Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

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

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

Doing business as VIRTUA MOUNT HOLLY HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address): 406 LIPPINCOTT DR.
Room/suite: J

City or town, state or province, country, and ZIP or foreign postal code: MARLTON, NJ 08053-3427

F Name and address of principal officer: JOHN J. KIRBY
175 MADISON AVENUE, MOUNT HOLLY, NJ 08060

D Employer identification number: 21-0634562

E Telephone number: 856-355-0620

G Gross receipts $: 560,129,478.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.VIRTUA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1880

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HELP THE COMMUNITY TO BE WELL, GET WELL AND STAY WELL.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	2447
6	Total number of volunteers (estimate if necessary)	6	303
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,459.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,558,161.	9,513,570.
9	Program service revenue (Part VIII, line 2g)	445,577,299.	491,562,397.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,535,093.	11,515,739.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,142,320.	28,259,440.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	507,812,873.	540,851,146.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,794,616.	177,877,498.
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)	235,848,060.	245,964,193.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	403,642,676.	423,841,691.
19	Revenue less expenses. Subtract line 18 from line 12	104,170,197.	117,009,455.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,182,321,131.	1,354,397,766.
21	Total liabilities (Part X, line 26)	57,231,774.	69,532,264.
22	Net assets or fund balances. Subtract line 21 from line 20	1,125,089,357.	1,284,865,502.

Part II Signature Block

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

Sign Here

Signature of officer — Date: 11/9/2026

DENNIS W. PULLIN, PRESIDENT/CEO VIRTUA HEALTH
Type or print name and title

Paid Preparer Use Only

Preparer's name: RUSSLEE ARMSTRONG	Preparer's signature: Russlee L Armstrong	Date: 11/4/2026	Check ☐ self-employed	PTIN: P00288383
Firm's name: GRANT THORNTON ADVISORS LLC			Firm's EIN: 99-1856619	
Firm's address: 2001 MARKET ST, STE 800 PHILA., PA 19103			Phone no. 215-561-4200	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses $ 68,748,118. including grants of $ _____) (Revenue $ 50,431,149.)
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 $18.3 MILLION, AS ESTIMATED BY MANAGEMENT. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING THROUGH EMERGENCY DEPARTMENTS AND CLINICS.

4b (Code: _____) (Expenses $ 9,230,073. including grants of $ _____) (Revenue $ 6,564,645.)
EARLY INTERVENTION PROGRAM - VIRTUA MEMORIAL HOSPITAL OFFERS THE EARLY INTERVENTION PROGRAM TO HELP PARENTS UNDERSTAND THEIR CHILD'S DEVELOPMENT AND TO ASSIST THEM IN REACHING THEIR FULLEST POTENTIAL. THE EARLY INTERVENTION TEAM OF TRAINED SPECIALISTS CAN EVALUATE AND PROVIDE SERVICES TO THE CHILD AT HOME OR IN A CHILDCARE FACILITY. THIS TEAM IS COMPRISED OF BEHAVIORAL THERAPISTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS, TEACHERS OF THE DEAF, TEACHERS OF THE HANDICAPPED, SOCIAL WORKERS, INTERPRETERS, AND SPECIAL EDUCATION TEACHERS.

4c (Code: _____) (Expenses $ 7,631,038. including grants of $ _____) (Revenue $ 7,104.)
CHARITY CARE - UNDER THE GUIDANCE OF ITS COMMUNITY-BASED BOARD OF TRUSTEES AND THE SUPPORT OF THE PHYSICIANS ON ITS OPEN MEDICAL STAFF, VIRTUA-MEMORIAL PROVIDES MEDICALLY NECESSARY SERVICES TO INDIVIDUALS IRRESPECTIVE OF THEIR ABILITY TO PAY. PROGRAMS ARE IN PLACE TO IDENTIFY AND PROVIDE FINANCIAL ASSISTANCE TO THOSE IN NEED. SOME PATIENTS WILL QUALIFY FOR CHARITY CARE ASSISTANCE UNDER STATE OF NEW JERSEY DEFINED ELIGIBILITY CRITERIA. VIRTUA-MEMORIAL AUGMENTS THE STATE'S PROGRAM WITH ITS OWN ASSISTANCE PROGRAM FOR WHICH THE CRITERIA ARE 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 2025 TO BE APPROXIMATELY $7.6 MILLION.

4d Other program services (Describe on Schedule O.)
(Expenses $ 311,073,985. including grants of $ _____) (Revenue $ 462,788,212.)

4e Total program service expenses 396,683,214.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	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	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2447		
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		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? 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	**Section 501(c)(21) organizations.** 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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS W. PULLIN	0.00									
PRESIDENT/CEO	41.20						X	0.	3,340,397.	61,522.
(2) JOHN M. MATSINGER	0.10									
EVP/COO	40.10	X						0.	1,745,956.	54,587.
(3) ROBERT M. SEGIN	0.00									
TREASURER - EVP/CFO	41.30						X	0.	1,383,345.	53,314.
(4) LAUREN ROWINSKI	0.00									
SECRETARY-SVP & CHIEF LEGAL OFFICER	41.00						X	0.	980,477.	54,597.
(5) JOHN J. KIRBY	32.10									
SVP & COO - MHBC & VWH HOSPITAL	8.10	X		X				589,672.	0.	77,487.
(6) LISA C. FERRARO	0.00									
SVP & COO - LOURDES HOSPITAL	40.10						X	0.	601,361.	54,538.
(7) DANA SUPE	40.00									
VP CMO - MHBC & VWH HOSPITAL	0.00					X		566,138.	0.	47,584.
(8) SHANNON S STILLWELL	40.00									
VP CNO - MHBC & VWH HOSPITAL	0.00					X		316,251.	0.	73,902.
(9) TODD KARETSKY	40.00									
VP FINANCE	0.00					X		260,427.	0.	71,281.
(10) LEO S. LOZANO	40.00									
REGISTERED NURSE	0.00					X		268,959.	0.	60,942.
(11) PAMELA A. GALLUS	40.00									
AVP - PATIENT CARE SERVICES	0.00					X		255,602.	0.	55,814.
(12) ANTHONY S. CHIGOUNIS	0.10									
CHAIR	0.00	X						0.	0.	0.
(13) DR. ROY (ALAN) SHUBERT	0.10									
TRUSTEE	0.00	X						0.	0.	0.
(14) DR. NAVNEET KAUR	0.10									
TRUSTEE	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								2,257,049.	8,051,536.	665,568.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,257,049.	8,051,536.	665,568.

