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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization VIRTUA HEALTH INC		D Employer identification number 22-3524939
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (856) 355-0620
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 50 LAKE CT 401 RT 73 NORTH NO 400	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MARLTON, NJ 08053		G Gross receipts \$ 275,186,292
<input type="checkbox"/> Application pending	F Name and address of principal officer RICHARD P MILLER 50 LAKE CT 401 RT 73 NORTH NO 400 MARLTON, NJ 08053		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► WWW.VIRTUA.ORGK Form of organization Corporation Trust Association Other ►H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1997 M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
VIRTUA'S MISSION IS TO HELP THE COMMUNITY BE WELL, GET WELL AND STAY WELL. VIRTUA IS A COMPREHENSIVE HEALTHCARE SYSTEM HEADQUARTERED IN MARLTON, NJ. ITS MISSION IS TO DELIVER A WORLD-CLASS PATIENT EXPERIENCE AND QUALITY HEALTH CARE FOR THE COMMUNITY THROUGH ITS RELATED ENTITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3	12
						4	9
						5	1,440
						6	13
						7a	0
						7b	0

8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
					2,093,409	1,239,159
					256,227,451	273,722,088
					69,481	11,577
					0	0
					258,390,341	274,972,824

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	16b Total fundraising expenses (Part IX, column (D), line 25) ►0	Prior Year	Current Year
					25,275	57,500
					0	0
					173,872,174	181,149,533
					0	0
					82,891,755	93,052,084
					256,789,204	274,259,117
					1,601,137	713,707

20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
			656,741,440	631,149,887
			764,401,815	776,295,703
			-107,660,375	-145,145,816

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	*****	2015-11-12
	Signature of officer	Date
RICHARD P MILLER CEO	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANDREA O KYZMA	Preparer's signature ANDREA O KYZMA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01273279
	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			

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

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

VIRTUA IS DEDICATED TO SUPPORTING ITS RELATED ENTITIES, SO EACH CAN PROVIDE PATIENTS AND THEIR FAMILIES WITH AN OUTSTANDING EXPERIENCE, AND TO ENSURE THE HIGHEST QUALITY HEALTHCARE FOR THE COMMUNITY WE ARE COMMITTED TO SUPPORT 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 \$) including grants of \$) (Revenue \$)

ONE OF THE PRIMARY WAYS IN WHICH VIRTUA FULFILLS ITS EXEMPT PURPOSE IS THROUGH THE PROVISION OF HEALTHCARE TO THOSE WITH FINANCIAL NEED. VIRTUA ADMINISTERS FINANCIAL ASSISTANCE UNDER THE PROVISIONS OF THE STATE OF NEW JERSEY'S CHARITY CARE PROGRAM, WHICH LIMITS ASSISTANCE TO INDIVIDUALS WITH INCOMES UP TO 300% OF THE FEDERAL POVERTY GUIDELINES. VIRTUA HAS SUPPLEMENTED THE STATE'S PROGRAM WITH THE CREATION OF ITS OWN CHARITY ASSISTANCE PROGRAM, WHICH EXTENDS ASSISTANCE TO INDIVIDUALS WITH INCOMES UP TO 500% OF FEDERAL POVERTY GUIDELINES. THIS HAS RESULTED IN ASSISTANCE BEING AVAILABLE TO MORE OF THOSE IN NEED THROUGHOUT THE COMMUNITY, WITH OVER 39 13% OF TOTAL 2014 ASSISTANCE BEING PROVIDED UNDER THE PROVISIONS OF VIRTUA'S PROGRAM.

4b (Code) (Expenses \$) including grants of \$) (Revenue \$)

VIRTUA PROVIDES CARE TO MANY INDIVIDUALS THAT RECEIVE ASSISTANCE WITH THE COSTS OF THEIR HEALTHCARE UNDER A MEDICAL ASSISTANCE PROGRAM. THE LARGEST SUCH PROGRAM IS MEDICAID, WHICH IS JOINTLY FUNDED BY THE FEDERAL AND STATE OF NEW JERSEY GOVERNMENTS AND IS ADMINISTERED BY THE STATE. THE PROGRAM'S REIMBURSEMENT DOES NOT ADEQUATELY COVER THE COST OF THE CARE PROVIDED. BY ABSORBING THE COST OF CARE THAT IS NOT REIMBURSED, VIRTUA IS RELIEVING THE GOVERNMENT OF THIS BURDEN. SERVICES ARE PROVIDED ON BOTH AN INPATIENT AND OUTPATIENT BASIS, INCLUDING IN THE EMERGENCY DEPARTMENTS AND IN CLINICS.

