAL PREVENTIVE HEALTHCARE; DEVELOPMENTAL SCREENINGS IN EARLY CHILDHOOD

MOBILE HEALTH & CANCER SCREENING SERVICES: INCREASE THE NUMBER OF INDIVIDUALS WHO ARE SCREENED FOR CANCER

COMMUNITY CONNECTION: TRACK CONNECTION TO RESOURCES AND SERVICES WITHIN THE COMMUNITY VIA FINDHELP APPLICATION

INCREASE A UNIFORMED DATA COLLECTION AND VALIDATION FRAMEWORK TO SYSTEMATICALLY DRIVE ACTION

ENTERPRISE-WIDE REAL (RACE, ETHNICITY AND LANGUAGE), SGN (SEX, GENDER, NAMING) AND SDOH (SOCIAL DETERMINANTS OF HEALTH) DATA

## CHRONIC DISEASE AND LIFE EXPECTANCY

PRIOR TO 2020, THE TOP LEADING CAUSES OF DEATH AMONG ALL POPULATIONS IN THE U.S. WERE CHRONIC DISEASES. ACROSS SOUTH JERSEY, IT IS CLEAR THAT PREVENTIVE CARE, EARLY DIAGNOSIS, AND COMPREHENSIVE TREATMENT ARE EFFECTIVE AT MANAGING DISEASE AND PROLONGING THE LENGTH AND QUALITY OF LIFE. WHILE GREAT INNOVATIONS EXPANDED THE USE OF HOME-BASED MONITORING OF CHRONIC CONDITIONS AND TELEHEALTH SERVICES HELPED CONNECT PEOPLE WITH PROVIDERS MORE EASILY THAN BEFORE, THESE INTERVENTIONS WERE NOT EQUALLY ACCESSIBLE FOR ALL PEOPLE FOR A VARIETY OF REASONS. THE RESTRICTIONS PUT IN PLACE TO HELP PREVENT THE SPREAD OF COVID-19 MADE ACCESSING SCREENINGS AND MAINTENANCE CARE FOR MANY CHRONIC CONDITIONS MORE CHALLENGING. THE DATA REINFORCE THAT SOCIAL DETERMINANTS OF HEALTH DIRECTLY IMPACT HEALTH OUTCOMES FOR CHRONIC DISEASE, RESULTING IN INEQUITIES IN LIFE EXPECTANCY BY RACE AND NEIGHBORHOOD.

GOAL: ACHIEVE EQUITABLE LIFE EXPECTANCY FOR ALL PEOPLE REGARDLESS OF RACE, ETHNICITY, ZIP CODE, INSURANCE, INCOME, GENDER OR LANGUAGE.

## OBJECTIVES:

- INCREASE CHRONIC DISEASE AND BEHAVIORAL HEALTH SCREENINGS
- IMPROVE CONTROL OF CHRONIC DISEASE
- IMPROVE COMMUNICATION WITH PATIENTS AND PROVIDERS TO ESTABLISH

**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.

CLEARER PATIENT UNDERSTANDING OF THEIR CARE PLAN

- INCREASE ACCESS TO CARE VIA MOBILE FLEET

STRATEGIES:

INCREASE DIABETIC AND HYPERTENSION SCREENING AND CONTROL TARGETING

SPECIFIC PRIMARY CARE PRACTICES

IMPROVEMENT IN DIABETIC SCREENING AND CONTROL; CONTROLLING HYPERTENSION

METRICS TRACKED AT CERTAIN PRIMARY CARE LOCATIONS

ASSIST PATIENTS IN OBTAINING AND UNDERSTANDING INFORMATION REGARDING

THEIR HEALTHCARE FOCUSING ON THE MOST VULNERABLE POPULATION

MY CHART: INCREASE UTILIZATION OF MY CHART AT PRIMARY CARE PRACTICES

HEALTHY NEIGHBOR: ADVANCE ENROLLMENT INTO HEALTHY NEIGHBOR VIA

COMMUNITY HEALTH WORKERS PROVIDING AN INNOVATIVE APPROACH TO HOW HEALTH

CARE IS DELIVERED

MOBILE OUTREACH: INCREASE OUTREACH OF VIRTUA MOBILE FLEET OF

COMMUNITY-HEALTH PROGRAMS IN UNDER-RESOURCED COMMUNITIES

VIRTUA INTEGRATED NETWORK- NJ QIP PROGRAM: QIP-NJ - PREVENTIVE CARE AND

SCREENING FOR DEPRESSION IN THE EMERGENCY DEPARTMENTS AND IMPROVEMENTS

IN CONNECTIONS TO BEHAVIORAL HEALTH SERVICES POST-DISCHARGE

PART V, SECTION B, LINE 11 CHNA ASSESSMENT (CONTINUED):

BEHAVIORAL HEALTH, TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES

MENTAL AND BEHAVIORAL DISORDERS SPAN A WIDE RANGE OF DIAGNOSES,

INCLUDING ANXIETY DISORDERS, SCHIZOPHRENIA, AND OTHER DELUSIONAL

DISORDERS, AS WELL AS MOOD DISORDERS SUCH AS DEPRESSION OR PERSONALITY

DISORDERS. THE DISORDERS ARE NOT INDUCED BY ALCOHOL AND OTHER

PSYCHOACTIVE SUBSTANCES, BUT THEY MAY CO-OCCUR WITH OR BE EXACERBATED

BY SUBSTANCE USE DISORDER. HAVING HEALTH INSURANCE REDUCES SOME

BARRIERS TO ACCESSING CARE, BUT HAVING ENOUGH PROVIDERS AND CAPACITY

AMONG AVAILABLE PROVIDERS ARE ALSO CRITICAL COMPONENTS. UNDERLYING

INEQUITIES AND SOCIAL DETERMINANTS OF HEALTH HAVE A NOTABLE IMPACT ON

NEGATIVE OUTCOMES FROM MENTAL DISTRESS AND BEHAVIORAL HEALTH IMPACTS.

THE SOCIAL ISOLATION THAT STEMMED FROM THE EFFORTS TO REDUCE THE SPREAD

OF COVID-19 TOOK ITS TOLL ON THE EMOTIONAL WELL-BEING OF PEOPLE OF ALL

AGES. ACROSS THE SPECTRUM OF AGE, INCOME, AND NEIGHBORHOOD, RESPONDENTS

ACROSS SOUTH JERSEY REPORTED AN OVERALL INCREASE IN ANGER AS A COMMON

RESPONSE IN MANY SITUATIONS.

ALCOHOL USE DISORDER IS THE MOST PREVALENT ADDICTIVE SUBSTANCE AMONG

ADULTS. SUBSTANCE USE DISORDER IS BOTH A CAUSE OF AND OUTCOME FROM

ADVERSE CHILDHOOD EXPERIENCES (ACES). THEREFORE, THE PREVALENCE OF

SUBSTANCE USE DISORDER SUGGESTS THE OPPORTUNITY FOR INTERVENTIONS TO

BOTH ADDRESS CURRENT ISSUES AND UNDERLYING ACES TO BUILD RESILIENCE AND

PREVENT TRAUMA THROUGH COMMUNITY-LEVEL INTERVENTIONS.

