

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	<div> <div></div> <div>Signature of officer</div> </div>				<div>2019-11-12</div> <div>Date</div>
	<div> <div></div> <div>DENNIS W PULLIN CEO</div> <div>Type or print name and title</div> </div>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed <div>PTIN P00288383</div>
	Firm's name ▶ GRANT THORNTON LLP				Firm's EIN ▶ 36-6055558
	Firm's address ▶ 2001 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103				Phone no (215) 561-4200

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

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

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 \$ 105,252,432	including grants of \$	(Revenue \$ 63,350,630)
See Additional Data				

4b	(Code)	(Expenses \$ 10,491,718	including grants of \$	(Revenue \$ 586,676)
See Additional Data				

4c	(Code)	(Expenses \$ 10,914,655	including grants of \$	(Revenue \$ 2,067,831)
See Additional Data				

	(Code)	(Expenses \$ 471,353,597	including grants of \$	(Revenue \$ 692,522,441)
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ADDITIONAL COMMUNITY BENEFITS, SUCH AS COMMUNITY HEALTH IMPROVEMENT SERVICES HELD EVENTS THROUGHOUT THE YEAR TO BRING AWARENESS TO MANY MEDICAL ISSUES TO THE COMMUNITY EXPENSE OF \$1,643,751 REVENUE OF \$145,839 SUBSIDIZED HEALTH SERVICES PROVIDED EMERGENCY MEDICAL TRANSPORT SERVICES AS WELL AS FAMILY HEALTH, DENTAL, AND PODIATRY SERVICES WHEN NEEDED EXPENSE OF \$22,213,905 REVENUE OF \$15,359,311 RESEARCH PERFORMED ONCOLOGY CLINICAL RESEARCH STUDIES EXPENSE OF \$375,324 REVENUE OF \$39,824 FINANCIAL AND IN-KIND CONTRIBUTIONS PROVIDED CONTRIBUTIONS TO NON-PROFIT COMMUNITIES AND HEALTHCARE ORGANIZATIONS THROUGHOUT CAMDEN AND GLOUCESTER COUNTIES ALSO PROVIDED MEETING SPACES TO ORGANIZATIONS AND MEDICAL SUPPLIES TO FAMILIES IN NEED EXPENSE OF \$515,950 REVENUE OF \$1,628 COMMUNITY BUILDING ACTIVITIES HELD EVENTS THROUGHOUT THE YEAR TO FEED AND PROVIDE PRESENTS TO MANY FAMILIES IN NEED EXPENSE OF \$832,191 REVENUE OF \$346,882 PROVIDING FUNCTIONAL PATIENT SERVICES FOR THE HOSPITAL EXPENSE OF \$445,772,476 REVENUE OF \$676,628,957

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 471,353,597	including grants of \$	(Revenue \$ 692,522,441)	

4e	Total program service expenses ▶	598,012,402
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
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	No
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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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 Yes	
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 Yes	
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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	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	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,024	
b Enter the number of Forms W-2G included in 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 Yes	

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	4,860			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
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?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	14
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 in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent	1b	11
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
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	Yes
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	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 303 LIPPINCOTT DR 4/FLR MARLTON, NJ 08053 (856) 355-0620

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,420,971	9,512,272	465,748

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 335

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

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
TURNER CONSTRUCTION CO 1500 SPRING GARDEN ST STE 220 PHILADELPHIA, PA 19103	CONTRACTOR	17,229,437
P AGNE INC 2010 PENROSE AVE PHILADELPHIA, PA 19145	CONTRACTOR	12,533,582
MOORISON MGMT SPECIALIST INC PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT	11,688,000
ACENTUS PRACTICE MANAGEMENT LLC PO BOX 8484 CHERRY HILL, NJ 08002	REVENUE CYCLE MANAGEMENT	9,726,969
VOORHEES PHYSICIANS LLC 29126 NETWORK PLACE CHICAGO, IL 60673	PROPERTY MANAGEMENT	9,156,153

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 ▶ 215

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(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	779,099			
	e	Government grants (contributions)	1e	111,575			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f \$ _____					
	h	Total. Add lines 1a-1f ▶		890,674			
Program Service Revenue	2a		NET PATIENT REV	Business Code			
				624100	720,079,395	720,079,395	
	b		LAB SERVICES	621500	1,161,001	5,097	
						1,155,904	
	c		PEDIATRIC IMAGING CENT	624100	232,595	232,595	
	d		SCHOOL OF PARAMEDIC SC	611600	226,960	226,960	
e		EMERGENCY CARDIO EDUCA	611600	128,705	128,705		
f		All other program service revenue					
				181,204	181,204		
g		Total. Add lines 2a-2f ▶		722,009,860			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	203,582			203,582
	4		Income from investment of tax-exempt bond proceeds ▶	593,574			593,574
	5		Royalties ▶				
	6a		Gross rents	(i) Real	(ii) Personal		
				4,824,745			
	b		Less rental expenses	4,768,946			
	c		Rental income or (loss)	55,799			
	d		Net rental income or (loss) ▶	55,799		55,799	
	7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
				80,939,922	16,627		
	b		Less cost or other basis and sales expenses	59,418,682	0		
	c		Gain or (loss)	21,521,240	16,627		
	d		Net gain or (loss) ▶	21,537,867			21,537,867
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b		Less direct expenses b				
	c		Net income or (loss) from fundraising events ▶				
	9a		Gross income from gaming activities See Part IV, line 19 a				
	b		Less direct expenses b				
	c		Net income or (loss) from gaming activities ▶				
	10a		Gross sales of inventory, less returns and allowances a				
			87,126				
b		Less cost of goods sold b					
			84,942				
c		Net income or (loss) from sales of inventory ▶	2,184	2,184			
Miscellaneous Revenue		Business Code					
11a		EQUITY INCOME	621990	28,118,322	27,810,553	307,769	
b		MEDICAL FITNESS CENTER	624100	3,201,698	3,201,698		
c		CAFETERIA	722210	3,053,580	3,053,580		
d		All other revenue		3,960,953	3,605,607	355,346	
e		Total. Add lines 11a-11d ▶		38,334,553			
12		Total revenue. See Instructions ▶		783,628,093	758,527,578	1,874,818	
						22,335,023	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	988,333	790,666	197,667	
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.	208,911,517	165,614,117	43,297,400	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,881,608	7,105,286	1,776,322	
9 Other employee benefits.	28,519,587	22,610,234	5,909,353	
10 Payroll taxes.	15,376,948	12,197,759	3,179,189	
11 Fees for services (non-employees).				
a Management.	8,802,300	8,802,300		
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	4,223,730	3,378,984	844,746	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	47,374,174	45,786,756	1,587,418	
12 Advertising and promotion.	122,282	121,949	333	
13 Office expenses.	12,933,114	11,238,943	1,694,171	
14 Information technology.				
15 Royalties.				
16 Occupancy.	24,282,789	22,957,015	1,325,774	
17 Travel.	385,401	375,408	9,993	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	9,986	5,281	4,705	
20 Interest.	20,555,947	20,555,947		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	71,283,914	57,027,131	14,256,783	
23 Insurance.	10,932	10,932		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a VIRTUA HEALTH ALLOCATIO	155,715,589	124,572,471	31,143,118	
b UBI TAX	35,000		35,000	
c MEDICAL SUPPLIES	79,418,194	79,418,194		
d PLANT MAINTENANCE	5,223,024	5,223,024		
e All other expenses	10,895,623	10,220,005	675,618	
25 Total functional expenses. Add lines 1 through 24e.	703,949,992	598,012,402	105,937,590	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,310,893	1	974,206
	2 Savings and temporary cash investments	61,935,232	2	39,408,430
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	80,303,904	4	89,710,209
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,595,550	8	3,320,944
	9 Prepaid expenses and deferred charges	14,585,085	9	11,455,051
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,409,983,262		
	b Less: accumulated depreciation	10b 745,003,082	674,444,102	10c 664,980,180
	11 Investments—publicly traded securities	26,286,027	11	26,512,982
	12 Investments—other securities. See Part IV, line 11	1,152,766,215	12	1,089,078,194
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	128,334,919	15	131,639,670
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,148,561,927	16	2,057,079,866	
Liabilities	17 Accounts payable and accrued expenses	80,788,349	17	84,161,537
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	586,541,875	20	576,121,502
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	89,005	21	84,152
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	193,546,710	25	143,320,001
	26 Total liabilities. Add lines 17 through 25	860,965,939	26	803,687,192
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,284,810,774	27	1,251,259,398
	28 Temporarily restricted net assets	2,785,214	28	2,133,276
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,287,595,988	33	1,253,392,674	
34 Total liabilities and net assets/fund balances	2,148,561,927	34	2,057,079,866	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	783,628,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	703,949,992
3	Revenue less expenses Subtract line 2 from line 1	3	79,678,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,287,595,988
5	Net unrealized gains (losses) on investments	5	-72,310,535
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 in Schedule O)	9	-41,570,880
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,253,392,674

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 21-0634532
Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 SERVICES PROVIDED BY APPROXIMATELY \$41.9 MILLION, AS ESTIMATED BY MANAGEMENT. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING THROUGH EMERGENCY DEPARTMENTS AND CLINICS.