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 416

		Yes	No
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*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,047,747.			
	e Government grants (contributions)	1e	8,465,823.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g $				
	h **Total.** Add lines 1a-1f		9,513,570.			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	624100	488,834,982.	488,834,982.		
	b QIP NJ PROGRAM	611710	2,562,420.	2,562,420.		
	c RADIOLOGY PROCEDURES	621400	105,899.	105,564.	335.	
	d LAB REVENUE (EXTERNAL)	621500	38,124.		38,124.	
	e EARLY INTERVENTION	624100	15,971.	15,971.		
	f All other program service revenue	621400	5,001.	5,001.		
	g **Total.** Add lines 2a-2f		491,562,397.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		159,935.			159,935.
	4 Income from investment of tax-exempt bond proceeds		17,832.			17,832.
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	1,789,681.				
	b Less: rental expenses 6b	1,789,681.				
	c Rental income or (loss) 6c	0.				
	d Net rental income or (loss)		0.			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	28,734,831.	53,689.			
	b Less: cost or other basis and sales expenses 7b	15,409,869.	2,040,679.			
	c Gain or (loss) 7c	13,324,962.	-1,986,990.			
	d Net gain or (loss)		11,337,972.			11,337,972.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a	68,830.				
	b Less: cost of goods sold 10b	38,103.				
	c Net income or (loss) from sales of inventory		30,727.			30,727.
Miscellaneous Revenue		Business Code				
	11a JOINT VENTURE INCOME	621990	27,187,083.	27,187,083.		
	b DIETARY REVENUE	624100	1,026,010.	1,026,010.		
	c MISC REVENUE	624100	15,620.	15,620.		
	d All other revenue					
	e **Total.** Add lines 11a-11d		28,228,713.			
	12 **Total revenue.** See instructions		540,851,146.	519,752,651.	38,459.	11,546,466.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	667,159.	653,816.	13,343.	
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	140,924,766.	138,109,746.	2,815,020.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,401,385.	5,293,357.	108,028.	
9 Other employee benefits	20,364,954.	19,957,655.	407,299.	
10 Payroll taxes	10,519,234.	10,380,340.	138,894.	
11 Fees for services (nonemployees):				
a Management	8,998,526.	8,509,115.	489,411.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	486,441.		486,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	51,224,171.	50,224,916.	999,255.	
12 Advertising and promotion	8,457.	8,457.		
13 Office expenses	5,422,700.	4,505,668.	917,032.	
14 Information technology	19,100.	19,100.		
15 Royalties				
16 Occupancy	7,141,400.	4,488,234.	2,653,166.	
17 Travel	248,953.	241,466.	7,487.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,268.		4,268.	
20 Interest	94,717.	94,717.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,366,215.	13,092,972.	3,273,243.	
23 Insurance	230.	230.		
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 ALLOCATION	73,781,316.	59,025,053.	14,756,263.	
b MEDICAL SUPPLIES	57,544,369.	57,544,369.		
c COUNTY OPTION HOSP FEE	21,103,168.	21,103,168.		
d DOH/HCCRA	2,445,060.	2,445,060.		
e All other expenses	1,075,102.	985,775.	89,327.	
25 **Total functional expenses.** Add lines 1 through 24e	423,841,691.	396,683,214.	27,158,477.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		427,119.	1	306,468.
	2	Savings and temporary cash investments		848,965.	2	577,914.
	3	Pledges and grants receivable, net		247,217.	3	262,488.
	4	Accounts receivable, net		39,749,906.	4	35,009,449.
	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		52,001.	8	27,424.
	9	Prepaid expenses and deferred charges		3,658,381.	9	4,300,578.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 410,521,343.			
	b	Less: accumulated depreciation	10b 296,902,841.	113,846,451.	10c	113,618,502.
	11	Investments - publicly traded securities		1,174,264.	11	1,204,632.
	12	Investments - other securities. See Part IV, line 11		190,092,869.	12	219,921,141.
	13	Investments - program-related. See Part IV, line 11		8,953,155.	13	9,712,588.
	14	Intangible assets		667,581.	14	667,581.
	15	Other assets. See Part IV, line 11		822,603,222.	15	968,789,001.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,182,321,131.	16	1,354,397,766.
Liabilities	17	Accounts payable and accrued expenses		25,397,871.	17	40,545,181.
	18	Grants payable			18	
	19	Deferred revenue		2,366.	19	2,366.
	20	Tax-exempt bond liabilities		4,582,362.	20	3,593,171.
	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		449,000.	23	449,000.
	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		26,800,175.	25	24,942,546.
	26	**Total liabilities.** Add lines 17 through 25		57,231,774.	26	69,532,264.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,107,487,652.	27	1,265,763,404.
	28	Net assets with donor restrictions		17,601,705.	28	19,102,098.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		1,125,089,357.	32	1,284,865,502.
	33	Total liabilities and net assets/fund balances		1,182,321,131.	33	1,354,397,766.

Form **990** (2025)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	540,851,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	423,841,691.
3	Revenue less expenses. Subtract line 2 from line 1	3	117,009,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,125,089,357.
5	Net unrealized gains (losses) on investments	5	15,583,555.
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	27,183,135.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,284,865,502.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	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 supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

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

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Employer identification number
21-0634562

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,047,747.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number
21-0634562

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

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

Employer identification number
21-0634562

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $_____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 21-0634562

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

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

		(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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	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? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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 $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	9,893,167.	9,396,924.	8,996,793.	10,981,884.	10,348,469.
b Contributions					
c Net investment earnings, gains, and losses	1,222,857.	896,412.	750,510.	-1,473,667.	1,153,873.
d Grants or scholarships					
e Other expenditures for facilities and programs	347,235.	304,299.	269,617.	418,910.	419,434.
f Administrative expenses	107,852.	95,870.	80,762.	92,515.	101,024.
g End of year balance	10,660,937.	9,893,167.	9,396,924.	8,996,793.	10,981,884.

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

a Board designated or quasi-endowment _____ %
b Permanent endowment 100 %
c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	X	

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,727,584.		20,727,584.
b Buildings		150,681,623.	131,121,628.	19,559,995.
c Leasehold improvements		31,345,735.	12,507,903.	18,837,832.
d Equipment		197,090,832.	153,273,310.	43,817,522.
e Other		10,675,569.		10,675,569.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				113,618,502.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE PLACEMENT FUND	219,921,141.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	219,921,141.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (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) DUE FROM AFFILIATES LONG TERM	709,589,686.
(2) INVESTMENT IN SUBSIDIARIES	199,607,005.
(3) OTHER ACCOUNTS RECEIVABLE	47,506,510.
(4) RIGHT OF USE ASSETS	12,085,800.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	968,789,001.

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) ESTIMATED SETTLEMENTS DUE TO 3RD PARTY PAYORS	6,824,726.
(3) LEASE LIABILITY	13,870,789.
(4) EXTENDED SICK TIME RESERVE	2,813,698.
(5) DUE FROM AFFILIATES, NET	1,433,333.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	24,942,546.

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.

PART V, LINE 4:

THE PRINCIPAL IN BOTH THE ROBERTS PERMANENT ENDOWMENT AND THE COATE PERMANENT ENDOWMENT WAS SET UP SO THAT THE INCOME FROM IT WOULD BE DISTRIBUTED TO VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

SCHEDULE H (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number 21-0634562

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
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 _____ %	3a	X	
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 500 %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	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)			7,631,038.	7,104.	7,623,934.	1.80%
b Medicaid (from Worksheet 3, column a)			68,748,118.	50,431,149.	18,316,969.	4.32%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			76,379,156.	50,438,253.	25,940,903.	6.12%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,767,520.	8,606,815.	5,160,705.	1.22%
f Health professions education (from Worksheet 5)			2,608,299.	1,268,182.	1,340,117.	.32%
g Subsidized health services (from Worksheet 6)			7,042,962.	7,042,962.		
h Research (from Worksheet 7)			176,660.	3,529.	173,131.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			128,734.	573.	128,161.	.03%
j **Total.** Other benefits			23,724,175.	16,922,061.	6,802,114.	1.61%
k **Total.** Add lines 7d and 7j			100,103,331.	67,360,314.	32,743,017.	7.73%

Part II Community Building Activities.

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			291,246.	161,673.	129,573.	.03%
4	Environmental improvements						
5	Leadership development and training for community members			82.	0.	82.	.00%
6	Coalition building			290.	2.	288.	.00%
7	Community health improvement advocacy						
8	Workforce development			153,364.	684.	152,680.	.04%
9	Other						
10	Total			444,982.	162,359.	282,623.	.07%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	45,265,256.		
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.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	68,993,337.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,781,960.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-12,788,623.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other				

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 VIRTUA MEMORIAL HOSPITAL 175 MADISON AVENUE MOUNT HOLLY, NJ 08060 WWW.VIRTUA.ORG LICENSE #10301	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment (CHNA)			
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 [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 25			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTPS://WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS			
b [X] Other website (list url): WWW.VIRTUA.ORG/ABOUT/-/MEDIA/PROJECT/VIRTUA-TENANT/VIRTUA/PDFS/COMMUNI			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS			
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-MEM HOSP BURLINGTON COUNTY, INC.

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

Part V Facility Information *(continued)*

Billing and Collections

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

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☒ None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		

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

- **a** ☒ 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** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

		Yes	No
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? **23**		X
	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? **24**		X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

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

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.
PART V, LINE 16A, FAP WEBSITE:
WWW.VIRTUA.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE-POLICY

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.
PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.VIRTUA.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE-POLICY

VIRTUA-MEM HOSP BURLINGTON COUNTY, INC.
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.VIRTUA.ORG/PATIENTS-AND-VISITORS/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 WHO 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 VIRTUA HEALTH 2025 CHNA, RESEARCH METHODOLOGY, CONDUCTED IN PARTNERSHIP WITH THE SOUTH JERSEY HEALTH COLLABORATIVE PARTNERS, INCLUDED A COMPREHENSIVE VIEW OF STATISTICAL HEALTH AND SOCIAL INDICATORS FOR THE SOUTH JERSEY REGION. FOR THIS REPORT, THE SOUTH JERSEY REGION INCLUDES BURLINGTON, CAMDEN, AND GLOUCESTER COUNTIES, NEW JERSEY.
SECONDARY DATA, INCLUDING DEMOGRAPHIC, SOCIOECONOMIC, AND PUBLIC HEALTH INDICATORS, WERE ANALYZED FOR THE SOUTH JERSEY REGION 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 NATIONAL INITIATIVE ESTABLISHING 10-YEAR GOALS FOR IMPROVING THE HEALTH OF ALL AMERICANS.
THE RESEARCH PROCESS IS GROUNDED IN A FOCUS ON INCORPORATING THE PERSPECTIVES OF THE PEOPLE WE ARE SERVING ACROSS ALL ASPECTS OF RESEARCH, PLANNING, AND IMPLEMENTATION. THIS MEANS INCLUDING FEEDBACK FROM STAKEHOLDERS THROUGHOUT THE PROCESS BY OPENING DATA-DRIVEN DISCUSSIONS TO FOSTER A SHARED UNDERSTANDING OF THE ROOT CAUSES OF THE GAPS THAT THE DATA ILLUMINATES, ENSURING PARTICIPATION IN RESEARCH AND

Part V Facility Information *(continued)*

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

PLANNING BY HISTORICALLY EXCLUDED COMMUNITIES, AND BROADENING PARTNERSHIPS.