GOAL: FOSTER COMMUNITY BUILDING OPPORTUNITIES TO AMELIORATE THE IMPACT

OF TRAUMATIC EVENTS DESIGNED FOR ALL AGES.

OBJECTIVES:

- IMPROVE BEHAVIORAL HEALTH SCREENINGS AND ASSESSMENTS

- FOCUS ON BEHAVIORAL HEALTH CARE TRANSITIONS POST PATIENT DISCHARGE

- ADDRESS ACCESS TO BEHAVIORAL HEALTH CARE AND TREATMENT

- PROVIDE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES

STRATEGIES:

PROVIDE SCREENINGS IN THE EMERGENCY DEPARTMENTS

SCREENING FOR TOBACCO, DRUG, ALCOHOL USE AND SUICIDE IN ALL VIRTUA

EMERGENCY DEPARTMENTS

CONNECT BEHAVIORAL HEALTH PATIENTS WITHIN 72 HOURS POST HOSPITAL

**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.

**DISCHARGE**

VIRTUA INTEGRATED NETWORK- NJ QIP PROGRAM: INCREASE PATIENT FOLLOW-UP

CONNECTIONS POST-DISCHARGE BY IMPROVING CONNECTIONS TO BEHAVIORAL

**HEALTH SERVICES**

INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT IN PEDIATRICS

CASTLE: IMPROVE ACCESS TO TREATMENT FOR VULNERABLE CHILDREN IN OUR COMMUNITIES IN THE PARTIAL DAY PROGRAM FROM REFERRAL TO INTAKE

INCREASE ACCESS TO SUBSTANCE USE TREATMENT

VMG MEDICATION FOR ADDICTIONS TREATMENT (MAT): INCREASE TOTAL

OUTPATIENT SUBSTANCE USE VISITS ESPECIALLY IN VULNERABLE POPULATIONS

**WITHIN OUR PRACTICES****WOMEN AND CHILDREN'S HEALTH**

HAVING A HEALTHY PREGNANCY IS THE BEST WAY TO HAVE A HEALTHY BIRTH.

ACCORDING TO THE MARCH OF DIMES, INFANTS BORN TO MOTHERS WHO HAVE NOT RECEIVED PRENATAL CARE HAVE AN INFANT DEATH RATE FIVE TIMES THE RATE OF INFANTS BORN TO MOTHERS ACCESSING PRENATAL CARE STARTING IN THE FIRST TRIMESTER OF PREGNANCY. THE HEALTHY PEOPLE 2030 TARGET IS 80.5% OF PREGNANT MOTHERS ACCESSING PRENATAL CARE DURING THE FIRST TRIMESTER. NONE OF THE SOUTH JERSEY COUNTIES HAVE MET THIS GOAL YET. WHEN BROKEN DOWN BY RACE AND ETHNICITY, DIFFERENCES THROUGHOUT THE AREA REGARDING PRENATAL CARE BECOME MORE EVIDENT.

INFANT MORTALITY IS WIDELY REGARDED AS AN IMPORTANT COMMUNITY HEALTH INDICATOR BECAUSE IT IS PARTICULARLY SENSITIVE TO STRUCTURAL FACTORS INCLUDING SOCIAL AND ECONOMIC FACTORS AND QUALITY OF LIFE CONDITIONS. THE HIGH RATE OF INFANT DEATHS IN CAMDEN COUNTY, PARTICULARLY AMONG BLACK/AFRICAN AMERICAN BABIES, REPRESENTS A SUBSTANTIAL INEQUITY THAT RESULTS IN LIVES LOST, SUFFERING FOR FAMILIES, AND COMMUNITY ABSENCE LASTING DECADES.

GOAL: TO REDUCE DISPARITIES RESULTING IN INCREASED EQUITABLE OUTCOMES AND SUPPORT FOR ALL BABIES AND PEOPLE WHO GIVE BIRTH.

**OBJECTIVES:**

- IMPACT EQUITABLE ACCESS TO CARE BY IMPROVING THE RATE OF INITIATION OF PRENATAL CARE IN PREGNANT PEOPLE
- IMPROVE CONTROL OF HYPERTENSION IN ALL PEOPLE WHO GIVE BIRTH
- IMPROVE NSTV C-SECTION RATES TO ALIGN WITH HEALTHY PEOPLE 2030 GOALS

**STRATEGIES:****IMPROVE PRENATAL CARE INITIATION**

VIRTUA INTEGRATED NETWORK (VIN) & CAMDEN COALITION PILOT- INCREASE OUTREACH TO WOMEN WITH NO EVIDENCE OF PRENATAL CARE, INCREASE THE NUMBER OF WOMEN SUCCESSFULLY CONTACTED AND INCREASE THE NUMBER OF WOMEN WHO ACCEPT PRENATAL CARE

REDUCE DISPARITIES RESULTING IN INCREASED EQUITABLE OUTCOMES FOR ALL BABIES AND PEOPLE WHO GIVE BIRTH THROUGH IMPROVED PRENATAL CARE AND ACCESS TO PERINATAL SERVICES

IMPROVE HYPERTENSION CONTROL: PROVIDE RECOMMENDED MEDICATION DURING DELIVERY AND IMPROVE PRENATAL CARE AND SERVICES

IMPROVE NSTV C SECTION RATES: MEET OR EXCEED HEALTHY PEOPLE 2023

TARGETED NSTV C-SECTION RATE THROUGH BEST-PRACTICES OF FOLLOWING RECOMMENDED MANAGEMENT AND PROVIDER EDUCATION WITH FEEDBACK

MIDWIFERY CARE MODEL: CONTINUE TO NURTURE THE COMMUNITY'S RELATIONSHIP WITH HEALTHCARE BY PROMOTING THE MIDWIFERY CARE MODEL IN CAMDEN CITY

MATERNAL FETAL MEDICINE SERVICES: CONTINUE TO IMPROVE TO ACCESS TO HIGH-RISK PERINATAL SERVICES TO REDUCE PRETERM BIRTH AND LOW BIRTH WEIGHT BABIES

**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.

DOULA PROGRAM: IN PARTNERSHIP WITH THE COMMUNITY DOULAS, ESTABLISH A

VIRTUA-SPONSORED DOULA PROGRAM THROUGH OUTREACH TO COMMUNITY

STAKEHOLDERS, PROVIDING EMPLOYMENT OPPORTUNITIES AND PERINATAL SUPPORT

SERVICES

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

COMMUNITY PARTNERS AND LOCAL PUBLIC HEALTH AGENCIES WILL WORK TOWARD

IMPLEMENTING THESE STRATEGIES TO ADDRESS THE CONCERNs IDENTIFIED BY OUR

COMMUNITY PROVIDING THE RESOURCES TO BE WELL, GET WELL AND STAY WELL.

**Part V Facility Information (continued)**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

| Name and address                | Type of facility (describe) |
|---------------------------------|-----------------------------|
| 1 VIRTUA PT & REHAB NEW HANOVER |                             |
| 25 WRIGHTSTOWN COOKSTOWN ROAD   |                             |
| WRIGHTSTOWN, NJ 08562           |                             |
|                                 |                             |
|                                 |                             |
|                                 |                             |
|                                 |                             |
|                                 |                             |
|                                 |                             |
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**Schedule H (Form 990) 2024**

**Part VI Supplemental Information**

Provide the following information.