4c (Code) (Expenses \$) including grants of \$) (Revenue \$)

VIRTUA PROVIDES A WIDE RANGE OF OUTPATIENT SERVICES AT ITS FAMILY HEALTH CENTER AND OTHER PROGRAMS IN ITS CAMDEN FACILITY, INCLUDING COMPREHENSIVE PRIMARY CARE AND SPECIALTY SERVICES FOR INFANTS, CHILDREN, TEENS AND ADULTS. ADDITIONALLY, VIRTUA SUBSIDIZES WOMEN'S CLINICS FOR GYNECOLOGICAL AND OBSTETRICAL CARE, AS WELL AS BEHAVIORAL HEALTH AND EMERGENCY SERVICES AND BY VIRTUA'S MOBILE INTENSIVE CARE UNIT PROGRAM. EMERGENCY SERVICES ARE PROVIDED IN CONJUNCTION WITH THE NEW JERSEY EMERGENCY MEDICAL SERVICE HELICOPTER RESPONSE PROGRAM. THE COSTS ASSOCIATED WITH MAINTAINING THESE SERVICES ARE IN EXCESS OF REIMBURSEMENTS TO VIRTUA.

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 219,218,037 including grants of \$ 57,500) (Revenue \$ 273,722,088)

4e Total program service expenses ► 219,218,037

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b 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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a		No
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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	Yes	
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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	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 Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	0	
b Enter the number of Forms W-2G included 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		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	1,440	
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	No	
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		
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).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
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?	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	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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	13b		
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 . . .	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		

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	12	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	
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		No
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		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

(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	Former			
(1) DENNIS FLANAGAN	1 00							0	0	0
..... CHAIRMAN	6 00	X								
(2) PAULA FAIRLEY	1 00							0	0	0
..... VICE CHAIRMAN	6 00	X								
(3) EDWARD B CLOUES	1 00							0	0	0
..... SECRETARY	6 00	X								
(4) DAVID KINDLICK	1 00							0	0	0
..... TREASURER	6 00	X								
(5) ANTHONY CHIGOUNIS	1 00							0	0	0
..... TRUSTEE	6 00	X								
(6) JEFFREY MORRIS MD	1 00							0	0	0
..... TRUSTEE	6 00	X								
(7) THOMAS KAY MD	1 00							0	0	0
..... TRUSTEE	6 00	X								
(8) JOHN SWEENEY	1 00							0	0	0
..... TRUSTEE	6 00	X								
(9) MARVIN SAMSON	1 00							0	0	0
..... TRUSTEE	6 00	X								
(10) FAYE MELOY	1 00							0	0	0
..... TRUSTEE	6 00	X								
(11) JOSEPH B HOWE	1 00							0	0	0
..... TRUSTEE	6 00	X								
(12) RICHARD P MILLER	40 00							1,898,701	0	37,395
..... PRESIDENT & CEO	8 00	X	X							
(13) ROBERT M SEGIN	40 00							1,199,809	0	44,676
..... EVP & CFO	10 00		X							
(14) ALFRED CAMPANELLA	40 00							1,039,166	0	44,533
..... EVP, STRATEGIC BUSINESS G & A	8 00		X							