ALIGNED WITH BEST PRACTICES, WE HAVE USED COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) METHODS TO ENGAGE STAKEHOLDERS AND GATHER BROAD PERSPECTIVES TO DEFINE AND SOLVE CHALLENGES WITH THE PEOPLE WHO EXPERIENCE THEM. CBPR IS A PARTNERSHIP APPROACH TO RESEARCH THAT EQUITABLY INVOLVES STAKEHOLDERS, ORGANIZATIONAL REPRESENTATIVES, AND RESEARCHERS IN THE RESEARCH PROCESS AND HONORS ALL PARTICIPANTS' EXPERTISE AND INPUT IN CO-DEVELOPING SOLUTIONS.

PARTICIPATION

* 13 INDIVIDUALS IDENTIFIED AS KEY INFORMANTS WERE INTERVIEWED FOR ONE HOUR EACH VIA ZOOM
* 226 INDIVIDUALS, INCLUDING SCHOOL EMPLOYEES, FIRST RESPONDERS, FAITH-BASED LEADERS, POLICYMAKERS, AND OTHERS, COMPLETED THE KEY STAKEHOLDER SURVEY
* 14 PARTNER AGENCIES, INCLUDING SOUTH JERSEY HEALTH COLLABORATIVE PARTNERS, HELPED DISTRIBUTE THE COMMUNITY SURVEY TO DIVERSE POPULATIONS ACROSS SOUTH JERSEY
* 1,470 INDIVIDUALS COMPLETED THE COMMUNITY SURVEY.
* 56 RESIDENTS ACROSS SOUTH JERSEY OF DIVERSE AGE, RACE, PREFERRED LANGUAGE, SEXUAL ORIENTATION, GENDER IDENTITY, INCOME STRATA, AND OCCUPATION PARTICIPATED ACROSS 5 SEPARATE HOUR-LONG FOCUS GROUP CONVERSATIONS
* 35 INDIVIDUALS GATHERED OVER ZOOM ON JANUARY 24, 2025, TO LEARN HOW TO SUPPORT THE DISTRIBUTION OF THE COMMUNITY SURVEY
* 33 INDIVIDUALS GATHERED IN PERSON AT VIRTUA HEALTH ON MAY 13, 2025, TO REVIEW THE FULL CHNA FINDINGS, AND CONFIRM PRIORITIES FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PART V, SECTION B, LINE 6A:
VIRTUA HEALTH INCLUDING:
* VIRTUA WEST JERSEY HEALTH SYSTEM
* VIRTUA OUR LADY OF LOURDES HOSPITAL
* VIRTUA WILLINGBORO HOSPITAL

PART V, SECTION B, LINE 6B:
* COOPER UNIVERSITY HEALTH CARE,
* JEFFERSON HEALTH,
* 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

PART V, SECTION B, LINE 7B:
HTTPS://WWW.VIRTUA.ORG/ABOUT/-/MEDIA/PROJECT/VIRTUA-TENANT/VIRTUA/PDFS/COMMUNITY/VIRTUAHEALTH2025CHNA.PDF

PART V, SECTION B, LINE 10A:
HTTPS://WWW.VIRTUA.ORG/ABOUT/COMMUNITY-PROGRAMS
HTTPS://WWW.VIRTUA.ORG/-/MEDIA/PROJECT/VIRTUA-TENANT/VIRTUA/PDFS/COMMUNITY/VIRTUA-2026-CHIP.PDF

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 11 CHNA ASSESSMENT (CONTINUED):
THIS COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) SPECIFIES COMMUNITY HEALTH NEEDS LISTED BELOW THAT VIRTUA HEALTH, IN COLLABORATION WITH COMMUNITY PARTNERS, WILL ADDRESS. THE INTENT OF THIS CHIP IS TO RESPOND TO OUR COMMUNITY NEEDS AND EXPECTATIONS WITH AN IMPLEMENTATION PLAN THAT CAN BE EFFECTIVELY EXECUTED, LEVERAGING HOSPITAL AND NETWORK RESOURCES, AS WELL AS COMMUNITY PARTNERS. THE IMPLEMENTATION PLAN IS DESIGNED TO BE FLEXIBLE AND SHOULD BE UPDATED AS INTERNAL AND EXTERNAL FACTORS EVOLVE. THIS INCLUDES NEW NEEDS, RESOURCE AVAILABILITY, PARTNERSHIPS, AND POLICY CHANGES. AN EFFECTIVE IMPLEMENTATION PLAN SHOULD BUILD ON PAST SUCCESSES WHILE ALSO ADAPTING STRATEGIES AND ACTIONS IN RESPONSE TO ANY CHALLENGES THAT ARISE.
VIRTUA HEALTH ACKNOWLEDGES THE WIDE RANGE OF ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON THOSE HEALTH NEEDS THAT ARE THE MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. VIRTUA HEALTH WILL CONTINUE TO LEAD EFFORTS IN SUPPORT OF THE PRIORITIZED NEEDS RELATED TO SOCIAL FACTORS ARE HEALTH, LONG LIVES WITH HEALTHY BODIES, BUILD TRUST AND CONNECTION, AND RELIEF FROM MENTAL STRAIN AND CUSHIONING ACES FOR ALL AGES. VIRTUA HEALTH IS COMMITTED TO COLLABORATING WITH OUR COMMUNITY PARTNERS, WHERE POSSIBLE, IN ADDRESSING KEY CONTRIBUTING FACTORS OUTSIDE OF THE EXPERTISE AND SCOPE OF THE ORGANIZATION. VIRTUA HEALTH REMAINS OPEN AND WILLING TO EXPLORE OPPORTUNITIES AND PARTNERSHIPS ACROSS OUR SERVICE AREA TO ADDRESS ISSUES IMPACTING HEALTH AND WELL-BEING.

PRIORITY AREA: SOCIAL FACTORS ARE HEALTH
GOAL: CONSIDERATION OF SOCIAL FACTORS WILL BE INCLUDED IN WELLNESS ASSESSMENT, TREATMENT, AND HEALTH MAINTENANCE FOR EVERYONE
OBJECTIVES
* EXPAND SCREENING, REFERRALS, AND COMPLETED CONNECTIONS FOR SOCIAL DRIVERS OF HEALTH (SDOH) EACH YEAR
* ADDRESS TRANSPORTATION BARRIERS THROUGH MULTIPLE MODALITIES OF CONNECTING WITH PATIENTS
STRATEGIES
* LEVERAGE UNITE US PLATFORM TO TRACK SDOH REFERRALS AND COMPLETIONS
* INCREASE PARTNERSHIPS AND USERS FOR UNITE US PLATFORM
* OPTIMIZE UNITE US INTO EMR/PATIENT TRACKING
* MEASURE THE TOTAL NUMBER OF VISITS PROVIDED OUTSIDE OF THE CLINIC THROUGH COMMUNITY-BASED PROGRAMMING AND MOBILE FLEET
* EXPAND RIDE HEALTH SERVICES
* IDENTIFY NEW COMMUNITY PARTNERS FOR MOBILE OR ON-SITE HEALTHCARE OFFERINGS, ACROSS URBAN, SUBURBAN, AND RURAL SETTINGS
* REACH MORE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) EMPLOYERS EACH YEAR, INCLUDING VIRTUA EMPLOYEES

PART V, SECTION B, LINE 11 CHNA ASSESSMENT (CONTINUED):
PRIORITY AREA: LONG LIVES WITH HEALTHY BODIES
GOAL: BEST PRACTICES IN SCREENING, TREATMENT, AND EDUCATION FOR HEALTHY LIVING AND DISEASE PREVENTION WILL INCREASE ACCESS TO APPROPRIATE CARE FOR EVERYONE
OBJECTIVES
* INCREASE SCREENING FOR CHRONIC DISEASE EACH YEAR
* INCREASE THE PROPORTION OF PATIENTS WHO MAINTAIN CHRONIC DISEASE CARE REGIMENS EACH YEAR