Form 990, Part III, Line 4b:

UNDER THE GUIDANCE OF ITS COMMUNITY BASED BOARD OF TRUSTEES AND THE SUPPORT OF THE PHYSICIANS ON ITS OPEN MEDICAL STAFF, VIRTUA- WEST JERSEY, A MULTI-HOSPITAL HEALTHCARE SYSTEM, 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- WEST JERSEY AUGMENTS THE STATE'S PROGRAM WITH ITS OWN ASSISTANCE PROGRAM FOR WHICH THE CRITERIA IS LESS RESTRICTIVE THAN THAT OF THE STATE PROGRAM, PROVIDING ASSISTANCE TO INDIVIDUALS EARNING UP TO 500% OF THE FEDERAL POVERTY GUIDELINES. MANAGEMENT ESTIMATES THE TOTAL COST OF CHARITY CARE PROVIDED DURING 2018 TO BE APPROXIMATELY \$9.9 MILLION.

Form 990, Part III, Line 4c:

IN SUPPORT OF ITS COMMITMENT TO ENSURING THE CONTINUING EDUCATION AND DEVELOPMENT OF MEDICAL PROFESSIONALS, VIRTUA- WEST JERSEY HAS ITS OWN RESIDENCY PROGRAMS AND PARTICIPATES IN PROGRAMS SPONSORED BY OTHER INSTITUTIONS VIRTUA- WEST JERSEY SPECIFICALLY OFFERS RESIDENCY PROGRAMS TO DEVELOP PHYSICIANS IN FAMILY PRACTICE, DENTAL MEDICINE AND PODIATRIC MEDICINE VIRTUA- WEST JERSEY PARTICIPATES IN RESIDENCIES THAT SUPPORT THE DEVELOPMENT OF PHYSICIANS PRACTICING OBSTETRICS AND GYNECOLOGY, EMERGENCY MEDICINE, AND SURGERY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID KINDLICK CHAIRMAN	1 00 6 00	X		X				0	0	0
EDWARD B CLOUES VICE CHAIRMAN	1 00 6 00	X		X				0	0	0
JEFFREY MORRIS MD SECRETARY	1 00 6 00	X		X				0	1,494	0
PRATAP KHEDKAR TREASURER	1 00 6 00	X		X				0	0	0
DENNIS FLANAGAN TRUSTEE	1 00 6 00	X						0	0	0
THOMAS KAY MD TRUSTEE	1 00 6 00	X						0	0	0
JOHN SWEENEY TRUSTEE	1 00 6 00	X						0	0	0
MARVIN SAMSON TRUSTEE	1 00 6 00	X						0	0	0
FAYE MELOY TRUSTEE	1 00 6 00	X						0	0	0
GRAYLING JOHNSON TRUSTEE	1 00 6 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAULA FAIRLEY TRUSTEE	1 00 6 00	X						0	0	0
SANIAH JOHNSON TRUSTEE	1 00 6 00	X						0	0	0
CHARLES VILA TRUSTEE	1 00 6 00	X						0	0	0
DENNIS PULLIN PRESIDENT/CEO	1 00 46 00	X		X				0	1,219,788	53,787
ROBERT M SEGIN EVP/CFO	1 00 47 00			X				0	753,583	53,902
ALFRED CAMPANELLA EVP/COO	1 00 44 00				X			0	741,727	48,506
JOHN M MATSINGER EVP/CCO	1 00 47 00				X			0	698,669	53,450
FRANCES BLACKWELL SVP - INTEGRATED OPERATION	28 00 12 00				X			0	305,061	40,800
DEBRA MORAN VP COMMUNITY BASED SERVICE	40 00 0 00				X			0	261,093	41,415
PAUL E MINNICK SVP/COO OF VOORHEES HOSPITAL	40 00 0 00				X			362,176	0	25,685

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA C FERRARO SVP/COO MARLTON HOSPITAL	40 00 0 00				X			275,242	0	37,108
HEIDI BAUR VP-PATIENT CARE	40 00 0 00				X			264,559	0	23,563
ALLEN SALM MEDICAL DIRECTOR OF OPERAT	40 00 1 00					X		500,676	0	37,900
ERIK N DELUE MEDICAL DIRECTOR VOORHEES	40 00 1 00					X		337,344	0	13,268
EUGENIE L BRUCE REGISTERED NURSE (RN)-JNESO	40 00 0 00					X		247,448	0	17,909
JOSEPH V ABAT REGISTERED NURSE (RN)-JNESO	40 00 0 00					X		225,225	0	3,614
ANTONIA SCHMIDT SURGERY CENTER ADMINISTRATOR	40 00 0 00					X		208,301	0	9,846
RICHARD P MILLER END 122917 FORMER PRESIDENT/CEO	0 00 0 00						X	0	4,975,788	4,995
MICHAEL KOTZEN END DATE 81317 FORMER EVP POP HEALTH MGMT	0 00 0 00						X	0	555,069	0

SCHEDULE A

(Form 990 or 990EZ)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

VIRTUA - WEST JERSEY HEALTH SYSTEM INC

21-0634532

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2017 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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 in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) 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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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)	1	
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 1-1/2% 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 .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 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	<div><input type="checkbox"/></div> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 21-0634532
Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493316015099

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Employer identification number
21-0634532

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.

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 (e g , recreation or education)

☐ Preservation of an 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 Year

2a

2b

2c

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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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 are a 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 programs
- e** ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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		73,069,958		73,069,958
b Buildings		504,373,947	235,081,749	269,292,198
c Leasehold improvements		28,535,222	13,785,307	14,749,915
d Equipment		766,948,619	496,136,026	270,812,593
e Other		37,055,516		37,055,516
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				664,980,180

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	1,089,078,194	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1,089,078,194	

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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	15,919,307
(2) OTHER ACCOUNTS RECEIVABLE	7,238,037
(3) GOODWILL, NET	7,409,474
(4) INVESTMENT IN SUBSIDIARY	101,072,852
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	131,639,670

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
EST STTLMTS DUE TO 3RD PTY PYR	2,346,498
DUE TO AFFILIATES, NON CURRENT	134,774,348
OTHER LIABILITIES	6,199,155
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	143,320,001

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 FIN 48 (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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 21-0634532
Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	TENANT ESCROW ACCOUNT FOR SECURITY DEPOSIT

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM INC		Employer identification number 21-0634532

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000 0000000000 %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
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	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
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)			10,491,718	586,676	9,905,042	1 470 %
b Medicaid (from Worksheet 3, column a)			105,252,432	63,350,630	41,901,802	6 200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		0 %
d Total Financial Assistance and Means-Tested Government Programs			115,744,150	63,937,306	51,806,844	7 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,643,751	145,839	1,497,912	0 220 %
f Health professions education (from Worksheet 5)			10,914,655	2,067,831	8,846,824	1 310 %
g Subsidized health services (from Worksheet 6)			22,213,905	15,359,311	6,854,594	1 010 %
h Research (from Worksheet 7)			375,324	39,824	335,500	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			515,950	1,628	514,322	0 080 %
j Total. Other Benefits			35,663,585	17,614,433	18,049,152	2 670 %
k Total. Add lines 7d and 7j			151,407,735	81,551,739	69,855,996	10 340 %

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			34,643	109	34,534	0.010 %
2 Economic development			0	0		0 %
3 Community support			797,548	346,773	450,775	0.070 %
4 Environmental improvements			0	0		0 %
5 Leadership development and training for community members			0	0		0 %
6 Coalition building			0	0		0 %
7 Community health improvement advocacy			0	0		0 %
8 Workforce development			0	0		0 %
9 Other			0	0		0 %
10 Total			832,191	346,882	485,309	0.080 %

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	Yes	
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	27,940,156	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	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	143,301,305
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	206,421,427
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-63,120,122
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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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?

2

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

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)
FACILITY REPORTING GROUP A**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
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	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	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	Yes
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	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>WWW.VIRTUA.ORG/ABOUT/COMMUNITY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY.ASPX</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY.ASPX</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.VIRTUA.ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE-POLICY.ASPX</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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, 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.