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	Instrumental Trustee	Office leg	Key employee or highest compensated employee	Highest compensation			
(15) MICHAEL KOTZEN	40.00			X			771,143	0	45,614
..... EVP, POPULATION HEALTH MANAGEMENT	6.00								
(16) JOHN M MATSINGER	40.00			X			424,780	0	44,743
..... EVP & CHIEF CLINICAL OFFICER	8.00								
(17) JAMES P DWYER DO	40.00			X			421,292	0	16,515
..... EVP & CMO (END MARCH 2014)	8.00								
(18) THOMAS GORDON	40.00			X			282,447	0	41,137
..... SVP & CHIEF INFORMATION OFFICER	9.00								
(19) STEPHEN JOHN KOLESK	20.00				X		587,609	0	15,190
..... SVP CLINICAL INTEGRATION	20.00								
(20) MARY HUGUES	40.00				X		555,946	0	21,985
..... SVP & GENERAL COUNSEL	0.00								
(21) TRACY CARLINO	40.00				X		374,594	0	13,944
..... SVP & CHIEF NURSING OFFICER	1.00								
(22) FREDERICK L HIPP JR	40.00			X			360,604	0	34,826
..... SVP, GOVERNMENT RELATIONS	0.00								
(23) JAMES J RIVARD	40.00			X			352,870	0	44,497
..... SVP, SUPPORT SERVICES	0.00								

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	8,268,961	0	405,055

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 **►202**

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

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d 918,896			
	e Government grants (contributions)	1e 320,263			
	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		1,239,159		
Program Service Revenue	2a SUPPORT SERVICES	Business Code 900099	273,722,088	273,722,088	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		273,722,088		
	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real 183,400				
b Less rental expenses	183,400				
c Rental income or (loss)	0				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities 41,645				
b Less cost or other basis and sales expenses	30,068				
c Gain or (loss)	11,577				
d Net gain or (loss)		11,577		11,577	
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				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		274,972,824	273,722,088	0	11,577

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	57,500	57,500		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,311,951	5,049,561	1,262,390	
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	78,252,008	62,601,606	15,650,402	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,128,935	2,503,148	625,787	
9 Other employee benefits	86,078,624	68,862,899	17,215,725	
10 Payroll taxes	7,378,015	5,902,412	1,475,603	
11 Fees for services (non-employees)				
a Management				
b Legal	5,265,491	4,212,393	1,053,098	
c Accounting	460,220	368,176	92,044	
d Lobbying	250,943		250,943	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	42,705	34,164	8,541	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,367,302	13,893,842	3,473,460	
12 Advertising and promotion	8,947,144	7,157,715	1,789,429	
13 Office expenses	5,217,997	4,174,398	1,043,599	
14 Information technology	23,049,309	18,439,447	4,609,862	
15 Royalties				
16 Occupancy	6,587,428	5,269,942	1,317,486	
17 Travel	461,079	368,863	92,216	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	292,995	234,396	58,599	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,223,272	8,178,618	2,044,654	
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 COLLECTION EXPENSES	5,889,909	4,711,927	1,177,982	
b TELEPHONE	3,337,699	2,670,159	667,540	
c DUE & SUBSCRIPTION	1,876,658	1,501,326	375,332	
d REPAIRS & MAINT CONTRAC	740,401	592,321	148,080	
e All other expenses	3,041,532	2,433,224	608,308	
25 Total functional expenses. Add lines 1 through 24e	274,259,117	219,218,037	55,041,080	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 checked="" 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 X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	248,466	1 264,393
	2 Savings and temporary cash investments	37,575,790	2 36,832,011
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	6,989,082	4 5,840,700
	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	8	
	9 Prepaid expenses and deferred charges	20,248,021	9 18,142,291
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	13,614,836	12 10,505,043
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	578,065,245	15 559,565,449
	16 Total assets. Add lines 1 through 15 (must equal line 34)	656,741,440	16 631,149,887
Liabilities	17 Accounts payable and accrued expenses	68,717,330	17 96,931,883
	18 Grants payable	18	
	19 Deferred revenue	28,483	19 22,500
	20 Tax-exempt bond liabilities	663,804,323	20 650,505,956
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	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	31,851,679	25 28,835,364
	26 Total liabilities. Add lines 17 through 25	764,401,815	26 776,295,703
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	-112,855,201	27 -151,015,648
	28 Temporarily restricted net assets	5,194,826	28 5,869,832
	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	-107,660,375	33 -145,145,816
	34 Total liabilities and net assets/fund balances	656,741,440	34 631,149,887

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	274,972,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	274,259,117
3	Revenue less expenses Subtract line 2 from line 1	3	713,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-107,660,375
5	Net unrealized gains (losses) on investments	5	467,987
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	-38,667,135
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-145,145,816