Part V Facility Information *(continued)*

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

STRATEGIES

* DEVELOP AND IMPROVE PARTNERSHIPS WITH EMPLOYERS AND COMMUNITY-BASED AGENCIES TO INCREASE ACCESS TO SCREENING,

* UTILIZE MOBILE FLEET TO MEET ALICE WORKERS WHERE THEY ARE

* PARTNER WITH THE COMMUNITY-BASED PROGRAMS OFFICE TO IMPROVE COLLABORATION BETWEEN SERVICE LINES TOWARDS HOLISTIC PATIENT CARE

* LEVERAGE COMMUNITY HEALTH WORKERS TO IMPROVE COMMUNICATION ABOUT CONDITIONS, INFORMATION, AND ENGAGE CAREGIVERS/FAMILY MEMBERS IN CARE MANAGEMENT EDUCATION

* USE EXISTING SYSTEMS (VMG, HEDIS, EPIC, AND OTHERS) TO IMPROVE QUALITY AND EFFICIENCY BETWEEN DEPARTMENTS TO IMPROVE PATIENT CARE

* CONTINUE TO PROMOTE AND GROW THE "CARE AFTER DISCHARGE" PROGRAM TO IMPROVE POST-DISCHARGE OUTCOMES AND REDUCE READMISSIONS

PRIORITY AREA: BUILD TRUST AND CONNECTION

GOAL: SYSTEMS, MESSAGES, SERVICES, AND SPACES WILL REMOVE UNINTENTIONAL BARRIERS TO ACCESSING CARE AND PROMOTE AN ENVIRONMENT WHERE HUMAN CONNECTION CAN BE FOUND CONFIDENTLY AND SAFELY.

OBJECTIVES

* IMPROVE PATIENT EXPERIENCE AND CARE COORDINATION BY LEVERAGING TECHNOLOGY TO INCREASE "HUMAN INTERACTION" TIME EACH YEAR

* EXPAND THE TYPES OF TRAINING TO INCLUDE MORE TOPICS AND BROADER STAFF PARTICIPATION EACH YEAR

STRATEGIES

* LEVERAGE TOOLS, SUCH AS AI, THE AVAILABILITY OF IPADS, AND WI-FI/CELLULAR COMMUNICATION TO INTEGRATE ASSISTIVE AIDS (TRANSLATION, PATIENT SUPPORT NETWORK, ADDITIONAL PROVIDERS, "MY STORY", ETC.) INTO THE PATIENT CARE INTERACTION

* INTEGRATE TECH TOOLS TO STREAMLINE CONNECTIONS TO CARE, REDUCING WAIT TIMES, INCREASING EFFICACY, AND REMOVING TIME AND TRANSPORTATION BARRIERS

* EXPLORE INNOVATIVE METHODS TO REMOVE BARRIERS TO STAFF PARTICIPATION IN EXISTING TRAININGS (ONLINE TRAININGS, SCHEDULING, INCLUDING CEUS, ETC.)

* INTENTIONALLY INCREASE THE AVAILABILITY OF TRAININGS FOR PROVIDERS, STAFF, SUPPORTIVE SERVICES, AND OTHERS, PARTICULARLY THOSE WITH WHOM PATIENTS HAVE THEIR FIRST TOUCH, IN ALL CUSTOMER SERVICE, TRAUMA-INFORMED, AND OTHER RELATED TRAINING OPPORTUNITIES

PRIORITY AREA: RELIEF FROM MENTAL STRAIN AND CUSHIONING ACES FOR ALL AGES

GOAL: STIGMA, TRAUMATIC EXPERIENCES, AND DAILY LIFE STRESSORS WILL NOT PREVENT PEOPLE FROM ACCESSING THE CARE THEY NEED

OBJECTIVES

* LAUNCH UPDATED, CUSTOMIZED MESSAGING ABOUT MENTAL HEALTH, ACES, AND STIGMA FOR THE PUBLIC EACH YEAR

* INCREASE INTERNAL COORDINATION OF BEHAVIORAL HEALTH DATA, RESOURCES, AND INFORMATION SHARING EACH YEAR

* ENSURE TRAINING REGARDING BH (BEHAVIORAL HEALTH), ACES (ADVERSE CHILDHOOD EXPERIENCE) AND TRAUMA-INFORMED CARE IS AVAILABLE EVERY YEAR

STRATEGIES

* LEVERAGE DOULAS, CHWS, AND OTHERS TO SHARE MESSAGING AND COMMUNICATION FOR ALL AGES AND POPULATION GROUPS

* ESTABLISH REGULAR COORDINATION BETWEEN MARKETING AND BH TO IDENTIFY

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.

IMPACTFUL STORIES, RESOURCES, AND RESULTS THAT PROMOTE VIRTUA'S APPROACH TO WHOLE PERSON HEALTH, STIGMA

* LEVERAGE FINDINGS FROM THE COLLABORATIVE CARE MODEL AT VMG TO IMPROVE DATA COLLECTION, UTILIZATION, AND EXPAND ACCESS TO BH

* CREATE PATHWAYS USING EPIC TO EXPAND ED UTILIZATION DATA TO BETTER IDENTIFY BH READMITS FOR ANY REASON

* USE VIRTUA LEARNING SYSTEM TO LAUNCH STIGMA-REDUCTION EDUCATION FOR CLINICIANS, STAFF

* ENSURE PROVIDERS AND STAFF PARTICIPATE IN TRAUMA-INFORMED CARE AND/OR ACES IDENTIFICATION TRAINING REGULARLY

* USE DATA GATHERED FROM BH SCREENINGS TO HELP PROVIDERS FROM MULTIPLE DEPARTMENTS UNDERSTAND HOW TO IDENTIFY ACES, TRAUMA IMPACTING HEALTH OUTCOMES IN PATIENTS OF ALL AGES

VIRTUA HEALTH IS COMMITTED TO PROVIDING WHOLE HEALTH CARE THROUGH ITS WIDE ARRAY OF SERVICES AND SPECIALTIES. VIRTUA HEALTH ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES ILLUMINATED THROUGH THE 2025 CHNA REPORT. VIRTUA HEALTH HAS ROBUST SERVICES AND A COMMITMENT TO PROVIDING PREVENTION, SCREENING, TREATMENT, AND PERSON-CENTERED CARE, AND CAN ADDRESS THE NEEDS IDENTIFIED IN THE 2025 CHNA. VIRTUA HEALTH IS COMMITTED TO BEING A LASTING PRESENCE IN THE COMMUNITIES IT SERVES. IT VALUES ITS ROLE AS A CONSISTENT AND RELIABLE PARTNER TO NUMEROUS ORGANIZATIONS IN SOCIAL SERVICES, EDUCATION, HEALTH, HOUSING, ECONOMIC DEVELOPMENT, AND BUSINESS SECTORS, COMMITTED TO ENHANCING HEALTH AND WELL-BEING FOR EVERYONE THROUGH COLLABORATION.

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? 0

Name and address	Type of facility (describe)

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:
DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES:
VIRTUA COMMITS EXTENSIVE RESOURCES TO THE COMMUNITIES IT SERVES THROUGH DIRECT FINANCIAL CONTRIBUTIONS AS WELL AS IN HEALTH/COMMUNITY-IMPROVEMENT PROGRAMMING AND PROFESSIONAL TIME AND EXPERTISE. VIRTUA FOCUSES ITS RESOURCES ON PROGRAMS THAT WILL HAVE THE MOST SIGNIFICANT IMPACT ON HEALTH IMPROVEMENT. SOCIAL DETERMINANTS OF HEALTH LIKE ACCESS TO GOOD MEDICAL CARE AND NUTRITIOUS FOOD ARE A CENTERPIECE OF VIRTUA'S COMMUNITY HEALTH IMPROVEMENT EFFORTS. VIRTUA'S EAT WELL MOBILE MARKETS 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 2025 ANNUAL TURKEY AND PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY MEALS, INCLUDING A WHOLE TURKEY, FOR 660 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 PROGRAMS, HOSPITAL-BASED FOOD FARMACIES, AND MOBILE UNITS FOR PEDIATRICS AND

Part VI Supplemental Information *(Continuation)*

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 ITS PATIENTS ON A DAILY BASIS.

OUR FACILITIES PROVIDED FREE MEETING SPACE FOR A WIDE RANGE OF COMMUNITY GROUPS, AND OUR EMERGENCY MANAGEMENT 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.

VIRTUA SECURITY HAS CONTINUED ITS STRONG SUPPORT OF THE BLUE ENVELOPE PROGRAM, IN PARTNERSHIP WITH THE CAMDEN COUNTY PROSECUTOR'S OFFICE. THIS INITIATIVE IS DESIGNED TO PROMOTE AWARENESS OF AUTISM AND HELP ENSURE SAFE, EFFECTIVE INTERACTIONS BETWEEN DRIVERS AND LOCAL LAW ENFORCEMENT DURING TRAFFIC STOPS.