[illegible]

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? 2

Name and address	Type of Facility (describe)
1 1 - VIRTUA - CAMDEN 1000 ATLANTIC AVENUE CAMDEN, NJ 08104	HOSPITAL-BASED OFFSITE AMBULATORY CARE FACILITY
2 2 - VIRTUA - BERLIN 100 TOWNSEND AVENUE BERLIN, NJ 08009	HOSPITAL-BASED OFFSITE AMBULATORY CARE FACILITY
3	
4	
5	
6	
7	
8	
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10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

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Form and Line Reference	Explanation
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 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 IN ADDITION, A FOOD DRIVE WAS HELD FOR FEDERAL EMPLOYEES THAT WERE AFFECTED BY THE GOVERNMENT SHUTDOWN VIRTUA ALSO SUBSIDIZES LUNCHESES FOR VOLUNTEERS WHO PROVIDE GUIDANCE AND SUPPORT TO HOSPITAL PATIENTS AND THEIR FAMILIES THROUGH THE YEAR VIRTUA'S MOBILE FARMERS MARKET, HOSPITAL-BASED FOOD PANTRY, AND MOBILE UNITS FOR PEDIATRICS AND MAMMOGRAPHY HAVE PROVIDED A CRITICAL SAFETY NET IN COMMUNITIES WITH THE GREATEST NEED VIRTUA'S TURKEYPALOOZA PROVIDES COMPLETE HOLIDAY MEALS FOR MORE THAN 500 FAMILIES IN THE CAMDEN AREA AND THE VIBRANT CAMDEN COMMUNITY DAY ON THE GROUNDS OF VIRTUA CAMDEN PROVIDES A FAMILY DAY OF FUN AND HEALTH INFORMATION FOR RESIDENTS VIRTUA PARTNERS OTHER TRUSTED COMMUNITY ORGANIZATIONS AND CHURCHES TO REACH AS MANY AREA RESIDENTS AS POSSIBLE VIRTUA WORKS WITH THESE PARTNERS TO GET THE WORD OUT, GENERATE INTEREST, AND BRING VIRTUA SERVICES DIRECTLY TO THE PEOPLE WHO LIVE THERE THE RIDE HEALTH TRANSPORTATION ASSISTANCE PROGRAM IS ANOTHER DIRECT WAY VIRTUA HELPS THEIR PATIENTS ON A DAILY BASIS OUR FACILITIES IN CAMDEN COUNTY PROVIDE FREE MEETING SPACE FOR A WIDE RANGE OF COMMUNITY GROUPS, AND OUR EMERGENCY SERVICES EXPERTS SUPPORT AN EXTENSIVE NETWORK OF DISASTER PLANNING ORGANIZATIONS THROUGHOUT THE STATE OF NEW JERSEY TO ENSURE COMMUNITY READINESS IN THE EVENT OF A MAJOR EMERGENCY VIRTUA'S EMERGENCY SERVICES STAFF ALSO PROVIDE FREE SUPPORT AND EDUCATION AT COMMUNITY EVENTS THROUGHOUT THE YEAR AS THE REGION'S LEADING PROVIDER OF MATERNITY AND WOMEN'S HEALTH SERVICES, VIRTUA PROVIDES EXPANSIVE PROGRAMMING, INCLUDING BREAST-FEEDING SUPPORT, FREE SCREENINGS FOR POST-PARTUM DEPRESSION AND SUPPORT FOR FAMILIES FOLLOWING THE LOSS OF AN INFANT VIRTUA PROVIDES A WIDE RANGE OF FREE SERVICES FOR THE ENTIRE COMMUNITY AND HEALTH PROFESSIONALS, FROM SUPPORT GROUPS FOR THOSE AFFECTED BY CANCER AND DIABETES, TO TEEN SELF-ESTEEM, TO HEALTH EDUCATION, SCREENING, AND FREE LABWORK TO THOSE WHO CANNOT AFFORD TO PAY VIRTUA IS ALSO A SUPPORTER OF THE CHERRY HILL FREE CLINIC, WHICH PROVIDES CARE TO THE WORKING POOR - RESIDENTS WHO ARE UNINSURED BUT NOT ELIGIBLE FOR PUBLIC ASSISTANCE SUCH AS MEDICAID MULTIPLE EVENTS ARE HELD TO INSPIRE YOUNG TEENS TO CONSIDER CAREERS IN HEALTH SCIENCES, AND A GIRL SCOUT TROOP SPONSORED BY VIRTUA CAMDEN ENCOURAGES YOUNG WOMEN TO EXPERIENCE LEADERSHIP AND PERSONAL DEVELOPMENT FROM INTERNSHIP TO CAREER GUIDANCE, VIRTUA CAMDEN SUPPORTS YOUNG ADULTS IN THEIR QUEST FOR A BETTER FUTURE TO EXPAND OFF OF CAREER GUIDANCE, VIRTUA PROVIDED EDUCATION AND TRAINING FOR 130 ALLIED HEALTH STUDENTS VIRTUA MANAGERS DONATE THEIR TIME AND SKILL TO A WIDE RANGE OF COMMUNITY ORGANIZATIONS, SUCH AS THAT AFFORDED BY ITS PARTNERSHIP WITH THE PHILADELPHIA 76ERS THROUGH ITS PROJECT 76 PROGRAMMING, VIRTUA MANAGERS GIVE HUNDREDS OF HOURS OF THEIR TIME EACH YEAR TO PROVIDE HEALTH EDUCATION AND SUPPORT TO SCHOOL-AGE CHILDREN IN CAMDEN

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Form and Line Reference	Explanation
PART III, LINE 2	VIRTUA - WEST JERSEY HEALTH SYSTEM, 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 PATIENTS 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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B, COLLECTION POLICY	<p>VIRTUA IS DEDICATED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE FOR OUR COMMUNITY, REGARDLESS OF ABILITY TO PAY WE RECOGNIZE THAT THE COST OF HEALTHCARE CAN BE AN EXCESSIVE FINANCIAL BURDEN FOR OUR UNINSURED PATIENTS. FOR OUR UNINSURED PATIENTS WHO WERE INELIGIBLE FOR STATE OR FEDERAL ASSISTANCE (E G , HEALTHCARE FOR THE UNINSURED, CHARITY CARE, MEDICAID), THERE IS AN OPPORTUNITY FOR FINANCIAL RELIEF UNDER THE VIRTUA CHARITY ASSISTANCE PROGRAM. IF YOU MEET THE FOLLOWING CRITERIA, YOU CAN BE ELIGIBLE FOR A SIGNIFICANT REDUCTION TO YOUR HOSPITAL BILL: YOU HAVE NO INSURANCE COVERAGE; YOU ARE NOT ELIGIBLE FOR MEDICAID; YOU ARE NOT ELIGIBLE FOR A 100% ADJUSTMENT UNDER THE STATE OF NEW JERSEY CHARITY CARE PROGRAM; YOU ARE NOT ELIGIBLE FOR REIMBURSEMENT FROM ANY THIRD PARTY (E G , LAWSUIT, EMPLOYER, SCHOOL, CHURCH). THE GROSS ANNUAL INCOME FOR YOUR HOUSEHOLD IS LESS THAN \$211,900. THE HEALTH SYSTEM REGULARLY MONITORS ALL APPLICABLE POLICIES FOR COMPLIANCE WITH 501R REGULATIONS, AND HAS MADE ANY NECESSARY CHANGES.</p>
PART VI, LINE 2	<p>DESCRIPTION OF NEEDS ASSESSMENT: VIRTUA HAS BEEN AN ACTIVE PARTICIPANT IN INITIATIVES UNDERTAKEN BY THE THREE COUNTIES THAT COMPRISE ITS PRIMARY SERVICE AREA IN SOUTHERN NEW JERSEY: BURLINGTON COUNTY, CAMDEN COUNTY, AND GLOUCESTER COUNTY. INDIVIDUALLY, THESE COUNTIES HAVE ASSESSED THE HEALTHCARE NEEDS OF THEIR RESIDENTS, WHICH HAVE RESULTED IN THE CREATION OF THREE DISTINCT REPORTS: THE BURLINGTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN, THE CAMDEN COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION COMMUNITY HEALTH IMPROVEMENT PLAN, AND ACHIEVING A HEALTHIER GLOUCESTER COUNTY. BURLINGTON COUNTY HAS IDENTIFIED AS PRIORITIES: EMERGENCY PREPAREDNESS, NUTRITION AND PHYSICAL ACTIVITY, PREVENTATIVE HEALTHCARE, ENVIRONMENTAL HEALTH, PEACE AND WELL BEING INCLUDING ALCOHOL AND DRUG ABUSE REDUCTION, AND PARENTING. CAMDEN COUNTY PRIORITIES INCLUDE OBESITY AND NUTRITION, CARDIOVASCULAR HEALTH, CANCER, ENVIRONMENTAL HEALTH AND MENTAL HEALTH. IN THE GLOUCESTER COUNTY ASSESSMENT, PRIORITY AREAS INCLUDE INCREASING AWARENESS OF EXISTING SERVICES (HEALTH EDUCATION), ENCOURAGING REGULAR SCREENINGS AND CHECK-UPS (ESPECIALLY FOR HEART, CANCER, DIABETES, SEXUALLY TRANSMITTED DISEASES), AND PROMOTING HEALTHY BEHAVIORS (ESPECIALLY DIET AND EXERCISE). VIRTUA ALSO IS INVOLVED WITH THE CAMDEN CITY HEALTHY FUTURES COMMITTEE, WHICH HAS CONDUCTED A HEALTH NEEDS ASSESSMENT OF THE CITY AND HAS PUT ACTION PLANS IN PLACE FOR EACH OF THE TOP HEALTH PRIORITIES IDENTIFIED. PRIORITIES HAVE BEEN SET RELATIVE TO OBESITY (HEART DISEASE, DIABETES, AND STROKE), ACCESS TO CARE, THE HIGH CANCER MORTALITY RATE, MENTAL HEALTH, VIOLENCE AND SAFETY, ENVIRONMENTAL HEALTH (LEAD POISONING AND ASTHMA) AND FAMILY HEALTH (SPECIFICALLY TEEN PREGNANCY AND ACCESS TO DENTAL CARE). VIRTUA ALSO WORKS WITH THE CAMDEN COUNTY CANCER COALITION, A GROUP THAT HAS COMPLETED A CANCER NEEDS ASSESSMENT FOR THE COUNTY. CAMDEN COUNTY'S MAJOR STRATEGY FOR ELIMINATING DISPARITIES IN CANCER CARE IS THE CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAMS. THERE ARE CEED PROGRAMS BASED AT VIRTUA AND THEY ARE THE FORCE BEHIND THE PLANS TO INCREASE MINORITY SCREENING RATES, INCREASE PROSTATE CANCER SCREENING RATES, AND REDUCE SMOKING. VIRTUA PARTICIPATES ON DISASTER AND FLU PLANNING GROUPS IN BOTH BURLINGTON COUNTY AND CAMDEN COUNTY, AS WELL AS THEIR PUBLIC HEALTH PLANNING COMMITTEES. PART OF THE MISSION IS TO IDENTIFY AND DETERMINE HOW TO ADDRESS COMMUNITY PUBLIC HEALTH NEEDS. VIRTUA HAS IMPLEMENTED A RISK ASSESSMENT AND SCREENING PROCESS FOR ADMITTED HOSPITALIZED IN-PATIENTS WITH A MULTI-DRUG RESISTANT ORGANISM, BASED ON PREVALENCE STUDIES WITHIN THE HOSPITALS AND COMMUNITY EVALUATION. THESE EFFORTS HAVE RESULTED IN PATIENT SCREENING AND ISOLATION PROTOCOLS. THROUGH PARTICIPATION IN VARIOUS COMMUNITY MEETINGS AND FORUMS, VIRTUA RECEIVES INPUT FROM ITS SERVICE AREA RELATIVE TO COMMUNITY HEALTH NEEDS. VIRTUA ALSO MONITORS COMMUNITY NEEDS SPECIFIC TO ITS SERVICE LINES AND IDENTIFIES AVAILABLE RESOURCES IT CAN CALL UPON TO ADDRESS THEM. THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY THE SOUTH JERSEY HEALTH PARTNERSHIP (SJHP), WITHIN FOUR SOUTHERN NEW JERSEY COUNTIES: BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN. THROUGH A COORDINATED APPROACH, THE PARTNERSHIP WORKED WITH COUNTY HEALTH DEPARTMENTS AND LOCAL COMMUNITY PARTNERS TO GATHER FEEDBACK AND CONDUCT REGIONAL RESEARCH AND PLANNING EFFORTS TO ENSURE COMMUNITY HEALTH IMPROVEMENT INITIATIVES WERE ALIGNED. THE 2016 CHNA WAS CONDUCTED FROM FEBRUARY TO OCTOBER 2016, AND USED BOTH PRIMARY AND SECONDARY RESEARCH TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS THE REGION. PRIMARY RESEARCH SOLICITED INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. SECONDARY RESEARCH IDENTIFIED DEMOGRAPHIC AND HEALTH TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS. THE 2016 CHNA BUILDS UPON THE HOSPITALS' 2013 CHNAs AND SUBSEQUENT COMMUNITY HEALTH IMPROVEMENT PLANS AND WAS CONDUCTED IN A TIMELINE TO COMPLY WITH REQUIREMENTS SET FORTH IN THE AFFORDABLE CARE ACT, AS WELL AS TO FURTHER THE HOSPITALS' COMMITMENT TO COMMUNITY HEALTH AND POPULATION HEALTH MANAGEMENT. THE FINDINGS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES AND ENGAGE PARTNERS TO ADDRESS IDENTIFIED HEALTH NEEDS. SPECIFIC RESEARCH METHODS: A REVIEW OF SECONDARY HEALTH AND SOCIOECONOMIC INDICATORS FOR THE SERVICE AREA; AN ANALYSIS AND COMPARISON OF HOSPITAL UTILIZATION DATA; PARTNER FORUMS WITH COMMUNITY REPRESENTATIVES AND LEADERS TO IDENTIFY COMMUNITY HEALTH PRIORITIES AND FACILITATE POPULATION HEALTH STRATEGY; COLLABORATION FOCUS GROUPS WITH HEALTH CONSUMERS.</p>