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

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'S EAT WELL MOBILE PROGRAMS OPERATE YEAR-ROUND MAKING STOPS AROUND SOUTH JERSEY, 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 FARMACIES THAT PROVIDE AND DISTRIBUTE NON-PERISHABLES TO PATIENTS WHO SCREEN POSITIVE FOR FOOD INSECURITY AT NO COST. THE 2024 ANNUAL TURKEY AND PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY MEALS, INCLUDING A WHOLE TURKEY, FOR 625 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 EAT WELL MOBILE

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Schedule H (Form 990) 2024

**Part VI Supplemental Information (Continuation)**

PROGRAMS, HOSPITAL-BASED FOOD FARMACIES, 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 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, CHILD PASSENGER SAFETY SEATS 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 HEALTH EDUCATION, SCREENING, AND FREE LAB WORK TO THOSE WHO CANNOT AFFORD TO PAY. THE RIVER AREA HEALTH EDUCATION CENTER, HOSTED BY VIRTUA, OFFERS IMMERSIVE OPPORTUNITIES TO HEALTH PROFESSIONALS AND COMMUNITY LEADERS, ALIKE, WHICH ILLUMINATE THE IMPACT OF POVERTY ON THE DAY-TO-DAY LIVES OF OUR PATIENTS AND COMMUNITY MEMBERS. 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.

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

**PART III, LINE 2:**

VIRTUA - WILLINGBORO HOSPITAL, INC. (VWH) ADOPTED ASU 2014-09 (ASC TOPIC 606) AS OF JULY 1, 2019. UNDER THE PROVISIONS OF ASU 2014-09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS OF ACCOUNTS RECEIVABLE ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE, RATHER THAN AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT EXPENSE. VIRTUA ESTIMATES IMPLICIT PRICE CONCESSIONS BY EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, ANALYZING HISTORICAL DATA AND IDENTIFYING TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE.

**PART III, LINE 3:**

NOT APPLICABLE

**PART III, LINE 4:**

**Part VI | Supplemental Information (Continuation)**

THE FOOTNOTE REGARDING BAD DEBT EXPENSE, OR IMPLICIT PRICE CONCESSIONS AS DEFINED BY ASU 2014-09, CAN BE FOUND ON PAGE 15 OF THE ATTACHED FINANCIAL STATEMENTS.

**PART III, LINE 8:**

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

**PART III, LINE 9B:**

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.

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).

**Part VI Supplemental Information (Continuation)**

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

VIRTUA ALSO WORKS WITH THE CAMDEN COUNTY CANCER COALITION, A GROUP THAT HAS COMPLETED A CANCER NEEDS ASSESSMENT FOR THE COUNTY. CAMDEN COUNTY'S MAJOR STRATEGY FOR ELIMINATING DISPARITIES IN CANCER CARE IS THE CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAMS. THERE ARE CEED PROGRAMS BASED AT VIRTUA AND THEY ARE THE FORCE BEHIND THE PLANS TO INCREASE MINORITY SCREENING RATES, INCREASE PROSTATE CANCER SCREENING RATES, AND REDUCE SMOKING.

VIRTUA PARTICIPATES IN DISASTER AND FLU PLANNING GROUPS IN BOTH BURLINGTON COUNTY AND CAMDEN COUNTY, AS WELL AS THEIR PUBLIC HEALTH PLANNING COMMITTEES. PART OF THE MISSION IS TO IDENTIFY AND DETERMINE HOW TO ADDRESS COMMUNITY PUBLIC HEALTH NEEDS. VIRTUA HAS IMPLEMENTED A RISK ASSESSMENT AND SCREENING PROCESS FOR ADMITTED HOSPITALIZED IN-PATIENTS WITH A MULTI-DRUG RESISTANT ORGANISM, BASED ON PREVALENCE STUDIES WITHIN THE HOSPITALS AND COMMUNITY EVALUATION. THESE EFFORTS HAVE RESULTED IN PATIENT SCREENING AND ISOLATION PROTOCOLS. THROUGH PARTICIPATION IN VARIOUS COMMUNITY MEETINGS AND FORUMS, VIRTUA RECEIVES INPUT FROM ITS SERVICE AREA RELATIVE TO COMMUNITY HEALTH NEEDS. VIRTUA ALSO MONITORS COMMUNITY NEEDS SPECIFIC TO ITS SERVICE LINES AND IDENTIFIES AVAILABLE RESOURCES IT CAN CALL UPON TO ADDRESS THEM.

THE 2022 CHNA WAS CONDUCTED FOLLOWING IRS TAX CODE 501(R) REQUIREMENTS TO CONDUCT A CHNA EVERY THREE YEARS AS SET FORTH BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), THE PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY, AND THE PUBLIC HEALTH ACCREDITATION BOARD STANDARDS AND MEASURES. THE 2022 CHNA WAS CONDUCTED FROM DECEMBER 2021 TO MAY 2022 AND INCLUDED QUANTITATIVE AND QUALITATIVE RESEARCH METHODS TO DETERMINE HEALTH TRENDS AND DISPARITIES IN BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES AND THE CITY OF CAMDEN WHERE APPLICABLE.

PART VI, LINE 3:

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

**Part VI | Supplemental Information (Continuation)**

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:**

BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES COMPRIZE A SIGNIFICANT PORTION OF THE AREA CONSIDERED TO BE SOUTH JERSEY, AND CONTAINS RURAL, SUBURBAN AND URBAN COMMUNITIES. THIS AREA RUNS ALONG THE DELAWARE RIVER, WHICH DIVIDES NEW JERSEY FROM NEIGHBORING PENNSYLVANIA. THE MOST POPULOUS CITY IN THIS AREA, CAMDEN, LIES DIRECTLY ACROSS THE DELAWARE RIVER FROM PHILADELPHIA.

BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES ALL INCREASED IN POPULATION BETWEEN 2013-2023, BUT BY A SMALLER PROPORTION THAN THE UNITED STATES AS A WHOLE. MEANWHILE, IN THE CITY OF CAMDEN, THE POPULATION DECREASED DURING THE SAME TIME PERIOD.

**2024 TOTAL POPULATION :**

GEOGRAPHY 2024 TOTAL POPULATION PERCENT CHANGE SINCE 2020

BURLINGTON COUNTY 475,515 +3.0%

CAMDEN COUNTY 533,988 +2.0%

CAMDEN CITY 71,100\* -0.9%

GLOUCESTER COUNTY 311,783 +3.1%

NEW JERSEY 9,500,851 +2.3%

UNITED STATES 340,110,988 +2.6%

\*2024 DATA NOT AVAILABLE. THIS NUMBER REFLECTS 2023 DATA.

BURLINGTON COUNTY HAS CONSISTENTLY BEEN POPULATED BY PROPORTIONATELY MORE OLDER PEOPLE THAN ANY OF THE OTHER COUNTIES, NEW JERSEY OR THE US.

BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES HAVE PROPORTIONATELY GOTTEN OLDER FROM 2013-2023. THE CITY OF CAMDEN HAS PROPORTIONATELY FAR FEWER ADULTS OVER THE AGE OF 65 AND FAR MORE PEOPLE UNDER 18 THAN ANY OF THE OTHER GEOGRAPHIES.

**2024 POPULATION BY RACE AND ETHNICITY**

GEOGRAPHY WHITE BLACK OR AFRICAN AMERICAN ASIAN OTHER RACE\* LATINX

**ORIGIN**

BURLINGTON COUNTY 63.5% 19.3% 6.3% 3.7% 10.0%

CAMDEN COUNTY 53.2% 22.5% 6.3% 4.0% 19.5%

GLOUCESTER COUNTY 74.4% 12.5% 3.4% 3.1% 8.7%

NEW JERSEY 52.0% 15.5% 10.6% 3.4% 22.7%

UNITED STATES 58.4% 13.7% 6.4% 4.7% 19.5%

\*INCLUDES AMERICAN INDIAN, NATIVE HAWAIIAN, AND TWO OR MORE RACES TOGETHER

BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES ALL REPORT HIGH MEDIAN INCOME COMPARED TO THE US. HOWEVER, THE MEDIAN INCOME IN THE CITY OF CAMDEN IS LESS THAN HALF OF THE US MEDIAN INCOME. IN THE CITY OF CAMDEN, THERE IS MORE THAN THREE TIMES THE PROPORTION OF ADULTS WHO DO NOT HAVE A HIGH SCHOOL DIPLOMA AS IN BURLINGTON, GLOUCESTER AND CAMDEN COUNTIES. THE CITY OF CAMDEN HAS LESS THAN ONE-FIFTH AS MANY ADULTS (PER CAPITA) WHO HAVE COMPLETED A BACHELOR'S DEGREE THAN EACH OF THE THREE COUNTIES.

ROUGHLY 1 IN 3 HOMEOWNERS AND 1 IN 2 RENTERS IN THE SOUTH JERSEY REGION ARE HOUSING COST BURDENED, MEANING THEY PAY 30% OR MORE OF THEIR INCOME TOWARDS HOUSING. IN CAMDEN CITY, HOUSING VACANCY RANGES FROM 40-60%, ABOUT

**Part VI Supplemental Information (Continuation)**

HALF OF ALL AVAILABLE HOUSING STOCK. WHILE THE MEDIAN HOME VALUE AND MEDIAN RENT IN CAMDEN CITY ARE LESS EXPENSIVE THAN THE OTHER AREAS, HALF OF ALL HOMEOWNERS AND RENTERS IN CAMDEN CITY ARE HOUSING COST BURDENED. THE COMBINATION OF LARGE PROPORTIONS OF VACANT HOUSES, HIGH-COST BURDEN AND LOW HOME VALUES IS BOTH A RESULT AND A CAUSE OF SUSTAINED ECONOMIC STRAIN IN CAMDEN CITY.

THE VAST MAJORITY OF HOUSEHOLDS IN THE SOUTH JERSEY AREA HAVE ACCESS TO A COMPUTER DEVICE, LAPTOP OR SMARTPHONE AS WELL AS ACCESS TO THE INTERNET. HOWEVER, WHEN CAMDEN CITY IS REVIEWED INDEPENDENTLY, THE PROPORTION OF HOUSEHOLDS WITH ACCESS TO A COMPUTER, LAPTOP OR SMARTPHONE RANGE FROM 50-79%, AND ROUGHLY 1 IN 3 HOUSEHOLDS DO NOT HAVE INTERNET ACCESS, DESPITE BEING A DENSELY POPULATED URBAN AREA.

**PART VI, LINE 5:****DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITY:**

VIRTUA'S CLINICIANS AND STAFF PROVIDE HEALTH EDUCATION TO THOUSANDS OF COMMUNITY MEMBERS AT HUNDREDS OF EVENTS. INCLUDED WITHIN THESE ARE DIABETES SCREENING AND EDUCATION, FREE DIAGNOSTIC TESTING, CANCER-SPECIFIC EDUCATION, PARAMEDIC SAFETY EDUCATION, CLINICS FOR CHILDREN TO HELP DISPEL FEAR OF HOSPITALS, AND OTHER FREE CLASSES ATTENDED BY THOUSANDS OF COMMUNITY MEMBERS. 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, CHILD PASSENGER SAFETY SEATS AND SUPPORT FOR FAMILIES FOLLOWING THE LOSS OF AN INFANT. 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. THE ORGANIZATION HAS AN OPEN MEDICAL STAFF THAT PROVIDES PRIVILEGES TO QUALIFIED PHYSICIANS FROM WITHIN THE COMMUNITY.

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 2024, VIRTUA PROVIDED 20,086 FREE RIDES TO NEEDY PATIENTS FOR THEIR MEDICAL APPOINTMENTS AND HOSPITAL DISCHARGES.

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 THE "FOOD AS MEDICINE" FOOD PHARMACY, MOBILE FARMERS MARKET (MFM) AND MOBILE GROCERY STORE (MGS). 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.

THE 2024 ANNUAL TURKEY AND PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY

**Part VI | Supplemental Information (Continuation)**

MEALS, INCLUDING A WHOLE TURKEY, FOR 625 FAMILIES IN CAMDEN CITY AND WILLINGBORO, NJ.

VIRTUA'S MT. HOLLY FOOD FARMACY LAUNCHED IN AUGUST 2018, WHILE THE CAMDEN FOOD FARMACY LAUNCHED IN 2019. IN 2024, THE FOOD FARMACIES DISTRIBUTED 77,166 POUNDS OF FRESH PRODUCE AND HEALTHY NON-PERISHABLES THROUGH OUR CHOICE PANTRIES. THAT SAME YEAR, THE FOOD FARMACIES COMPLETED 2,131 PATIENT APPOINTMENTS, PROVIDING MEDICAL NUTRITION COUNSELLING AND SUPPLEMENTAL FOOD. IN 2024, VIRTUA'S MFM DISTRIBUTED 128,767 POUNDS OF HIGH-QUALITY PRODUCE, INCLUDING LOCAL PRODUCTS SOURCED FROM BLACK-OWNED FARMS. MORE THAN 14,579 POUNDS OF FREE FOOD WERE DONATED TO CATHEDRAL KITCHEN AND OTHER COMMUNITY PARTNERS. SHOPPERS SERVED BY THE MFM REPORTED A SIGNIFICANT DECREASE IN OBSTACLES TO OBTAINING FRESH FRUIT AND VEGETABLES. SPECIFICALLY, 99% OF MFM CUSTOMERS REPORTED GREATER ACCESS TO AFFORDABLE PRODUCE, AND 97% SAID THAT THEY CONSUMED MORE FRUITS AND VEGETABLES BECAUSE OF THE MFM. THE MFM TYPICALLY PROVIDES ACCESS TO A VARIETY OF HEALTHY PRODUCE FOUR DAYS A WEEK, YEAR-ROUND. THIS 23-FOOT BUS IS BRIMMING WITH FRESH FRUITS AND VEGETABLES THAT ARE SOLD AT SIGNIFICANTLY REDUCED PRICES IN COMMUNITIES THROUGHOUT BURLINGTON AND CAMDEN COUNTIES.