IN ADDITION, VIRTUA SECURITY HAS PROUDLY SPONSORED THE CAMDEN CORPORATION WATCH MONTHLY MEETINGS AND LUNCHEONS. THESE GATHERINGS BRING TOGETHER KEY LAW ENFORCEMENT STAKEHOLDERS AND PRIVATE SECURITY LEADERS TO DISCUSS BEST PRACTICES, STRENGTHEN PARTNERSHIPS, AND SHARE UPDATES ON SAFETY INITIATIVES ACROSS MEMBER ORGANIZATIONS.

VIRTUA SECURITY ALSO ACTIVELY SUPPORTS CAMDEN STRONG COMMUNITY CLEAN-UP EFFORTS. THESE EVENTS FOSTER MEANINGFUL COMMUNITY ENGAGEMENT WHILE HELPING TO MAINTAIN CLEAN, SAFE ENVIRONMENTS IN THE AREAS SURROUNDING OUR HOSPITALS.

ONE NOTABLE, NEW ADDITION TO VIRTUA'S PORTFOLIO IS OLIVER STATION. VIRTUA HEALTH COLLABORATED WITH THE MICHAELS ORGANIZATION TO CREATE THIS INNOVATIVE, $24 MILLION HOUSING AND HEALTH CARE COMMUNITY IN THE WHITMAN PARK NEIGHBORHOOD OF CAMDEN. THE VIBRANT CAMPUS INTEGRATES BEAUTIFUL, AFFORDABLE SENIOR (AGE 55+) HOUSING WITH A VIRTUA PRIMARY-CARE PRACTICE ON THE GROUND FLOOR, SERVING RESIDENTS AND THE SURROUNDING COMMUNITY. IT IS HIGHLY ACCESSIBLE BY PUBLIC TRANSPORT AND SITS THREE BLOCKS FROM VIRTUA OUR LADY OF LOURDES, AN ACUTE CARE HOSPITAL. OLIVER STATION IS DESIGNED TO IMPROVE THE HEALTH AND WELLNESS OF ITS RESIDENTS BY COMBINING QUALITY, SAFE, AFFORDABLE HOUSING WITH ON-SITE PRIMARY CARE. THE PRACTICE IS ALSO A VITAL RESOURCE FOR THE BROADER CAMDEN COMMUNITY. THE MEDICAL PRACTICE PROVIDES A FULL SPECTRUM OF RELATED SERVICES TO KEEP PATIENTS WELL, INCLUDING HEALTH LITERACY EDUCATION, NUTRITION COUNSELING, AND OTHER SUPPORT SERVICES FOR THE SOCIAL FACTORS THAT AFFECT HEALTH.

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

Part VI Supplemental Information *(Continuation)*

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

PART III, LINE 3:
NOT APPLICABLE

PART III, LINE 4:
THE FOOTNOTE REGARDING BAD DEBT EXPENSE, OR IMPLICIT PRICE CONCESSIONS AS DEFINED BY ASU 2014-09, CAN BE FOUND ON PAGE 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.

Part VI Supplemental Information *(Continuation)*

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:
THE 2025 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 2025 CHNA WAS CONDUCTED FROM OCTOBER 2024 TO MAY 2025 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.
VIRTUA INFECTION PREVENTION IS AN ACTIVE PARTNER WITH PUBLIC HEALTH IN NEW JERSEY INCLUDING THE NJ DEPARTMENT OF HEALTH AS WELL AS THE COUNTY HEALTH DEPARTMENTS IN BURLINGTON, CAMDEN, AND GLOUCESTER. THIS PARTNERSHIP INCLUDES ASSISTING IN OUTBREAK IDENTIFICATION AND RESPONSE, PROVIDING TESTING FOR VACCINE-PREVENTABLE DISEASES IN CERTAIN SITUATIONS, AND PARTNERING TO ENSURE MULTI-DRUG RESISTANT ORGANISMS ARE IDENTIFIED AND APPROPRIATE ISOLATION PRECAUTIONS ARE IN PLACE. IN ADDITION, EMERGENCY MANAGEMENT PARTICIPATES IN THE HEALTHCARE FACILITY PLANNING COMMITTEE IN PARTNERSHIP WITH COUNTY OFFICES OF EMERGENCY MANAGEMENT IN THE REGION TO IDENTIFY AND RESPOND TO THE HEALTHCARE NEEDS OF THE COMMUNITY. FURTHER, 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.
VIRTUA CANCER EDUCATION EARLY DETECTION (CEED) PROGRAM AND THE MOBILE HEALTH & CANCER SCREENING UNIT ARE TWO INITIATIVES TO INCREASE CANCER SCREENINGS IN DISPARATE POPULATIONS, INCLUDING PROSTATE SCREENING FOR THE UNINSURED AND UNDERINSURED, INCLUDING ALICE POPULATIONS. ADDITIONALLY, THE PROGRAM SCREENS FOR SMOKING CESSATION AND LUNG SCREENING APPROPRIATENESS.

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

Part VI Supplemental Information *(Continuation)*

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

PART VI, LINE 4:
DESCRIPTION OF COMMUNITY INFORMATION:
BURLINGTON, CAMDEN AND GLOUCESTER COUNTIES COMPRISE 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.
2025 TOTAL POPULATION:

GEOGRAPHY	2025 TOTAL POPULATION	PERCENT CHANGE SINCE 2020
BURLINGTON COUNTY	481,439	+4.2%
CAMDEN COUNTY	535,799	+2.3%
CAMDEN CITY	71,749*	+0.0%
GLOUCESTER COUNTY	312,638	+3.4%
NEW JERSEY	9,548,215	+2.8%
UNITED STATES	341,784,857	+3.1%

*2025 DATA NOT AVAILABLE. THIS NUMBER REFLECTS 2024 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.

2025 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 OF CAMDEN COUNTY IS LOWER THAN THAT OF NEW JERSEY AS A WHOLE, IN PART BECAUSE THE CITY OF CAMDEN IS ABOUT 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

Part VI Supplemental Information *(Continuation)*

COMPLETED A BACHELOR'S DEGREE THAN EACH OF THE THREE COUNTIES.
ACROSS THE THREE COUNTIES, MORE THAN 1 IN 4 RESIDENTS ARE IN THE ALICE (ASSET LIMITED INCOME CONSTRAINED EMPLOYED) POPULATION. DESPITE EARNING INCOMES ABOVE THE FEDERAL POVERTY LEVEL, ALICE HOUSEHOLDS CANNOT AFFORD BASIC NECESSITIES DUE TO THE HIGH COST OF LIVING. MORE THAN 1 IN 4 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 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. NEARLY 7 IN 10 CAMDEN CITY HOUSEHOLDS ARE EITHER ALICE OR BELOW THE FEDERAL POVERTY LEVEL.
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 51-90%, AND ABOUT 16% OF HOUSEHOLDS LACK 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 WHOM 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.
ONE NOTABLE, NEW ADDITION TO VIRTUA'S PORTFOLIO IS OLIVER STATION. VIRTUA HEALTH COLLABORATED WITH THE MICHAELS ORGANIZATION TO CREATE THIS INNOVATIVE, $24 MILLION HOUSING AND HEALTH CARE COMMUNITY IN THE WHITMAN PARK NEIGHBORHOOD OF CAMDEN. THE VIBRANT CAMPUS INTEGRATES BEAUTIFUL, AFFORDABLE SENIOR (AGE 55+) HOUSING WITH A VIRTUA PRIMARY-CARE PRACTICE ON THE GROUND FLOOR, SERVING RESIDENTS AND THE SURROUNDING COMMUNITY. IT IS HIGHLY ACCESSIBLE BY PUBLIC TRANSPORT AND SITS THREE BLOCKS FROM VIRTUA OUR LADY OF LOURDES, AN ACUTE CARE HOSPITAL. OLIVER STATION IS DESIGNED TO IMPROVE THE HEALTH AND WELLNESS OF ITS RESIDENTS BY COMBINING QUALITY, SAFE, AFFORDABLE HOUSING WITH ON-SITE PRIMARY CARE. THE PRACTICE IS ALSO A VITAL RESOURCE FOR THE BROADER CAMDEN COMMUNITY. THE MEDICAL PRACTICE

Part VI Supplemental Information *(Continuation)*

PROVIDES A FULL SPECTRUM OF RELATED SERVICES TO KEEP PATIENTS WELL, INCLUDING HEALTH LITERACY EDUCATION, NUTRITION COUNSELING, AND OTHER SUPPORT SERVICES FOR THE SOCIAL FACTORS THAT AFFECT HEALTH.