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Form and Line Reference	Explanation
PART VI, LINE 3	<p>DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN BOTH ENGLISH AND SPANISH 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 501R REGULATIONS, AND HAS MADE ANY NECESSARY CHANGES ON A ONE-TO-ONE BASIS, FINANCIAL COUNSELING SERVICES ARE PROVIDED TO PATIENTS THAT ARE UNINSURED OR UNDERINSURED SUPPORT IS PROVIDED TO HELP PATIENTS COMPLETE RELEVANT APPLICATIONS FOR ASSISTANCE UNDER THE STATE OF NEW JERSEY CHARITY CARE PROGRAM GUIDELINES, THE STATE OF NEW JERSEY MEDICAID PROGRAM, VIRTUA'S OWN CHARITY CARE PROGRAM, AND ANY OTHER ASSISTANCE FOR WHICH THEY MAY BE ELIGIBLE COMPLETION OF APPLICATIONS IS CONDUCTED THROUGH BEDSIDE INTERVIEWS WITH ADMITTED PATIENTS, AND VIA LETTERS, PHONE CALLS, AND FIELD SERVICE VISITS TO PATIENT HOMES, WHEN APPROPRIATE BILINGUAL STAFF ARE AVAILABLE ON-SITE AND INTERPRETATION SERVICES ARE AVAILABLE OVER THE PHONE</p>
PART VI, LINE 4	<p>THE 2016 SJHP CHNA INCLUDED THE FOLLOWING MEMBER HOSPITALS - COOPER UNIVERSITY HOSPITAL- DEBORAH HEART AND LUNG CENTER- KENNEDY UNIVERSITY HOSPITALS-CHERRY HILL, STRATFORD, WASHINGTON TOWNSHIP- LOURDES MEDICAL CENTER OF BURLINGTON COUNTY, OUR LADY OF LOURDES MEDICAL CENTER-VIRTUA MARLTON, VIRTUA MEMORIAL, VIRTUA VOORHEESIN COOPERATION WITH BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN COUNTY HEALTH DEPARTMENTS THE SJHP SERVICE AREA INCLUDES THE SOUTHERN NEW JERSEY COUNTIES OF BURLINGTON, CAMDEN, GLOUCESTER, AND OCEAN AND A TOTAL POPULATION OF APPROXIMATELY 1.8 MILLION OCEAN COUNTY COMPRISES THE LARGEST POPULATION, AND IS PROJECTED TO HAVE THE MOST POPULATION GROWTH OVER THE NEXT FIVE YEARS (2.2%) THE POPULATION OF THE OTHER SERVICE COUNTIES WILL INCREASE 1.5% OR LESS THE SJHP SERVICE AREA REPRESENTS A DIVERSE POPULATION BURLINGTON AND GLOUCESTER COUNTIES ARE PRIMARILY WHITE COMMUNITIES WITH SIMILAR OR BETTER SOCIOECONOMIC INDICATORS COMPARED TO THE STATE CAMDEN COUNTY IS THE MOST RACIALLY AND ETHNICALLY DIVERSE OF THE FOUR COUNTIES, AND THE MOST IMPACTED BY POORER SOCIAL DETERMINANTS OF HEALTH OCEAN COUNTY IS ALSO A PRIMARILY WHITE COMMUNITY WITH A PROMINENT BLUE COLLAR WORKFORCE POPULATION SNAPSHOTS BURLINGTON COUNTY- PRIMARILY WHITE, AND SLIGHTLY OLDER- HIGHEST MEDIAN INCOME, LOWEST POVERTY RATES- LOWEST UNEMPLOYMENT RATE- HIGHEST EDUCATIONAL ATTAINMENT CAMDEN COUNTY- MOST RACIALLY/ETHNICALLY DIVERSE - LOWEST MEDIAN INCOME, HIGHEST POVERTY RATES- HIGHEST UNEMPLOYMENT RATE- LOWEST EDUCATIONAL ATTAINMENT- GREATEST SOCIOECONOMIC DISPARITY AMONG RACIAL/ETHNIC POPULATIONS GLOUCESTER COUNTY- PRIMARILY WHITE - SIMILAR ECONOMIC INDICATORS TO THE STATE- MORE LIKELY TO ATTAIN A HIGH SCHOOL DIPLOMA, LESS LIKELY TO ATTAIN HIGHER EDUCATION OCEAN COUNTY- PRIMARILY WHITE AND OLDEST POPULATION IN NJ- SECOND LOWEST MEDIAN INCOME, LOWER UNEMPLOYMENT AND POVERTY RATES THAN THE STATE- LEAST LIKELY TO ATTAIN HIGHER EDUCATION, MORE LIKELY TO HAVE A HIGH SCHOOL DIPLOMA ACROSS THE SJHP SERVICE AREA, DATA SHOWS THAT BLACK/AFRICAN AMERICAN AND HISPANIC/LATINO RESIDENTS ARE IMPACTED BY POORER SOCIAL DETERMINANTS OF HEALTH AND HEALTHY DISPARITY MEDIAN INCOME, DEPICTED IN THE TABLE BELOW, IS ONE INDICATOR OF DISPARITY BLACK/AFRICAN AMERICAN AND HISPANIC/ LATINO RESIDENTS ARE ALSO LESS LIKELY TO HAVE HEALTH INSURANCE AND/OR ATTAIN HIGHER EDUCATION MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY BURLINGTON COUNTY WHITE MEDIAN INCOME- \$81,803 BLACK/AFRICAN AMERICAN INCOME DIFFERENCE- -\$12,805 HISPANIC/LATINO INCOME DIFFERENCE- -\$11,287 CAMDEN COUNTY WHITE MEDIAN INCOME- \$69,837 BLACK/AFRICAN AMERICAN INCOME DIFFERENCE- -\$27,234 HISPANIC/LATINO INCOME DIFFERENCE- -\$31,292 GLOUCESTER COUNTY WHITE MEDIAN INCOME- \$76,455 BLACK/AFRICAN AMERICAN INCOME DIFFERENCE- -\$18,655 HISPANIC/LATINO INCOME DIFFERENCE- -\$18,494 OCEAN COUNTY WHITE MEDIAN INCOME- \$62,100 BLACK/AFRICAN AMERICAN INCOME DIFFERENCE- -\$10,221 HISPANIC/LATINO INCOME DIFFERENCE- -\$5,319</p>