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

IN FALL 2020, VIRTUA HEALTH ANNOUNCED THE LATEST COMPONENT OF ITS FOOD ACCESS INITIATIVES: THE EAT WELL MOBILE GROCERY STORE (MGS). THIS YEAR-ROUND, 40 FT STORE-ON-WHEELS OFFERS FRESH, HEALTHY AND CULTURALLY RELEVANT FOODS AT BELOW-MARKET PRICES TO RESIDENTS OF CAMDEN AND BURLINGTON COUNTIES. IN 2024, 94% OF MGS SHOPPERS SAID THAT THEY INCREASED THEIR FRUIT AND VEGETABLE INTAKE BECAUSE OF THE MGS, WHILE 97% OF THESE CUSTOMERS REPORTED GREATER ACCESS TO AFFORDABLE HEALTHY FOOD. THE MFM, MGS AND THE VIRTUA FOOD FARMACIES ARE UPSTREAM COMMUNITY HEALTH PROGRAMS MANAGED BY VIRTUA'S COMMUNITY HEALTH ENGAGEMENT DEPARTMENT (CHE). CHE IS DEDICATED TO ERADICATING HEALTH DISPARITIES IN UNDERSERVED COMMUNITIES AND IS COMPRISED OF A WIDE RANGE OF HEALTH CARE, CLINICAL, AND PUBLIC HEALTH PROFESSIONALS WORKING TOGETHER, ALONG WITH COMMUNITY PARTNERS, TO ADVANCE HEALTH EQUITY. PARTNERS INCLUDE THE FOOD BANK OF SOUTH JERSEY, THE FOOD TRUST, CAMDEN COUNTY HEALTH AND HUMAN SERVICES, BURLINGTON COUNTY HEALTH DEPARTMENT, GLOUCESTER COUNTY HEALTH DEPARTMENT, AND THE NJ CANCER EDUCATION AND EARLY DETECTION. VIRTUA ALSO WORKS CLOSELY WITH COMMUNITY-BASED ORGANIZATIONS, SUCH THE CAMDEN COALITION OF HEALTHCARE PROVIDERS AND PARKSIDE BUSINESS & COMMUNITY IN PARTNERSHIP TO ENGAGE RESIDENTS AND LOCAL STAKEHOLDERS. LASTLY, VIRTUA, IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, CONVENES MONTHLY COMMUNITY LISTENING SESSIONS TO LEARN FROM RESIDENTS ON WHAT THEIR NEEDS ARE, WHERE GAPS IN SERVICES EXIST, AND HOW TO ADDRESS THOSE GAPS.

PART VI, LINE 6:

DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITIES SERVED:

VIRTUA WEST JERSEY HEALTH SYSTEM, INC., VIRTUA MEMORIAL HOSPITAL

BURLINGTON COUNTY, INC., VIRTUA OUR LADY OF LOURDES HOSPITAL, INC., AND

**Part VI | Supplemental Information (Continuation)**

VIRTUA WILLINGBORO HOSPITAL, INC. ARE CONTROLLED ENTITIES OF A COMMUNITY-OWNED HEALTH SYSTEM, VIRTUA HEALTH, INC. VIRTUA IS AN ACADEMIC HEALTH SYSTEM 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 RENOWNED CARDIOLOGY AND TRANSPLANT PROGRAMS, COMPLEMENTED BY A COMMUNITY-BASED CARE PORTFOLIO. IN ADDITION TO FIVE HOSPITALS, TWO SATELLITE EMERGENCY DEPARTMENTS, 41 AMBULATORY SURGERY CENTERS, AND MORE THAN 400 OTHER LOCATIONS, VIRTUA BRINGS HEALTH SERVICES DIRECTLY INTO COMMUNITIES THROUGH HOSPITAL AT HOME, PHYSICAL THERAPY AND 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 ACADEMICALLY AFFILIATED WITH ROWAN UNIVERSITY, LEADING RESEARCH, INNOVATION, AND IMMERSIVE EDUCATION AT THE VIRTUA HEALTH COLLEGE OF MEDICINE & LIFE SCIENCES OF ROWAN UNIVERSITY. VIRTUA IS ALSO AFFILIATED WITH PENN MEDICINE FOR CANCER AND NEUROSCIENCE, AND THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOR PEDIATRICS. 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. 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. 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.

RIVER AHEC (AREA HEATH EDUCATION CENTER), HOSTED BY VIRTUA HEALTH, IS A PROGRAM IN AFFILIATION WITH ROWAN SCHOOL OF MEDICINE AND IS THE NEWEST ADDITION TO THE NJ AHEC PROGRAM. HEALTH PROFESSIONALS AND THIRD-YEAR MEDICAL STUDENTS ARE GIVEN COMMUNITY OUTREACH OPPORTUNITIES THAT ENHANCE ACCESS TO QUALITY HEALTHCARE.

PART VI, LINE 7:

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

**SCHEDULE J**  
**(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

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

| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) DENNIS W. PULLIN (END 7/31/23)<br>PRESIDENT/CEO             | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 1,942,783.  | 1,300,943.                          | 12,000.                             | 15,525.  | 49,708.                 | 3,320,959.                      | 0.  |
| (2) JOHN M. MATSINGER<br>EVP/COO                                | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 1,076,717.  | 591,120.                            | 35,000.                             | 15,525.  | 36,033.                 | 1,754,395.                      | 0.  |
| (3) ROBERT M. SEGIN (END 7/31/23)<br>TREASURER - EVP/CFO        | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 839,845.  | 484,296.                            | 35,000.                             | 15,525.  | 32,043.                 | 1,406,709.                      | 0.  |
| (4) RHONDA R. SHEPPARD-JORDAN<br>TRUSTEE-EVP & HR OFF (STAR)    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 559,307.  | 356,389.                            | 35,000.                             | 15,525.  | 35,393.                 | 1,001,614.                      | 0.  |
| (5) LAUREN ROWINSKI (END 7/31/23)<br>SECRETARY-SVP & CHIEF LEGA | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 603,967.  | 314,479.                            | 32,000.                             | 15,525.  | 34,310.                 | 1,000,281.                      | 0.  |
| (6) HAFEZA SHAIKH<br>TRUSTEE - DESIGNEE OF MED                  | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 503,447.  | 186,470.                            | 23,000.                             | 15,525.  | 56,067.                 | 784,509.                        | 0.  |
| (7) LISA C. FERRARO<br>SVP-CHIEF QUALITY SAFETY R               | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 416,116.  | 119,984.                            | 32,000.                             | 15,525.  | 34,215.                 | 617,840.                        | 0.  |
| (8) JOHN J. KIRBY<br>TRUSTEE - HOSPITAL PRESIDE                 | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) 382,848.  | 131,959.                            | 32,000.                             | 15,525.  | 54,433.                 | 616,765.                        | 0.  |
| (9) JUSTINE LOMBARDI<br>REGISTERED NURSE                        | (i) 352,272.   | 1,000.                              | 8,237.                              | 15,525.  | 3,688.                  | 380,722.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) DENNIS HUNTER<br>AVP PATIENT CARE SERVICES                 | (i) 189,930.   | 38,951.                             | 0.                                  | 10,603.  | 42,409.                 | 281,893.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) ERIC AGBAGBEY<br>REGISTERED NURSE                          | (i) 204,341.   | 2,000.                              | 5,145.                              | 9,617.   | 41,609.                 | 262,712.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) DEBRA KRICHLING<br>DIRECTOR PHARMACY                       | (i) 204,511.   | 40,061.                             | 0.                                  | 10,887.  | 2,190.                  | 257,649.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) UDECHUKWU OGUERI<br>REGISTERED NURSE                       | (i) 190,440.   | 1,000.                              | 0.                                  | 7,679.   | 1,826.                  | 200,945.                        | 0.  |
|   | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |
|   | (i)  |                                     |                                     |  |                         |                                 |   |
|   | (ii)   |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