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 PART OF A COMMUNITY BENEFIT INITIATIVE UNDER THE "RIDE HEALTH PROGRAM." DURING 2025, VIRTUA PROVIDED 25,231 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 FARMACY, 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 2025 ANNUAL TURKEY AND PRODUCE GIVEAWAY PROVIDED COMPLETE HOLIDAY MEALS, INCLUDING A WHOLE TURKEY, FOR 660 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 2025, THE FOOD FARMACIES DISTRIBUTED 69,906 POUNDS OF FRESH PRODUCE AND HEALTHY NON-PERISHABLES THROUGH OUR CHOICE PANTRIES. THAT SAME YEAR, THE FOOD FARMACIES COMPLETED 1,451 PATIENT APPOINTMENTS, PROVIDING MEDICAL NUTRITION COUNSELLING AND SUPPLEMENTAL FOOD. IN 2025, VIRTUA'S MFM DISTRIBUTED 145,869 POUNDS OF HIGH-QUALITY PRODUCE, INCLUDING LOCAL PRODUCTS SOURCED FROM BLACK-OWNED FARMS. MORE THAN 11,249 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, 95% OF MFM CUSTOMERS REPORTED GREATER ACCESS TO AFFORDABLE PRODUCE, AND 100% 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 DIETITIANS 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-FOOT STORE-ON-WHEELS OFFERS FRESH, HEALTHY AND CULTURALLY RELEVANT FOODS AT BELOW-MARKET PRICES TO RESIDENTS OF CAMDEN AND

Part VI Supplemental Information *(Continuation)*

BURLINGTON COUNTIES. IN 2025, 99% OF MGS SHOPPERS SAID THAT THEY INCREASED THEIR FRUIT AND VEGETABLE INTAKE BECAUSE OF THE MGS, AND 99% 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 AS THE CAMDEN COALITION OF HEALTHCARE PROVIDERS AND PARKSIDE BUSINESS & COMMUNITY IN PARTNERSHIP TO ENGAGE RESIDENTS AND LOCAL STAKEHOLDERS.

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 VIRTUA WILLINGBORO HOSPITAL, INC. ARE CONTROLLED ENTITIES OF A COMMUNITY-OWNED HEALTH SYSTEM, VIRTUA HEALTH, INC. VIRTUA HEALTH 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 16,000 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 3,000 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 HEALTH 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

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

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 21-0634562

Part I Questions Regarding Compensation

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

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	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	2,079,224.	1,225,673.	35,500.	15,750.	45,772.	3,401,919.	0.
(2) JOHN M. MATSINGER	(i)	0.	0.	0.	0.	0.	0.	0.
EVP/COO	(ii)	1,152,605.	557,851.	35,500.	15,750.	38,837.	1,800,543.	0.
(3) ROBERT M. SEGIN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER - EVP/CFO	(ii)	892,848.	454,997.	35,500.	15,750.	37,564.	1,436,659.	0.
(4) LAUREN ROWINSKI	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY-SVP & CHIEF LEGAL OFFICER	(ii)	646,437.	301,540.	32,500.	15,750.	38,847.	1,035,074.	0.
(5) JOHN J. KIRBY	(i)	405,098.	152,074.	32,500.	15,750.	61,737.	667,159.	0.
SVP & COO - MHBC & VWH HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LISA C. FERRARO	(i)	0.	0.	0.	0.	0.	0.	0.
SVP & COO - LOURDES HOSPITAL	(ii)	439,486.	129,375.	32,500.	15,750.	38,788.	655,899.	0.
(7) DANA SUPE	(i)	471,878.	85,260.	9,000.	15,750.	31,834.	613,722.	0.
VP CMO - MHBC & VWH HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHANNON S STILLWELL	(i)	221,700.	54,751.	39,800.	13,041.	60,861.	390,153.	0.
VP CNO - MHBC & VWH HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TODD KARETSKY	(i)	203,912.	42,004.	14,511.	10,667.	60,614.	331,708.	0.
VP FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LEO S. LOZANO	(i)	261,568.	1,000.	6,391.	12,314.	48,628.	329,901.	0.
REGISTERED NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAMELA A. GALLUS	(i)	217,612.	37,990.	0.	11,043.	44,771.	311,416.	0.
AVP - PATIENT CARE SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. ADOPTS THE POLICIES OF VIRTUA HEALTH, INC. REGARDING ESTABLISHING THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR. THE POLICY USES THE FOLLOWING: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE VIRTUA BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B:
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 21-0634562

FORM 990, PART III, LINE 1
AS WELL AS WITH OPPORTUNITIES FOR PROFESSIONAL GROWTH

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADDITIONAL COMMUNITY BENEFIT, SUCH AS:

MEMORIAL INPATIENT PSYCHIATRIC UNIT:
EXPENSE OF $7,042,962
REVENUE OF $7,042,962

MEDICAL EDUCATION AND CONTINUING EDUCATION OF MEDICAL PROFESSIONALS:
EXPENSE OF $2,608,299
REVENUE OF $1,268,182

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS:
EXPENSE OF $4,537,447
REVENUE OF $2,042,170

COMMUNITY BUILDING ACTIVITIES: HELD EVENTS THROUGHOUT THE YEAR TO FEED
AND PROVIDE PRESENTS TO MANY FAMILIES IN NEED:
EXPENSE OF $444,982
REVENUE OF $162,359

FINANCIAL AND IN-KIND CONTRIBUTIONS: PROVIDED CONTRIBUTIONS TO
NON-PROFIT COMMUNITIES AND ORGANIZATIONS AND MEDICAL SUPPLIES TO
FAMILIES IN NEED:
EXPENSE OF $128,734
REVENUE OF $573

RESEARCH: PERFORMED ONCOLOGY CLINICAL RESEARCH STUDIES:
EXPENSE OF $176,660
REVENUE OF $3,529

PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITAL:
EXPENSES OF $296,134,901
REVENUE OF $452,268,437
EXPENSES $ 311,073,985. INCLUDING GRANTS OF $ 0. REVENUE $ 462,788,212.

FORM 990, PART III, LINE 4
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC., D/B/A VIRTUA MOUNT
HOLLY HOSPITAL ("VIRTUA-MEMORIAL") IS A NOT-FOR-PROFIT, TAX-EXEMPT
CORPORATION. VIRTUA-MEMORIAL OWNS AND OPERATES A 383-BED LICENSED ACUTE
CARE HOSPITAL IN MOUNT HOLLY, NEW JERSEY. VIRTUA-MEMORIAL PROVIDES
GENERAL HEALTH CARE SERVICES TO RESIDENTS WITHIN ITS GEOGRAPHIC
LOCATION FOR A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES,
INCLUDING MEDICAL, SURGICAL, CARDIAC, OBSTETRICAL, GYNECOLOGICAL,
ONCOLOGICAL, PEDIATRIC, EMERGENCY, BEHAVIORAL HEALTH, AND AMBULATORY
CARE.

STATISTICS FOR THE YEAR 2025:
- HOSPITAL ADMISSIONS: 16,949

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

Employer identification number 21-0634562

- PATIENT DAYS: 73,740
- SAME DAY SURGERY CASES: 8,155
- EMERGENCY DEPARTMENT VISITS: 45,950
- OUTPATIENT VISITS: 199,664
- OBSERVATION CASES: 4,960

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 ACCOUNTS PAYABLE TRANSACTIONS ARE CONDUCTED BY VIRTUA
WEST JERSEY HEALTH SYSTEM, INC. (21-0634532).