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Form and Line Reference	Explanation
PART VI, LINE 5	<p>DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITY VIRTUA'S ACCOUNTABLE CARE ORGANIZATION (ACO) OVERSEES SPECIFIC PATIENT POPULATIONS UNDER AGREEMENTS WITH MEDICARE AND MAJOR MANAGED CARE INSURERS IN ITS REGION THE OBJECTIVE OF THE ACO IS TO MANAGE THE HEALTH OF THE PATIENT POPULATIONS INCLUDED IN THE PROGRAM, ADVANCING PROPER MANAGEMENT OF CHRONIC HEALTH CONDITIONS AND PROMOTING OVERALL HEALTH AND WELLNESS DONE EFFECTIVELY, THESE WILL ALSO HAVE THE RELATED BENEFIT OF REDUCING THE COSTS OF HEALTHCARE THE ACO'S SCOPE IS EXPECTED TO EXPAND MOVING FORWARD IN TERMS OF THE NUMBER OF COMMUNITY MEMBERS FOR WHICH VIRTUA IS RESPONSIBLE FOR THEIR HEALTH AND WELLNESS VIRTUA OFFERS TRANSPORTATION SERVICES FOR PATIENTS WHO QUALIFY BASED ON MEDICAL NEEDS, TRANSPORTAION NEEDS AND/OR FINANCIAL CONSIDERATIONS UNDER A 'RIDE HEALTH' PROGRAM DURING 2018, VIRTUA COMPLETED 1,110 RIDES UNDER THIS PROGRAM AMONG OTHER PROGRAMS, VIRTUA ALSO PROVIDES BEDSIDE EDUCATION ON DIABETES MANAGEMENT FOR THESE LOW-INCOME PATIENTS ADMITTED TO OUR ACUTE CARE FACILITIES VIRTUA'S CLINICIANS AND STAFF PROVIDE HEALTH EDUCATION TO THOUSANDS OF COMMUNITY MEMBERS AT HUNDREDS OF EVENTS INCLUDED WITHIN THESE ARE DIABETES SCREENING AND EDUCATION, FREE DIAGNOSTIC TESTING, CANCER-SPECIFIC EDUCATION, PARAMEDIC SAFETY EDUCATION, FREE CAR SEAT SAFETY CHECKS, CLINICS FOR CHILDREN TO HELP DISPEL FEAR OF HOSPITALS, AND OTHER FREE CLASSES ATTENDED BY THOUSANDS OF COMMUNITY MEMBERS VIRTUA CLINICIANS ALSO ATTEND AND PARTICIPATE IN MANY EVENTS SPONSORED BY THE LOCAL COMMUNITIES VIRTUA IS ALSO AN ACTIVE SPONSOR IN MANY COMMUNITY WELLNESS EVENTS, SUCH AS FITNESS RUNS THE MEMBERS OF VIRTUA'S BOARD OF TRUSTEES ARE ALMOST ENTIRELY FROM THE LOCAL COMMUNITIES, MANY OF WHICH HAVE SPENT MOST OR ALL OF THEIR LIVES RESIDING IN THEY ARE INDIVIDUALS WITH VARYING PROFESSIONAL BACKGROUNDS, INCLUDING SOME PHYSICIANS BECAUSE OF THEIR EXPERIENCES FROM LIVING IN THE HOSPITAL'S PRIMARY SERVICE AREA, THEY ARE TRUE ADVOCATES FOR THE COMMUNITY VIRTUA HAS UTILIZED ITS FINANCIAL RESOURCES TO INVEST IN PROJECTS, TECHNOLOGIES, AND PROGRAMS THAT WILL CONTRIBUTE TO IMPROVED HEALTH STATUS FOR ITS COMMUNITY MEMBERS WITHIN THE LAST FIVE YEARS VIRTUA INVESTED IN CONSTRUCTING A NEW STATE-OF-THE-ART DIGITAL HOSPITAL AND OUTPATIENT CENTERS THAT PROVIDE EASY ACCESS TO A WIDE VARIETY OF COMPREHENSIVE SERVICES THE ORGANIZATION HAS AN OPEN MEDICAL STAFF THAT WILL PROVIDE PRIVILEGES TO QUALIFIED PHYSICIANS FROM WITHIN THE COMMUNITY</p>
PART VI, LINE 6	<p>DESCRIPTION OF PROMOTING THE HEALTH OF THE COMMUNITIES SERVED VIRTUA- WEST JERSEY HEALTH SYSTEM IS A CONTROLLED ENTITY OF A COMMUNITY-OWNED HEALTH SYSTEM, VIRTUA HEALTH, INC IN ITS ENTIRETY, VIRTUA HEALTH INC CONSISTS OF THREE ACUTE CARE HOSPITALS, TWO NURSING HOMES, FOUR HEALTH AND WELLNESS CENTERS, SEVENTEEN AMBULATORY SURGERY JOINT VENTURES, A PHYSICIAN ORGANIZATION, VIRTUA RETAIL, TWO HOME HEALTH AGENCIES, A FOUNDATION, AN INSURANCE CAPTIVE, AN ACCOUNTABLE CARE ORGANIZATION, A CLINICALLY INTEGRATED NETWORK, AND TWO STRATEGIC PARTNERSHIPS WITH CHILDREN'S HOSPITAL OF PHILADELPHIA AND PENN HEALTH COMMUNITY BENEFIT PROGRAMS ARE COORDINATED ACROSS THE ENTIRE HEALTH SYSTEM THE INDIVIDUAL HOSPITALS WILL 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</p>

Additional Data

Software ID:
Software Version:
EIN: 21-0634532
Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

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? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	VIRTUA - VOORHEES 100 BOWMAN DRIVE VOORHEES, NJ 08043 WWW.VIRTUA.ORG 10405	X	X					X			A
2	VIRTUA - MARLTON 90 BRICK ROAD MARLTON, NJ 08053 WWW.VIRTUA.ORG 10302	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5 CHNA COMMUNITY ENGAGEMENT	COMMUNITY ENGAGEMENT WAS AN INTEGRAL COMPONENT OF THE 2016 (SOUTH JERSEY HEALTH PARTNERSHIP) SJHP CHNA PARTNER FORUMS WITH KEY COMMUNITY LEADERS AND FOCUS GROUPS WITH HEALTH CONSUMERS SOLICITED WIDE PARTICIPATION FROM PUBLIC HEALTH EXPERTS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS ADDITIONALLY, REPRESENTATIVES FROM EACH OF THE FOUR STUDY COUNTIES SERVED ON THE CHNA COMMITTEE TO PROVIDE INSIGHT IN DATA COLLECTION AND PLANNING THE 2016 CHNA WAS CONDUCTED FROM FEBRUARY TO OCTOBER 2016, AND USED BOTH PRIMARY AND SECONDARY RESEARCH TO ILLUSTRATE AND COMPARE HEALTH TRENDS AND DISPARITIES ACROSS THE REGION PRIMARY RESEARCH SOLICITED INPUT FROM KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH AND INDIVIDUALS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SECONDARY RESEARCH IDENTIFIED DEMOGRAPHIC AND HEALTH TRENDS ACROSS GEOGRAPHIC AREAS AND POPULATIONS THE 2016 CHNA BUILDS UPON THE HOSPITALS' 2013 CHNAS AND SUBSEQUENT COMMUNITY HEALTH IMPROVEMENT PLANS AND WAS CONDUCTED IN A TIMELINE TO COMPLY WITH REQUIREMENTS SET FORTH IN THE AFFORDABLE CARE ACT, AS WELL AS TO FURTHER THE HOSPITALS' COMMITMENT TO COMMUNITY HEALTH AND POPULATION HEALTH MANAGEMENT THE FINDINGS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES AND ENGAGE PARTNERS TO ADDRESS IDENTIFIED HEALTH NEEDS SPECIFIC RESEARCH METHODS - A REVIEW OF SECONDARY HEALTH AND SOCIOECONOMIC INDICATORS FOR THE SERVICE AREA- AN ANALYSIS AND COMPARISON OF HOSPITAL UTILIZATION DATA- PARTNER FORUMS WITH COMMUNITY REPRESENTATIVES AND LEADERS TO IDENTIFY COMMUNITY HEALTH PRIORITIES AND FACILITATE POPULATION HEALTH STRATEGY COLLABORATION- FOCUS GROUPS WITH HEALTH CONSUMERS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A CHNA COOPERATING HOSPITALS	LIST OF OTHER HOSPITAL FACILITIES - COOPER UNIVERSITY HOSPITAL- DEBORAH HEART AND LUNG CENTER- KENNEDY UNIVERSITY HOSPITALS-CHERRY HILL, STRATFORD, WASHINGTON TOWNSHIP- LOURDES MEDICAL CENTER OF BURLINGTON COUNTY, OUR LADY OF LOURDES MEDICAL CENTER- VIRTUA MEMORIAL HOSPITAL AT BURLINGTON COUNTY, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B CHNA NON-HOSPITAL COOPERATING ORGANIZATIONS	LIST OF OTHER NON-HOSPITAL ORGANIZATIONS BURLINGTON COUNTY HEALTH DEPARTMENT, CAMDEN COUNTY HEALTH DEPARTMENT, GLOUCESTER COUNTY HEALTH DEPARTMENT, AND OCEAN COUNTY HEALTH DEPARTMENT