**PART I, LINE 3:**

VWH 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:**

A RELATED ORGANIZATION, VIRTUA HEALTH, INC., HAS A "COLLATERAL ASSIGNMENT SPLIT DOLLAR PLAN" (CASD), WHICH IS DESCRIBED IN SCHEDULE O.

**PART I, LINE 7:**

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

**SCHEDULE O  
(Form 990)**(Rev. December 2024)  
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

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:

MEDICAL EDUCATION AND CONTINUING EDUCATION OF MEDICAL PROFESSIONALS:

EXPENSE OF \$1,061,507

REVENUE OF \$165,830

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS:

EXPENSE OF \$579,158

REVENUE OF \$61,552

COMMUNITY BUILDING ACTIVITIES: HELD EVENTS THROUGHOUT THE YEAR TO FEED

AND PROVIDE PRESENTS TO MANY FAMILIES IN NEED:

EXPENSE OF \$76,435

REVENUE OF \$45,554

FINANCIAL AND IN-KIND CONTRIBUTIONS: PROVIDED CONTRIBUTIONS TO

NON-PROFIT COMMUNITIES AND ORGANIZATIONS AND MEDICAL SUPPLIES TO

FAMILIES IN NEED:

EXPENSE OF \$40,710

REVENUE OF \$230

RESEARCH: PERFORMED ONCOLOGY CLINICAL RESEARCH STUDIES:

EXPENSE OF \$62,781

REVENUE OF \$1,357

PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITAL:

EXPENSES OF \$74,504,814

REVENUE OF \$126,879,623

EXPENSES \$ 76,325,405. INCLUDING GRANTS OF \$ 0. REVENUE \$ 127,154,146.

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

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 V, LINE 3B

IN 2024, VWH PROVIDED SERVICES TO THIRD-PARTY ORGANIZATIONS AND  
RECEIVED UNRELATED BUSINESS GROSS INCOME. DETAILS SEE BELOW:

SERVICE GROSS REVENUE ASSOCIATED COSTS NET INCOME (LOSS)

INFUSION \$607 \$1,687 (\$1,080)

LAB \$541 \$636 (\$95)

RADIOLOGY \$75 \$180 (\$105)

TOTALS: \$1,223 \$2,503 (\$1,280)

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

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

LHA 432211 01-15-25

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

|  |  |
|--|--|
| Name of the organization<br>VIRTUA WILLINGBORO HOSPITAL, INC.                | Employer identification number<br>22-3612265 |
| OUR LADY OF LOURDES HEALTH CARE SERVICES, INC. IS THE SOLE CORPORATE MEMBER. |  |

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

THE GOVERNANCE COMMITTEE OF VWH 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 BOARD COMMITTEES OF VWH 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 BOARD OF TRUSTEES. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING.

## FORM 990, PART VI, SECTION B, LINE 12C:

VWH ADOPTS THE POLICIES OF VIRTUA HEALTH, INC. REGARDING MONITORING AND ENFORCING A CONFLICT OF INTEREST POLICY. VWH 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 TRUSTEE 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 MEMBER 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. IF IT IS DETERMINED THAT ONE DOES EXIST, THE CONFLICT IS EITHER MITIGATED, IF POSSIBLE, OR THE PERSON IS REMOVED FROM THE BOARD.

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

VWH DOES COMPENSATE SOME OF ITS EXECUTIVES, BUT MAJORITY OF THE EXECUTIVES RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SEE SCHEDULE J, PART III (REFERENCE TO SCHEDULE J PART 1 LINE 3) FOR A DESCRIPTION OF THE MANNER IN WHICH VIRTUA HEALTH, INC. UTILIZIES TO DETERMINE THE COMPENSATION PAID TO THE EXECUTIVES.

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

VIRTUA COMPLIES WITH LEGAL REQUIREMENTS RELATIVE TO MAKING AVAILABLE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. 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

Name of the organization

VIRTUA WILLINGBORO HOSPITAL, INC.

Employer identification number

22-3612265

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 X AND SCHEDULE L REPORTING RELATED TO THESE TRANSACTIONS ARE REPORTED ON VIRTUA HEALTH'S RETURN.

NO BOARD MEMBER IS PAID FOR TRUSTEE SERVICES RATHER THE COMPENSATION DISCLOSED IS RELATED TO THE INDIVIDUALS' PROVISION OF SERVICES TO THE FILING ORGANIZATION OR A RELATED ORGANIZATION.

FORM 990, PART VII, SECTION A, COLUMN B  
 EACH OFFICER IS COMPENSATED BY VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ORGANIZATION, OR OTHER RELATED ORGANIZATIONS. SOME OFFICERS DEVOTE 40 HOURS A WEEK TO VIRTUA HEALTH, INC. OR OTHER RELATED ORGANIZATIONS. THE AMOUNT OF TIME DEVOTED TO RELATED ORGANIZATIONS IS DEPENDENT ON THEIR INVOLVEMENT IN THOSE ORGANIZATIONS. AS A RESULT, THE TOTAL AVERAGE HOURS PER WEEK FOR EACH OFFICER AND KEY EMPLOYEE MAY VARY.

**PART VII****TRUSTEE AND OFFICER CHANGES**

IN THE THIRD QUARTER OF 2023, VWH ADOPTED REVISED BYLAWS, RESULTING IN THE DISSOLUTION OF ITS MIRROR BOARD STRUCTURE WITH ITS PARENT COMPANY. AS PART OF THIS TRANSITION, SOME TRUSTEES AND OFFICERS OF VWH ARE EMPLOYEES OF THE PARENT ORGANIZATION. THESE INDIVIDUALS WILL BE REPORTED AS "FORMER" ON FORM 990 FOR THE REQUIRED FIVE-YEAR DISCLOSURE PERIOD. DENNIS W. FULLIN WAS LISTED AS TRUSTEE AND OFFICER, ROBERT M. SEGIN AND LAUREN ROWINSKI WERE LISTED AS OFFICER IN TAX YEAR 2023.