FORM 990, PART VI, SECTION A, LINE 6:
VIRTUA HEALTH, INC. IS THE SOLE CORPORATE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:
THE GOVERNANCE COMMITTEE OF VIRTUA MEMORIAL'S BOARD OF TRUSTEES MAKES
RECOMMENDATIONS FOR NEW MEMBERSHIP AND THE VIRTUA HEALTH, INC. BOARD OF
TRUSTEES GIVES THE FINAL APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7B:
THE CHAIRS OF THE VARIOUS BOARD COMMITTEES OF VIRTUA-MEMORIAL HOSPITAL
BURLINGTON COUNTY, INC. PRESENT THEIR RECOMMENDATIONS ON SIGNIFICANT
MATTERS TO THE FULL VIRTUA HEALTH, INC. BOARD OF TRUSTEES FOR THEIR
APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, THE FORM 990 IS REVIEWED BY IN-HOUSE COUNSEL, EXTERNAL TAX
CONSULTANTS, AND APPROPRIATE MEMBERS OF MANAGEMENT. THE FORM 990 IS ALSO
PROVIDED TO THE PARENT BOARD AS PART OF THE ORGANIZATION'S ESTABLISHED
OVERSIGHT PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C:
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. ADOPTS THE POLICIES OF
VIRTUA HEALTH, INC. REGARDING MONITORING AND ENFORCING A
CONFLICT-OF-INTEREST POLICY. VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY,
INC. REQUIRES EACH TRUSTEE, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE
WITH BOARD-DELEGATED POWERS TO ANNUALLY SIGN A STATEMENT IN WHICH THEY
AGREE TO COMPLY WITH THE CONFLICT-OF-INTEREST POLICY. THE BOARD OF TRUSTEES
IS RESPONSIBLE FOR ENSURING THAT PERIODIC REVIEWS OF OPERATIONS ARE
CONDUCTED SO THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS
CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE
ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX. IN
CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED
PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND
MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE
TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE
INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE
THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.
THE REMAINING TRUSTEES OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF
INTEREST EXISTS. IF IT IS DETERMINED THAT ONE DOES EXIST, THE CONFLICT IS
EITHER MITIGATED, IF POSSIBLE, OR THE PERSON IS REMOVED FROM THE BOARD.

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

Employer identification number 21-0634562

FORM 990, PART VI, SECTION B, LINE 15B:
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. EXECUTIVES ARE COMPENSATED BY VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC., HOWEVER NOT EXCLUSIVELY; IN SOME CASES EXECUTIVES ALSO RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SEE SCHEDULE J, PART III (REFERENCE TO SCHEDULE J, PART I, LINE 3) FOR A DESCRIPTION OF THE MANNER THAT VIRTUA HEALTH, INC. UTILIZES 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-STATEMENTS 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
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
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC. EXECUTIVES ARE COMPENSATED BY VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.; HOWEVER, NOT EXCLUSIVELY IN SOME CASES EXECUTIVES ALSO RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC. (EIN 22-3524939), A RELATED ENTITY. SOME OFFICERS DEVOTE 40 HOURS A WEEK TO VIRTUA HEALTH, INC. THE AMOUNT OF TIME DEVOTED TO RELATED ORGANIZATIONS IS DEPENDENT UPON THEIR INVOLVEMENT IN THOSE ORGANIZATIONS. AS A RESULT, THE TOTAL AVERAGE HOURS PER WEEK FOR EACH OFFICER MAY VARY.

FORM 990, PART VII, SECTION A, COLUMN C
TRUSTEE AND OFFICER CHANGES:
IN THE THIRD QUARTER OF 2023, MHBC 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 MHBC ARE EMPLOYEES OF THE PARENT ORGANIZATION. THESE INDIVIDUALS WILL BE REPORTED AS "FORMER" ON FORM 990 FOR THE REQUIRED FIVE-YEAR DISCLOSURE PERIOD. THESE INDIVIDUALS WERE DENNIS W. PULLIN WHO WAS LISTED AS TRUSTEE AND OFFICER IN 2023, AND ROBERT M. SEGIN AND LAUREN ROWINSKI WHO WERE LISTED AS OFFICER IN 2023.

KEY EMPLOYEE DESIGNATION:
PRIOR TO 2023, MHBC 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, MHBC REVISED ITS METHODOLOGY IN

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

Employer identification number 21-0634562

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 MHBC 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. LISA C. FERRARO WAS LISTED AS A KEY EMPLOYEE IN 2022.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	31,163,937.
MANAGEMENT AND GENERAL EXPENSES	662,477.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,826,414.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	16,081,173.
MANAGEMENT AND GENERAL EXPENSES	336,778.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,417,951.
AGENCY:	
PROGRAM SERVICE EXPENSES	4,130,924.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,130,924.
INTERCOMPANY REVENUE VHF - PEDS MOBILE:	
PROGRAM SERVICE EXPENSES	-573,702.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-573,702.
MEMORIAL ASC SALARY REIMBURSEMENT:	
PROGRAM SERVICE EXPENSES	-577,416.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-577,416.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	51,224,171.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER WITH AFFILIATES - VMG	25,214,377.
TRANSFER WITH AFFILIATES - CNS	1,510,582.
NET CHANGE IN TRUST FUNDS	759,433.
RESTRICTED INTEREST	1,148.
TRANSFER WITH AFFILIATES - LCS	-85.
RESTRICTED EXPENSES FROM VHF	-302,320.
TOTAL TO FORM 990, PART XI, LINE 9	27,183,135.

FORM 990, PART X, LINE 20

THE AMOUNT REPORTED ON LINE 20 IS THE ORGANIZATIONS' ALLOCATED AMOUNT OF TOTAL BOND ISSUANCE, THE TOTAL BOND ISSUANCE IS REPORTED BY VIRTUA HEALTH, INC. ON SCHEDULE K (EIN 22-3524939).

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 21-0634562

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
VIRTUA HEALTH, INC. - 22-3524939 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	SUPPORTING ORGANIZATION	NEW JERSEY	501(C)(3)	12C	N/A		X
VIRTUA - WEST JERSEY HEALTH SYSTEM, INC. - 21-0634532, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501(C)(3)	3	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN, INC. - 22-3554707, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501(C)(3)	10	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY, INC. - 22-2394675, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	REHABILITATION CENTER AND NURSING HOME	NEW JERSEY	501(C)(3)	10	VIRTUA HEALTH, INC.		X