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CHNA ASSESSMENT	<p>THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY THE SOUTH JERSEY HEALTH PARTNERSHIP (SJHP), WITHIN FOUR SOUTHERN NEW JERSEY COUNTIES BURLINGTON, CAMDEN, GLOUCES TER, AND OCEAN THROUGH A COORDINATED APPROACH, THE PARTNERSHIP WORKED WITH COUNTY HEALTH DEPARTMENTS AND LOCAL COMMUNITY PARTNERS TO GATHER FEEDBACK AND CONDUCT REGIONAL RESEARCH AND PLANNING EFFORTS TO ENSURE COMMUNITY HEALTH IMPROVEMENT INITIATIVES WERE ALIGNED AS A RESULT OF THIS ASSESSMENT, THREE PRIORITY AREAS WERE IDENTIFIED - LINKAGES TO CARE- BEHAV IORAL HEALTH AND CHRONIC DISEASE CO-MORBIDITIES- SUBSTANCE ABUSEVIRTUA, AS A COMPREHENSIVE HEALTHCARE SYSTEM WITH A MISSION TO HELP THE RESIDENTS OF SOUTH JERSEY TO BE WELL, GET WE LL, AND STAY WELL, EMBRACES THE OPPORTUNITY TO UTILIZE ITS RESOURCES TO ASSIST ITS SJHP PA RTNERS IN ADDRESSING THESE PRIORITY AREAS THE CHNA TEAM COLLABORATED WITH COLLEAGUES ACRO SS THE VIRTUA SYSTEM TO IDENTIFY RESOURCES THAT COULD BE LEVERAGED TO PROVIDE SOLUTIONS TO THE PROBLEMS AND GAPS IDENTIFIED BY SOUTH JERSEY RESIDENTS THIS COLLABORATION REVEALED B OTH THE VAST AMOUNT OF WORK ALREADY UNDERWAY WITHIN VIRTUA AND THE OPPORTUNITY TO COORDINA TE THIS WORK TO BEST ADDRESS THE NEEDS IDENTIFIED IN THE 2016 CHNA FOLLOWING A SERIES OF MEETINGS INVOLVING A MULTI-DISCIPLINARY GROUP OF VIRTUA LEADERS, THE FOLLOWING GOALS, OBJE CTIVES, STRATEGIES, AND METRICS WERE DEVELOPED 1 LINKAGES TO CAREGOAL IMPROVE ACCESS TO RESOURCES THAT WILL IMPROVE AND/OR MAINTAIN HEALTH OBJECTIVES - PROVIDE ACCESS TO THE ELEM ENTS OF A HEALTHY DIET- PROVIDE TRANSPORTATION TO HEALTHCARE APPOINTMENTS- OPTIMIZE PATIEN TS' HEALTH INSURANCE COVERAGE THROUGH FACILITATING ENROLLMENT INTO INSURANCE PRODUCTS AND PROVIDING EDUCATION ON INSURANCE UTILIZATIONSTRATEGIES - IMPROVE ACCESS TO WELLNESS RESOUR CES- SUPPORT A SUMMER-SEASON WEEKLY FARMERS' MARKET IN CAMDEN TO PROVIDE FRESH PRODUCE TO FAMILIES FACING FOOD INSECURITY AND LIMITED ACCESS TO HEALTHY FOOD CHOICES - PROVIDE FREE MEDICAL TRANSPORTATION SERVICES TO SELECT LOCATIONS FOR INDIVIDUALS MEETING SPECIFIED CRIT ERIA, AND EXPLORE THE POTENTIAL FOR EXPANDING TRANSPORTATION OPTIONS THROUGH COLLABORATION WITH COMMUNITY PARTNERS AND CURRENT TRANSPORTATION PROVIDERSPROVIDE TRANSPORTATION SERVIC ES FOR PATIENTS EXPERIENCING TRANSPORTATION BARRIERS - PROVIDE PERSONAL HEALTH NAVIGATORS TO ASSIST RESIDENTS WITH FINANCIAL COUNSELING AND ACCESSING THE HEALTH INSURANCE MARKETPLA CE- WORK WITH ADREMIA TO PROVIDE INSURANCE COUNSELING TO PATIENTS WITH A FOCUS ON PATIENTS WHO HAVE COME TO VIRTUA FOR ONCOLOGY SERVICES COUNSELORS WILL ADDRESS PATIENT-SPECIFIC C CHALLENGES TO INCLUDE ACCESSING OR UNDERSTANDING INSURANCE COVERAGE 2 BEHAVIORAL HEALTH AN D CHRONIC DISEASE CO-MORBIDITIESGOAL INCREASE IDENTIFICATION AND TREATMENT OF BEHAVIORAL HEALTH AMONG INDIVIDUALS WITH CHRONIC DISEASE OBJECTIVES - INCREASE SCREENING FOR BEHAVIOR AL HEALTH CO-MORBIDITIES AMONG PATIENTS WITH CHRONIC CONDITIONS - INCREASE THE PROPORTION OF ADULTS WITH MENTAL HEALTH D</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CHNA ASSESSMENT	ISORDERS WHO ARE PROPERLY DIAGNOSED AND RECEIVE TREATMENT - IMPROVE DISEASE MANAGEMENT FOR BEHAVIORAL HEALTH AND CHRONIC CONDITIONS STRATEGIES - ENHANCE PARTNERSHIPS WITH COMMUNITY AGENCIES TO SUPPORT BEHAVIORAL HEALTH TREATMENT SERVICES AMONG RESIDENTS- SUPPORT AN OPERATIONAL PILOT PROJECT WITH BEHAVIORAL HEALTH PROVIDERS TO OPERATIONALIZE REFERRAL PROCESSES FROM VIRTUA'S INPATIENT BEHAVIORAL HEALTH UNIT TO OUTPATIENT SERVICES THIS PROJECT WILL EXPAND TO INCLUDE VIRTUA'S EMERGENCY DEPARTMENTS - IMPLEMENT THE USE OF EARLY IDENTIFICATION BEHAVIORAL HEALTH- SUBSTANCE ABUSE DISORDER SCREENING TOOLS AMONG CHRONIC DISEASE PATIENTS IN THE HOSPITAL AND THE COMMUNITYTHE "GOLDEN TICKET" MODEL EMPLOYS MULTIDISCIPLINARY CLINICAL COLLABORATION TO CREATE PATIENT CENTERED, INDIVIDUALIZED PLANS OF CARE FOR COMPLEX PATIENTS (BEHAVIORAL HEALTH, SUBSTANCE ABUSE WITH CHRONIC DISEASE COMORBIDITIES) THAT ENGAGE THE PATIENT AND THE CARE TEAM IN MUTUAL GOAL DIRECTED BEHAVIOR - DISCHARGE PLANNING IN ORDER TO PROMOTE AND NAVIGATE BEHAVIORAL HEALTH SERVICES - "TLC FOR MOMS" PROGRAM IS A BEST PRACTICE MODEL FOR EARLY IDENTIFICATION OF PERINATAL DEPRESSION, PROVIDE STANDARDIZED EDUCATION AND RESOURCES VIA WARM LINE AND SUPPORT GROUPS FOR THE COMMUNITY AND FACILITATE PATIENT NAVIGATION FOR OUTPATIENT BASED PSYCHIATRIC SERVICES - CONTINUE TO BE A PARTNER IN THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE TO EVALUATE AND RECOMMEND IMPROVEMENTS TO THE BEHAVIORAL HEALTH SYSTEM- CONTINUE EXISTING COLLABORATION WITH COLLABORATIVE AND PROVIDE LEADERSHIP BY EMPLOYING THE "GOLDEN TICKET- AN INTEGRATED CARE MODEL" IN THE COMMUNITIES SERVED BY THE MEMBERS OF THE SJBHC(SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE) 3 SUBSTANCE ABUSEGOAL DEVELOP PARTNERSHIPS TO ENHANCE EDUCATION AND EVALUATION FOR SUBSTANCE ABUSE OBJECTIVES - INCREASE COMMUNITY AWARENESS OF SIGNS AND SYMPTOMS RELATED TO SUBSTANCE ABUSE - INCREASE UNDERSTANDING OF ROOT CAUSES OF SUBSTANCE ABUSE NEEDS AND OPPORTUNITIES FOR COLLECTIVE IMPACT AMONG PARTNER ORGANIZATIONS - INCREASE THE NUMBER OF INDIVIDUALS WHO RECEIVE TREATMENT FOR SUBSTANCE ABUSE STRATEGIES - CONTINUE TO PROVIDE SMOKING CESSATION PROGRAM AND SUPPORT GROUPS - FACILITATE THE DEVELOPMENT OF A PSYCHIATRIC INPATIENT SMOKING CESSATION PROGRAM THAT PROVIDES INPATIENT COUNSELING AND REFERRAL TO OUTPATIENT RESOURCES UPON DISCHARGE - IN ADDITION, CONTINUE TO PROVIDE SAFE VENUE AT VIRTUA FACILITIES AND PROMOTE EXISTING SUPPORT GROUPS INCLUDING ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND TO DEVELOP ADDITIONAL BEHAVIORAL HEALTH AND SUBSTANCE ABUSE RELATED SERVICES IN PARTNERSHIP WITH COMMUNITY AGENCIES OVER THE NEXT THREE YEARS, VIRTUA, IN PARTNERSHIP WITH OTHER HEALTHCARE ORGANIZATIONS, LOCAL PUBLIC HEALTH AGENCIES, AND COMMUNITY GROUPS WILL WORK TOWARD IMPLEMENTING THESE STRATEGIES TO ADDRESS THE CONCERNS IDENTIFIED BY OUR COMMUNITY AS OUR CREDO DECLARES, "OUR COMMUNITY IS OUR FAMILY " WE EMBRACE THE CHALLENGE OF CONFRONTING THE NEEDS ID