**KEY EMPLOYEE DESIGNATION**

PRIOR TO 2023, VWH IDENTIFIED KEY EMPLOYEES FOR FORM 990 REPORTING BASED ON A SYSTEM-WIDE (GLOBAL HEALTH SYSTEM) PERSPECTIVE RATHER THAN ON AN ENTITY-SPECIFIC BASIS. AS A RESULT, CERTAIN INDIVIDUALS WERE REPORTED AS KEY EMPLOYEES ACROSS MULTIPLE FORM 990 FILINGS. TO BETTER ALIGN WITH IRS FORM 990 INSTRUCTIONS, VWH REVISED ITS METHODOLOGY IN 2023 AND NOW DETERMINES KEY EMPLOYEE STATUS ON AN ENTITY-BY-ENTITY BASIS, BASED ON THE ENTITY EMPLOYING THE INDIVIDUAL. ONLY THOSE WHO MEET THE CRITERIA AS KEY EMPLOYEES FOR VWH ARE NOW DISCLOSED IN PART VII. FORMER KEY EMPLOYEES WILL CONTINUE TO BE REPORTED ON THE APPROPRIATE FORM 990S FOR THE REQUIRED FIVE-YEAR PERIOD. JOHN M. MATSINGER AND LISA C. FERRARO WERE LISTED AS KEY EMPLOYEE IN TAX YEAR 2022.

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

|                                 |                   |
|---------------------------------|-------------------|
| PROGRAM SERVICE EXPENSES        | 9,355,543.        |
| MANAGEMENT AND GENERAL EXPENSES | 0.                |
| FUNDRAISING EXPENSES            | 0.                |
| <b>TOTAL EXPENSES</b>           | <b>9,355,543.</b> |

**OUTSIDE SERVICES:**

|                                 |            |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES        | 6,781,143. |
| MANAGEMENT AND GENERAL EXPENSES | 574,209.   |
| FUNDRAISING EXPENSES            | 0.         |

|                          |                                   |  |
|--------------------------|-----------------------------------|--|
| Name of the organization | VIRTUA WILLINGBORO HOSPITAL, INC. | Employer identification number<br>22-3612265 |
|--------------------------|-----------------------------------|--|

**TOTAL EXPENSES** 7,355,352.

**AGENCY:**

|                                 |                   |
|---------------------------------|-------------------|
| PROGRAM SERVICE EXPENSES        | 1,854,559.        |
| MANAGEMENT AND GENERAL EXPENSES | 0.                |
| FUNDRAISING EXPENSES            | 0.                |
| <b>TOTAL EXPENSES</b>           | <b>1,854,559.</b> |

**EXTERNAL PATIENT TRANSPORTATION:**

|   |                    |
|---|--------------------|
| PROGRAM SERVICE EXPENSES                                      | 2,995.             |
| MANAGEMENT AND GENERAL EXPENSES                               | 0.                 |
| FUNDRAISING EXPENSES  | 0.                 |
| <b>TOTAL EXPENSES</b>   | <b>2,995.</b>      |
| <b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b> | <b>18,568,449.</b> |

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

|   |                   |
|---|-------------------|
| VMG NET ASSET TRANSFER                    | 5,022,220.        |
| VHF EXPENSES - RELEASED FOR OPERATING     | -2,321.           |
| <b>TOTAL TO FORM 990, PART XI, LINE 9</b> | <b>5,019,899.</b> |

**FORM 990, PART III, LINE 4**

VWH IS A NOT-FOR-PROFIT, TAX-EXEMPT CORPORATION.

VWH OWNS AND OPERATES A 169 LICENSED BED, ACUTE CARE HOSPITAL IN WILLINGBORO, NEW JERSEY. VWH PROVIDES GENERAL HEALTH CARE SERVICES TO RESIDENTS WITHIN ITS GEOGRAPHIC LOCATION FOR A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES, INCLUDING BEHAVIORAL HEALTH, MEDICAL, SURGICAL, CARDIAC, OBSTETRICAL, GYNECOLOGICAL, ONCOLOGICAL, PEDIATRIC, EMERGENCY, AND AMBULATORY CARE.

**STATISTICS FOR THE YEAR 2024:**

- HOSPITAL ADMISSIONS: 5,139
- PATIENT DAYS: 26,615
- SAME DAY SURGERY CASES: 1,786
- EMERGENCY DEPARTMENT VISITS: 28,240
- OUTPATIENT VISITS: 81,547
- OBSERVATION CASES: 1,963

## Related Organizations and Unrelated Partnerships

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

**Attach to Form 990.**

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

Name of the organization

VIRTUA WILLINGBORO HOSPITAL INC.