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
VIRTUA HOME CARE - COMMUNITY NURSING SERVICES, INC. - 21-0679591, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	HOME CARE	NEW JERSEY	501(C)(3)	10	VIRTUA HEALTH, INC.		X
VIRTUA HEALTH FOUNDATION, INC. - 04-3722352 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	FUNDRAISING FOUNDATION	NEW JERSEY	501(C)(3)	7	VIRTUA HEALTH, INC.		X
VIRTUA MEDICAL GROUP, P.A. - 27-1348772 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	PHYSICIAN SERVICES	NEW JERSEY	501(C)(3)	10	N/A		X
WEST JERSEY HEALTH SYSTEM WORKERS COMP TRUST - 22-3142739, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	WORKERS COMP TRUST	NEW JERSEY	501(C)(3)	12A	VIRTUA HEALTH, INC.		X
VIRTUA OUR LADY OF LOURDES HOSPITAL,INC - 21-0635001, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501(C)(3)	3	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
VIRTUA WILLINGBORO HOSPITAL,INC - 22-3612265 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	GENERAL ACUTE CARE HOSPITALS	NEW JERSEY	501(C)(3)	3	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH CARE SERVICES	NEW JERSEY	501(C)(3)	3	N/A		X
LOURDES ANCILLARY SERVICES - 22-2568525 303 LIPPINCOTT DR. 4/FLR MARLTON, NJ 08053	HEALTH CARE SYSTEM SUPPORT	NEW JERSEY	501(C)(3)	12B	OUR LADY OF LOURDES HEALTH CARE SERVICES,		X
OUR LADY OF LOURDES HEALTH CARE SERVICES,INC - 22-2568528, 303 LIPPINCOTT DR. 4/FLR, MARLTON, NJ 08053	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	12B	VIRTUA HEALTH, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SOUTH JERSEY MUSCULOSKELETAL INSTITUTE, LLC - 20-4481032, 556 EGG HARBOR ROAD, SEWELL, NJ 08080	SURGICAL CENTER	NJ	N/A					X	N/A		X	
SUMMIT SURGICAL CENTER, LLC SEE PART VII - 73-1730859, 200 BOWMAN DRIVE, SUITE D160, VOORHEES, NJ 08043	SURGICAL CENTER	NJ	N/A					X	N/A		X	
AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP, LLC - 20-8643005, 239 HURFFVILLE-CROSS KEYS RD, STE	SURGICAL CENTER	NJ	N/A					X	N/A		X	
ROCKLAND SURGICAL PROJECT LLC RAMAPO VALLEY SURGICAL CENTER - 20-0580403, 500 NORTH FRANKLIN TURNPIKE, RAMSEY, NJ	SURGICAL CENTER	NJ	N/A					X	N/A		X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
FREEHOLD ENDOSCOPY ASSOCIATES LLC - 84-1634126, 222 SCHANCK ROAD SUITE 100, FREEHOLD, NJ 07728	SURGICAL CENTER	NJ	N/A					X	N/A		X	
CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC - 27-0907140, 234 INDUSTRIAL WAY BUILDING B,	SURGICAL CENTER	NJ	N/A					X	N/A		X	
VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC - 46-4055781, 303 LIPPINCOTT DRIVE, 4TH FLOOR, MARLTON, NJ	IMAGING SERVICES	NJ	N/A					X	N/A		X	
GASTRO-SURGI CENTER OF NJ, LLC - 22-3472632, 1132 SPRUCE DRIVE, MOUNTAINSIDE, NJ 07092	SURGICAL CENTER	NJ	N/A					X	N/A		X	
VOORHEES ENDOSCOPY HOLDING CO LLC - 47-4669710, 1A BURTON HILLS BLVD, NASHVILLE, TN 37215	MEDICAL	NJ	N/A					X	N/A		X	
VIRTUA PENN RADIATION ONCOLOGY PARTNERS, LLC - 82-1947444, 406 LIPPINCOTT DRIVE, SUITE J, MARLTON, NJ	RADIOLOGY SERVICES	NJ	N/A					X	N/A		X	
VIRTUA PENN RADIATION ONCOLOGY LEASING, LLC - 83-1438811, 303 LIPPINCOTT DR., MARLTON, NJ 08053	LEASING SERVICES	NJ	N/A					X	N/A		X	
FMC MARLTON LLC - 47-2128074 920 WINTER STREET WALTHAM, MA 02451	DIALYSIS	NJ	N/A					X	N/A		X	
VANTAGE SURGICAL CENTER, LLC - 45-0516750, 350 YOUNG AVE, MOORESTOWN, NJ 08057	SURGICAL CENTER	NJ	N/A	RELATED	2,096,910.	10,713,412.		X	N/A	X		51.67%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
VIRTUA-SCA HOLDINGS, LLC - 47-3247166, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	7,140,151.	26,918,710.		X	N/A	X		55.00%
BURLINGTON COUNTY ENDOSCOPY CENTER, LLC - 20-8205206, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	SURGICAL CENTER	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	551,717.	172,445.		X	N/A	X		8.64%
VIRTUA-USP PRINCETON, LLC - 81-3270494, 14201 DALLAS PARKWAY, DALLAS, TX 75254	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	2,364,256.	8,375,666.		X	N/A	X		68.20%
ACENTUS PRACTICE MANAGEMENT, LLC - 81-4861192, 604 CEDAR AVE, HADDONFIELD, NJ 08033	COLLECTIONS SERVICE	NJ	N/A					X	N/A		X	
EMMAUS HOLDINGS, LLC - 83-1806511, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	721,587.	2,504,559.		X	N/A	X		50.10%
MT LAUREL ENDOSCOPY CENTER, L.P - 56-2350370, 15000 MIDLANTIC DR, SUITE 110, MT. LAUREL, NJ 08054	SURGICAL CENTER	NJ	N/A					X	N/A		X	
USRC GLOUCESTER, LLC - 38-4117029, 5851 LEGACY CIRCLE, SUITE 900, PLANO, TX 75024	DIALYSIS	NJ	N/A					X	N/A		X	
ACUITY SPECIALTY HOSPITAL, LLC - 86-1139477, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	HEALTH CARE	NJ	N/A					X	N/A		X	
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD., SUITE 1, VOORHEES, NJ 08043	AMBULATORY HEALTH CARE SERVICES	NJ	N/A					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SPECIALIZED SURGICAL CENTER OF CENTRAL NEW JERSEY, LLC - 22-3296144, 41 ARTHUR STREET, EAST BRUNSWICK, NJ 08816	SURGICAL CENTER	NJ	N/A					X	N/A		X	
TYLER DIALYSIS, LLC - 45-4079716, C/O TAX DEPT; P.O. BOX 4388, FEDERAL WAY, WA 98063	DIALYSIS	NJ	N/A					X	N/A		X	
VIRTUA - SCA HOLDINGS II, LLC - 85-2278858, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	DE	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	5,352,862.	66,532,165.		X	N/A	X		55.00%
RIVER DRIVE HOLDING COMPANY, LLC - 84-3655618, 1A BURTON HILLS BLVD, SUITE 300, NASHVILLE, TN 37215	MEDICAL	NJ	N/A					X	N/A		X	
ACCESS HOLDING COMPANY, LLC - 85-0718604, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	NJ	N/A					X	N/A		X	
SJV MANAGEMENT, LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	MANAGEMENT SERVICE AND SURGICAL CENTER	NJ	N/A					X	N/A		X	
VIRTUA CAMPUS HOLDING, LLC - 87-3806666, 1700 WHITEHORSE-HAMILTON SQ. RD., HAMILTON, NJ 08690	MEDICAL	NJ	N/A					X	N/A		X	
ENDO SURGI CENTER OF OLD BRIDGE L.L.C. - 22-3679920, 42 THROCKMORTON LANE 1ST FLOOR, OLD BRIDGE, NJ 08857	SURGICAL CENTER	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	1,760,128.	1,394,018.		X	N/A	X		51.00%
STRIVE AND VIRTUA HEALTH, PHYSICAL THERAPY & REHABILITATION LLC - 88-3712078, 1650 LYNDON FARM	PHYSICAL THERAPY	NJ	N/A					X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ATLANTIC GASTRO SURGICENTER, LLC - 22-3645443, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	SURGICAL CENTER	PA	N/A					X	N/A		X	
VIRTUA-NJEYE HOLDINGS, LLC - 93-1575525, 406 LIPPINCOTT DRIVE, SUITE J, MARLTON, NJ 08053	MEDICAL	NJ	N/A					X	N/A		X	
MERCER COUNTY SURGERY CENTER, LLC - 22-3774069, 2A PRINCESS ROAD, LAWRENCEVILLE, NJ 08648	SURGICAL CENTER	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	88,614.	-1,180,205.		X	N/A	X		55.64%
VIRTUA - SCA HOLDINGS III, LLC - 99-1174240, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	MEDICAL	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	2,374,167.	1,718,224.		X	N/A	X		80.39%
SURGI CENTER OF SOUTH JERSEY - 22-2709324, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	SURGICAL CENTER	NJ	MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.	RELATED	774,724.	964,635.		X	N/A	X		9.40%

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

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	VIRTUA SCA HOLDINGS II	R	4,914,663.	FMV CASH CONTRIBUTION
(2)	EMMAUS HOLDINGS, LLC	S	874,850.	FMV CASH DISTRIBUTION
(3)	VIRTUA SCA HOLDINGS LLC	S	7,524,040.	FMV CASH DISTRIBUTION
(4)	VIRTUA SCA HOLDINGS II	S	9,584,803.	FMV CASH DISTRIBUTION
(5)	VIRTUA SCA HOLDINGS III	S	2,242,136.	FMV CASH DISTRIBUTION
(6)	PRINCETON	S	2,726,454.	FMV CASH DISTRIBUTION

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	ENDO SURGI CENTER OF OLD BRIDGE	S	1,351,500.	FMV CASH DISTRIBUTION
(8)	SURGICAL CENTER OF SOUTH JERSEY	S	6,418,640.	FMV CASH DISTRIBUTION
(9)	BURLINGTON COUNTY ENDOSCOPY CENTER	S	2,663,728.	FMV CASH DISTRIBUTION
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VIRTUA OUR LADY OF LOURDES HOSPITAL,INC

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

NAME OF RELATED ORGANIZATION:

VIRTUA WILLINGBORO HOSPITAL,INC

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

NAME OF RELATED ORGANIZATION:

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 HURFFVILLE-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

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY, LLC

EIN: 27-0907140

234 INDUSTRIAL WAY BUILDING B

EATONTOWN, NJ 07724

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA ADULT IMAGING SERVICES AT VOORHEES, LLC

EIN: 46-4055781

303 LIPPINCOTT DRIVE, 4TH FLOOR

MARLTON, NJ 08053

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VIRTUA PENN RADIATION ONCOLOGY PARTNERS, LLC

EIN: 82-1947444

406 LIPPINCOTT DRIVE, SUITE J

MARLTON, NJ 08053

NAME OF RELATED ORGANIZATION:

VIRTUA-SCA HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

BURLINGTON COUNTY ENDOSCOPY CENTER, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

VIRTUA-USP PRINCETON, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

EMMAUS HOLDINGS, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

VIRTUA - SCA HOLDINGS II, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

ENDO SURGI CENTER OF OLD BRIDGE L.L.C.

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

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

NAME OF RELATED ORGANIZATION:

MERCER COUNTY SURGERY CENTER, LLC

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

VIRTUA - SCA HOLDINGS III, LLC

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

NAME OF RELATED ORGANIZATION:

SURGI CENTER OF SOUTH JERSEY

DIRECT CONTROLLING ENTITY: MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

FORM 990, SCHEDULE R, PART III

SCHEDULE R, PART III:

- SUMMIT SURGICAL CENTER, LLC - 73-1730859: CHANGED FROM AN

EQUITY-METHOD INVESTMENT TO A WHOLLY OWNED SUBSIDIARY BY A RELATED

ORGANIZATION ON 3/1/2025.