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CHNA ASSESSMENT	ENTIFIED BY OUR COMMUNITY AND PROVIDING THE RESOURCES REQUIRED FOR AREA RESIDENTS TO BE WE LL, GET WELL, STAY WELL

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, FINANCIAL ASSISTANCE POLICY ADDITIONAL DISCLOSURE	<p>VIRTUA'S FINANCIAL ASSISTANCE POLICY ("FAP") IS DESIGNED TO ASSIST THOSE WHO DO NOT HAVE A DEQUATE 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 STRUCTUR ED TO COMPLY WITH SECTION 501(R) OF THE IRS CODE. VIRTUA'S FAP PERTAINS TO THE PROVISION O F EMERGENCY AND OTHER MEDICALLY NECESSARY CARE. THE FAP LISTS AND EXPLAINS THE PROGRAMS AN D REGULATIONS UNDER WHICH FINANCIAL ASSISTANCE IS AVAILABLE, AS FOLLOWS: A)GOVERNMENT PROGR AMS SUCH AS MEDICAID AND SOCIAL SECURITYB)THE STATE OF NEW JERSEY'S HOSPITAL CARE PAYMENT ASSISTANCE PROGRAMC)NEW JERSEY UNINSURED DISCOUNT (PUBLIC LAW 2008, CHAPTER 60)D) NJ FAMILY CAREE)NEW JERSEY CANCER EDUCATION AND EARLY DETECTION F)THE CATASTROPHIC ILLNESS IN CHILDR EN RELIEF FUNDG)NEW JERSEY VICTIMS OF CRIME COMPENSATION OFFICEH) AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCEI)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, APPL ICATIONS AND PLS ARE AVAILABLE ON VIRTUA'S WEBSITE OR IN PAPER COPY FORM IN LOCATIONS WITH IN 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 LANG UAGE 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 A RE AVAILABLE UPON REQUEST THROUGH VIRTUA'S CUSTOMER SERVICE BUREAU. AN INDIVIDUAL DETERMIN ED TO BE FAP-ELIGIBLE WILL NOT BE CHARGED MORE THAN AGB FOR EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES PURSUANT TO IRC SECTION 501(R)(5). VIRTUA, AND ANY THIRD PAR TIES ACTING ON ITS BEHALF, WILL WORK WITH RESPONSIBLE INDIVIDUAL PARTIES AND WILL SUSPEND EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT FOR A REASONABLE AMOUNT OF TIME. VIRTUA COMPLIES WITH ALL FEDERAL AND STATE REGULATIONS AND CONTRACTUAL PROVISIONS WITH REGARDS T O ITS BILLING AND COLLECTION PRACTICES. FOR UNINSURED PATIENTS OR THOSE WITHOUT SECONDARY INSURANCE COVERAGE FOR A RESIDUAL BALANCE, VIRTUA WILL NOT ENGAGE IN EXTRAORDINARY COLLECT ION ACTIONS ("ECAS") AGAINST AN INDIVIDUAL UNTIL REASONABLE EFFORTS CAN BE MADE TO DETERMI NE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER VIRTUA'S FAP. THE ACCOUNTS OF P ATIENTS 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 RECEIV ED, VIRTUA (AND ANY THIRD PARTIES ACTING ON VIRTUA'S BEHALF) WILL SUSPEND ANY ECAS AGAINST THE INDIVIDUAL UNTIL A QUALIF</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, FINANCIAL ASSISTANCE POLICY ADDITIONAL DISCLOSURE	ICATION DETERMINATION IS MADE FOR UNPAID ACCOUNTS THAT HAVE REACHED THE END OF THE COLLECT ION CYCLE WITHOUT BEING IN THE PROCESS OF MAKING PAYMENT ARRANGEMENTS OR APPROVED FOR FINA NCIAL ASSISTANCE, AN ESTIMATION OF THE RESPONSIBLE PARTY'S ANNUAL INCOME MAY BE OBTAINED F ROM 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 T HE PRESUMPTIVE FAP-ELIGIBILITY DETERMINATION VIRTUA WILL ENSURE REASONABLE EFFORTS HAVE B EEN TAKEN TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER TH E 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 P AYMENT VIRTUA WILL NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EME RGENCY MEDICAL CARE PATIENTS WHOM RECEIVE EMERGENCY OR OTHER MEDICALLY NECESSARY CARE AT VIRTUA ARE COMMONLY ALSO SEEN BY PRIVATE PHYSICIAN GROUPS OR OTHER THIRD PARTY HEALTHCARE PROVIDERS WHILE BEING CARED FOR BY VIRTUA WITHIN ITS POLICY VIRTUA MAINTAINS A LIST OF PR OVIDERS WITHIN OUR HOSPITAL FACILITIES THAT PROVIDE EMERGENCY OR OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES THE POLICY SPECIFIES WHICH PROVIDERS ARE COVERED UNDER THIS FAP AND WHICH ARE NOT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 VIRTUA - VOORHEES, - FACILITY 2 VIRTUA - MARLTON

Schedule J (Form 990)	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 <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM INC </div> <div style="width: 25%;"> Employer identification number 21-0634532 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> Department of the Treasury Internal Revenue Service </div> <div style="width: 85%;"></div> </div>	

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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>			
b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing 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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>			
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	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 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		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
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		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 are not 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.

See Additional Data Table

Schedule J (Form 990) 2018

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.

Return Reference	Explanation
PART I, LINE 3	VIRTUA - WEST JERSEY HEALTH SYSTEMS, 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.