**Employer identification number**  
22-3612265

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

**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.

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

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

**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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |     | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|-----|---|---|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No  |   |   |                                |
| SOUTH JERSEY MUSCULOSKELETAL<br>INSTITUTE, LLC - 20-4481032,<br>556 EGG HARBOR ROAD, SEWELL,<br>NJ 08080 | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X                                       | N/A | X   |   |                                |
| SUMMIT SURGICAL CENTER, LLC -<br>73-1730859, 200 BOWMAN DRIVE,<br>SUITE D160, VOORHEES, NJ<br>08043      |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| AMBULATORY SURGERY CENTER AT<br>VIRTUA WASHINGTON TOWNSHIP,<br>LLC - 20-8643005, 239                     | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X                                       | N/A | X   |   |                                |
| HURRFVILLE-CROSS KEYS RD, STE<br>ROCKLAND SURGICAL PROJECT LLC   |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| RAMAPO VALLEY SURGICAL CENTER<br>- 20-0580403, 500 NORTH<br>FRANKLIN TURNPIKE, RAMSEY, NJ                | 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                              |   |                                     |  |                                 |  |                                | Yes   | No |
| VIRTUA ASSURANCE - 20-3025606  | CAPTIVE INSURANCE<br>COMPANY | VT  | N/A                                 | C CORP   |                                 |  |                                | X   |    |
| 76 SAINT PAUL ST., SUITE 500<br>BURLINGTON, VT 05401   |                              |   |                                     |  |                                 |  |                                |   |    |
| VRI, INC. - 26-0247120   | HEALTH AND WELLNESS          | NJ  | N/A                                 | C CORP   |                                 |  |                                | X   |    |
| 303 LIPPINCOTT DR. 4/FLR<br>MARLTON, NJ 08053  |                              |   |                                     |  |                                 |  |                                |   |    |
| HEALTH MANAGEMENT SERVICES ORGANIZATION, INC<br>- 22-3366580, 303 LIPPINCOTT DR. 4/FLR,<br>MARLTON, NJ 08053 | MEDICAL<br>ADMINISTRATION    | NJ  | N/A                                 | C CORP   |                                 |  |                                | X   |    |
|  |                              |   |                                     |  |                                 |  |                                |   |    |
|  |                              |   |                                     |  |                                 |  |                                |   |    |
|  |                              |   |                                     |  |                                 |  |                                |   |    |
|  |                              |   |                                     |  |                                 |  |                                |   |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |     | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|-----|---|---|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                       | No  |   |   |                                |
| FREEHOLD ENDOSCOPY ASSOCIATES<br>LLC - 84-1634126, 222 SCHANCK   | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| ROAD SUITE 100, FREEHOLD, NJ<br>07728  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| CENTER FOR AMBULATORY AND<br>MINIMALLY INVASIVE SURGERY,<br>LLC - 27-0907140, 234  | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| INDUSTRIAL WAY BUILDING B,<br>VIRTUA ADULT IMAGING SERVICES<br>AT VOORHEES, LLC -  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| 46-4055781, 303 LIPPINCOTT<br>DRIVE, 4TH FLOOR, MARLTON, NJ<br>07092   | IMAGING<br>SERVICES     | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| GASTRO-SURGI CENTER OF NJ,<br>LLC - 22-3472632, 1132 SPRUCE<br>DRIVE, MOUNTAININSIDE, NJ<br>37215  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| VOORHEES ENDOSCOPY HOLDING CO<br>LLC - 47-4669710, 1A BURTON<br>HILLS BLVD, NASHVILLE, TN<br>82-1947444, 406 LIPPINCOTT<br>DRIVE, SUITE J, MARLTON, NJ | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| VIRTUA PENN RADIATION<br>ONCOLOGY PARTNERS, LLC -<br>83-1438811, 303 LIPPINCOTT<br>DR., MARLTON, NJ 08053  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| VIRTUA PENN RADIATION<br>ONCOLOGY LEASING, LLC -<br>83-1438811, 303 LIPPINCOTT<br>DR., MARLTON, NJ 08053   | LEASING<br>SERVICES     | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| FRESENIUS MEDICAL CARE<br>MARLTON, LLC - 47-2128074,<br>920 WINTER STREET, WALTHAM,<br>MA 02451  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
| VANTAGE SURGICAL CENTER, LLC<br>- 45-0516750, 350 YOUNG AVE,<br>MOORESTOWN, NJ 08057   | DIALYSIS                | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
|  |                         |  |                                     |   |                                 |  |   |     |   |   |                                |
|  | SURGICAL CENTER         | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity               | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |     | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|--|---------------------------------------|--|-------------------------------------|---|---------------------------------|--|---|-----|---|---|--------------------------------|
|  |                                       |  |                                     |   |                                 |  | Yes                                       | No  |   |   |                                |
| VIRTUA-SCA HOLDINGS, LLC -<br>47-3247166, 569 BROOKWOOD  | MEDICAL                               | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| VILLAGE, SUITE 901,<br>BIRMINGHAM, AL 35209  |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| BURLINGTON CTY ENDO CTR, LLC<br>C/O PHYSICIANS ENDOSCOPY, LLC<br>- 20-8205206, 2500 YORK ROAD,<br>SUITE 300, JAMISON, PA 18929 | SURGICAL CENTER                       | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| VIRTUA-USP PRINCETON, LLC -<br>81-3270494, 14201 DALLAS  |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| PARKWAY, DALLAS, TX 75254  | MEDICAL                               | NJ   | N/A                                 |   |                                 |  |   |     |   |   |                                |
| ACENTUS PRACTICE MANAGEMENT,<br>LLC - 81-4861192, 604 CEDAR<br>AVE, HADDONFIELD, NJ 08033                                      | COLLECTIONS<br>SERVICE                | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| EMMAUS HOLDINGS, LLC -<br>83-1806511, 569 BROOKWOOD  |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| VILLAGE, SUITE 901,<br>BIRMINGHAM, AL 35209  | MEDICAL                               | NJ   | N/A                                 |   |                                 |  |   |     |   |   |                                |
| MT LAUREL ENDOSCOPY CENTER,<br>L.P - 56-2350370, 15000   | SURGICAL CENTER                       | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| MIDLANTIC DR, SUITE 110, MT.<br>LAUREL, NJ 08054   |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| USRC GLOUCESTER, LLC -<br>38-4117029, 5851 LEGACY  | DIALYSIS                              | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| CIRCLE, SUITE 900, PLANO, TX<br>75024  |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| ACUITY SPECIALTY HOSPITAL,<br>LLC - 86-1139477, 4714   | HEALTH CARE                           | NJ   | N/A                                 |   |                                 |  | X   | N/A | X   |   |                                |
| GETTYSBURG ROAD,<br>MECHANISBURG, PA 17055   |                                       |  |                                     |   |                                 |  |   |     |   |   |                                |
| CENTENNIAL SURGUNIT, LLC -<br>22-3580847, 502 CENTENNIAL<br>BLVD., SUITE 1, VOORHEES, NJ<br>08043                              | AMBULATORY<br>HEALTH CARE<br>SERVICES | NJ   | N/A                                 |   |                                 |  |   |     |   |   |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                      | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|--------------------------------|
|  |  |  |                                     |   |                                 |  | Yes                                       | No |   |   |                                |
| SPECIALIZED SURGICAL CENTER<br>OF CENTRAL NEW JERSEY, LLC -<br>22-3296144, 41 ARTHUR STREET,<br>EAST BRUNSWICK, NJ 08816 | SURGICAL CENTER                              | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| TYLER DIALYSIS, LLC -<br>45-4079716, C/O TAX DEPT;<br>P.O. BOX 4388, FEDERAL WAY,<br>WA 98063                            | DIALYSIS                                     | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| VIRTUA - SCA HOLDINGS II, LLC<br>- 85-2278858, 569 BROOKWOOD<br>VILLAGE, SUITE 901,<br>BIRMINGHAM, AL 35209              | MEDICAL                                      | DE   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| RIVER DRIVE HOLDING COMPANY,<br>LLC - 84-3655618, 1A BURTON<br>HILLS BLVD, SUITE 300,<br>NASHVILLE, TN 37215             | MEDICAL                                      | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| ACCESS HOLDING COMPANY, LLC -<br>85-0718604, 2500 YORK ROAD,<br>SUITE 300, JAMISON, PA 18929                             | MEDICAL                                      | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| SVJ MANAGEMENT, LLC -<br>20-2273476, 200 CENTURY PKWY,<br>STE 200E, MOUNT LAUREL, NJ<br>08054                            | MANAGEMENT<br>SERVICE AND<br>SURGICAL CENTER | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| VIRTUA CAMPUS HOLDING, LLC -<br>87-3806666, 1700<br>WHITEHORSE-HAMILTON SQ. RD.,<br>HAMILTON, NJ 08690                   | MEDICAL                                      | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| ENDO SURGI CENTER OF OLD<br>BRIDGE L.L.C. - 22-3679920,<br>42 THROCKMORTON LANE 1ST<br>FLOOR, OLD BRIDGE, NJ 08857       | SURGICAL CENTER                              | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |
| STRIVE AND VIRTUA HEALTH,<br>PHYSICAL THERAPY &<br>REHABILITATION LLC -<br>88-3712078, 1650 LYNDON FARM                  | PHYSICAL<br>THERAPY                          | NJ   | N/A                                 |   |                                 |  |   | X  | N/A   | X   |                                |

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

**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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)                                 |                                  |                        |  |
| (2)                                 |                                  |                        |  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

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

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

**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:

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:

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:

432165 10-23-24

Schedule R (Form 990) (Rev. 1-2025)

**Part VII Supplemental Information**

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

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

406 LIPPINCOTT DRIVE, SUITE J

MARLTON, NJ 08053

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

STRIVE AND VIRTUA HEALTH, PHYSICAL THERAPY & REHABILITATION

LLC

EIN: 88-3712078

1650 LYNDON FARM CT SUITE 300

LOUISVILLE, KY 40223