Return Reference	Explanation
PART I, LINES 4A-B	<p>LINE 4A VIRTUA HEALTH (RELATED ORGANIZATION) PAID A SEVERANCE PAYMENT TO MICHAEL KOTZEN \$555,069 LINE 4B VIRTUA PROVIDES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, A PLAN DESCRIBED IN SECTION 457(F), TO THE CEO, PRESIDENT, AND EXECUTIVE VICE PRESIDENT AND ANY OTHER CORPORATE OFFICER, WITH THE APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD VESTED CONTRIBUTION FROM VIRTUA HEALTH (RELATED ORGANIZATION) RICHARD P MILLER \$296,302 VESTED CONTRIBUTION RECEIVED FROM VIRTUA - WEST JERSEY HEALTH SYSTEM, INC 'NONE' THE VIRTUA SERP PLAN HAS BEEN IN EXISTENCE SINCE 2006 RICH MILLER BECAME IMMEDIATELY VESTED IN THE PLAN AT THAT TIME IN RECOGNITION OF HIS PARTICIPATION DATE OF 1992, RICHARD MILLER BECAME IMMEDIATELY VESTED IN THE DATE AT ITS ORIGINATION DATE SINCE 2006 HE RECEIVED POST TAX DISTRIBUTIONS INTO THE ACCOUNT IN THE AMOUNT OF \$4,960,613 20 MR MILLER'S ACCOUNT WAS COMPLETELY DISTRIBUTED TO HIM VIA VIRTUA PAYROLL IN 2018 THIS PAYOUT INCLUDED \$4,252,914 60 IN NON-TAXABLE EARNINGS AND \$3,905,971 10 IN TAXABLE EARNINGS</p>

Return Reference	Explanation
PART I, LINE 7	SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED DISCRETIONARY NON-FIXED BONUS PAYMENTS FROM THE FILING ORGANIZATION, AND SOME OF THE INDIVIDUALS RECEIVED DISCRETIONARY NON-FIXED BONUS PAYMENTS FROM A RELATED ORGANIZATION, VIRTUA HEALTH, INC (PARENT)



Additional Data

Software ID:
Software Version:
EIN: 21-0634532
Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DENNIS PULLIN PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,082,568	125,220	12,000	12,375	41,412	1,273,575	0
ROBERT M SEGIN EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	602,734	120,349	30,500	12,375	41,527	807,485	0
ALFRED CAMPANELLA EVP/COO	(i)	0	0	0	0	0	0	0
	(ii)	596,227	115,000	30,500	12,375	36,131	790,233	0
JOHN M MATSINGER EVP/CCO	(i)	0	0	0	0	0	0	0
	(ii)	552,162	116,489	30,018	12,375	41,075	752,119	0
FRANCES BLACKWELL SVP - INTEGRATED OPERATION	(i)	0	0	0	0	0	0	0
	(ii)	262,061	34,000	9,000	10,107	30,693	345,861	0
DEBRA MORAN VP COMMUNITY BASED SERVICE	(i)	0	0	0	0	0	0	0
	(ii)	227,093	25,000	9,000	10,836	30,579	302,508	0
PAUL E MINNICK SVP/COO OF VOORHEES HOSPITAL	(i)	328,176	25,000	9,000	10,870	14,815	387,861	0
	(ii)	0	0	0	0	0	0	0
LISA C FERRARO SVP/COO MARLTON HOSPITAL	(i)	241,054	25,188	9,000	11,348	25,760	312,350	0
	(ii)	0	0	0	0	0	0	0
HEIDI BAUR VP-PATIENT CARE	(i)	230,559	25,000	9,000	8,900	14,663	288,122	0
	(ii)	0	0	0	0	0	0	0
ALLEN SALM MEDICAL DIRECTOR OF OPERAT	(i)	370,431	102,745	27,500	11,959	25,941	538,576	0
	(ii)	0	0	0	0	0	0	0
ERIK N DELUE MEDICAL DIRECTOR VOORHEES	(i)	303,344	25,000	9,000	12,375	893	350,612	0
	(ii)	0	0	0	0	0	0	0
EUGENIE L BRUCE REGISTERED NURSE (RN) -JNESO	(i)	247,098	350	0	3,751	14,158	265,357	0
	(ii)	0	0	0	0	0	0	0
JOSEPH V ABAT REGISTERED NURSE (RN) -JNESO	(i)	224,875	350	0	3,378	236	228,839	0
	(ii)	0	0	0	0	0	0	0
ANTONIA SCHMIDT SURGERY CENTER ADMINISTRATOR	(i)	194,776	13,525	0	8,371	1,475	218,147	0
	(ii)	0	0	0	0	0	0	0
RICHARD P MILLER END 122917 FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	47,294	725,000	4,203,494	4,052	943	4,980,783	0
MICHAEL KOTZEN END DATE 81317 FORMER EVP POP HEALTH MGMT	(i)	0	0	0	0	0	0	0
	(ii)	0	0	555,069	0	0	555,069	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

21-0634532

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	VIRTUA HEALTH, INC IS THE SOLE CORPORATE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE VIRTUA - WEST JERSEY HEALTH SYSTEMS, INC GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEE S MAKES RECOMMENDATIONS FOR NEW MEMBERSHIP AND THE VIRTUA HEALTH, INC BOARD OF TRUSTEES G IVES THE FINAL APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE CHAIRS OF THE VARIOUS COMMITTEES OF VIRTUA-WEST JERSEY HEALTH SYSTEMS, INC PRESENT TH EIR RECOMMENDATIONS ON SIGNIFICANT MATTERS TO THE FULL VIRTUA HEALTH, INC BOARD OF TRUSTE ES FOR THEIR APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY IN-HOUSE COUNSEL, EXTERNAL TAX CONSULTANTS, AND THE BOARD OF TRUSTEES A FINAL COPY OF FORM 990 IS PROVIDED TO THE VIRTUA BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>VIRTUA - WEST JERSEY HEALTH SYSTEMS, INC ADOPTS THE POLICIES OF VIRTUA HEALTH, INC REGARDING MONITORING AND ENFORCING A CONFLICT-OF-INTEREST POLICY VIRTUA - WEST JERSEY HEALTH SYSTEMS, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	VIRTUA - WEST JERSEY HEALTH SYSTEMS, INC DOES COMPENSATE SOME OF ITS EXECUTIVES, BUT MAJORITY OF THE EXECUTIVES RECEIVE COMPENSATION FROM VIRTUA HEALTH, INC (EIN 22-3524939), A RELATED ENTITY SEE SCHEDULE J, PART III (REFERENCE TO SCHEDULE J, PART I, LINE 3) FOR A DESCRIPTION OF THE MANNER IN WHICH VIRTUA HEALTH, INC UTILIZES TO DETERMINE THE COMPENSATION PAID TO THE EXECUTIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WERE NOT MADE AVAIL ABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE REPOSITORY WEBSITES EMM A (ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM) AND DAC (DIGITAL ASSURANCE CERTIFICATION), O R UPON REQUEST

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART X LINE 20	THE AMOUNT REPORTED ON LINE 20 IS THE ORGANIZATIONS' ALLOCATED AMOUNT OF TOTAL BOND ISSUANCE THE TOTAL BOND ISSUANCE IS REPORTED BY VIRTUA HEALTH, INC ON SCHEDULE K(TAX ID #22-35 24939)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER WITH AFFILIATES - NET -41,570,880

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 4	BOARD MEMBERS THOMAS KAY AND JEFFREY MORRIS ARE VOTING MEMBERS AND ALSO EMPLOYEES WITH ORGANIZATIONS WHICH VIRTUA HEALTH, INC , HAS A BUSINESS RELATIONSHIP THESE RELATIONSHIPS ARE PROPERLY DISCLOSED IN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THE VIRTUA HEALTH, INC BYLAWS OUTLINE THE PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST WITH RESPECT TO VOTING MEMBERS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VIRTUA - WEST JERSEY HEALTH SYSTEM INC

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

2018

Open to Public Inspection

Employer identification number
21-0634532

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) VIRTUA ASSURANCE 76 SAINT PAUL ST SUITE 500 BURLINGTON, VT 05401 20-3025606	CAPTIVE INSURANCE COMPANY	VT	N/A	C					No
(2) VRI INC 50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 26-0247120	HEALTH AND WELLNESS	NJ	N/A	C					No

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 21-0634532

Name: VIRTUA - WEST JERSEY HEALTH SYSTEM INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 22-3524939	SUPPORTING ORGANIZATION	NJ	501 (C) (3)	12A	N/A		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 21-0634562	ACUTE CARE HOSPITAL	NJ	501 (C) (3)	3	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 22-2580215	SURGICAL PHYSICIAN PRACTICE	NJ	501 (C) (3)	10	N/A		No
303 LIPPINCOTT DR 4/FLR MARLTON, NJ 80853 22-3554707	REHABILITATION CENTER AND NURSING HOME	NJ	501 (C) (3)	10	VIRTUA HEALTH INC		No
303 LIPPINCOTT DR 4/FLR MARLTON, NJ 08053 22-2394675	REHABILITATION CENTER AND NURSING HOME	NJ	501 (C) (3)	10	VIRTUA HEALTH INC		No
303 LIPPINCOTT DR 4/FLR MARLTON, NJ 08053 21-0679591	HOME CARE	NJ	501 (C) (3)	10	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 52-1814579	HEALTH AND WELLNESS SERVICES	NJ	501 (C) (3)	3	VIRTUA HEALTH INC		No
303 LIPPINCOTT DR 4/FLR MARLTON, NJ 08053 22-3580917	LOW INCOME HOUSING	NJ	501 (C) (3)	10	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 22-2337170	FUND RAISING FOUNDATION	NJ	501 (C) (3)	7	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 23-7414388	FUND RAISING FOUNDATION	NJ	501 (C) (3)	7	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 04-3722352	FUND RAISING FOUNDATION	NJ	501 (C) (3)	7	VIRTUA HEALTH INC		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 27-1348772	PHYSICIAN SERVICES	NJ	501 (C) (3)	10	N/A		No
50 LAKE CENTER 401 ROUTE 73 NORTH S MARLTON, NJ 08053 22-3142739	WORKER COMP TRUST	NJ	501 (C) (3)	12A	VIRTUA HEALTH INC		No