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 22-3524939

Name: VIRTUA HEALTH INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$	219,218,037	including grants of \$	57,500)(Revenue \$	273,722,088)
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THESE EXPENSES AND REVENUES REPRESENT THE TOTAL FOR ALL OF THE PROGRAM SERVICES LISTED ON LINES 4A, 4B AND
4C

SCHEDULE A

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

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

2014

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

Employer identification number

22-3524939

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 11, 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)
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 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)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
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) _____ 1 _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) VIRTUA - WEST JERSEY HEALTH SYSTEM INC	210634532	3	Yes		0	0
Total 1					0	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

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?

b A family member of a person described in (a) above?

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**.

	Yes	No
1	Yes	
2		No
3a		No
3b		
3c		
4a		No
4b		
4c		
5a		No
5b		
5c		
6		No
7		No
8		No
9a		No
9b		No
9c		No
10a		No
10b		
11a		No
11b		No
11c		No

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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.

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.

	Yes	No
1		No
2		No

Section C. Type II Supporting Organizations

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

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

	Yes	No
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.**

	Yes	No
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.*

	Yes	No
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.**

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 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 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d **Total** (add lines 1a, 1b, and 1c)
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference

Explanation

PART VI, SECTION B, LINE 1

ALL OF THE TRUSTEES OF THE SUPPORTED ORGANIZATIONS SERVE AS THE BOARD OF
VIRTUA HEALTH, INC

SCHEDULE C

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

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

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization
VIRTUA HEALTH INC

Employer identification number

22-3524939

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		250,943
j Total Add lines 1c through 1i			250,943
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION MAY MAKE COMMENTS OR STATEMENTS CONCERNING LEGISLATION, WHICH MAY AFFECT THE HEALTHCARE INDUSTRY. THE ORGANIZATION WILL POSSIBLY ENGAGE IN TELEPHONE CONVERSATIONS AND/OR WRITE LETTERS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECT THE HEALTHCARE INDUSTRY AS A WHOLE

Part IV **Supplemental Information (continued)**

Schedule C (Form 990 or 990EZ) 2014

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2014

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
VIRTUA HEALTH INC**Employer identification number**

22-3524939

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to 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 in 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 in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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" to 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' to 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					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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		
Other		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES - NON CURRENT PORTION	500,410,778
(2) TRUST FUNDS	13,079,128
(3) DUE FROM AFFILIATES - CURRENT PORTION	28,260,276
(4) INSURANCE RECOVERIES	9,757,231
(5) INVESTMENT IN SUBSIDIARIES	3,830,029
(6) QUALCARE	4,228,007
Total (Column (b) must equal Form 990, Part X, col (B) line 15.)	559,565,415

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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' to 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' to 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
PART X, LINE 2	VIRTUA HEALTH, INC IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE VIRTUA HEALTH, INC IS ALSO EXEMPT FROM STATE INCOME TAXES

Part XIII Supplemental Information (continued)

Return Reference	Explanation

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
VIRTUA HEALTH INC

Employer identification number

22-3524939

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRTUA HEALTH FOUNDATION INC 50 LAKE CENTER 401 RTE 73N STE 400 MARLTON, NJ 08053	04-3722352	501 (C) (3)	57,500				HUMANITARIAN GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 1

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	WHEN DEPARTMENTAL MANAGERS BECOME AWARE OF AN INDIVIDUAL THAT IS IN NEED OF ASSISTANCE, THEY SEND A WRITTEN REQUEST TO VIRTUA'S HUMAN RESOURCE DEPARTMENT. THE HUMAN RESOURCE DEPARTMENT THEN FORWARDS THE REQUEST TO ONE OF THE FOLLOWING IN ORDER TO GAIN APPROVAL: PRESIDENT & CEO, EXECUTIVE VP OF FINANCE, EXECUTIVE VP OF POPULATION HEALTH, EXECUTIVE VP OF STRATEGIC BUSINESS GROWTH, EXECUTIVE VP AND CHIEF CLINICAL OFFICER. THE FOUNDATION SENIOR VP OR ASSISTANT VP ARE NOTIFIED OF APPROVAL BY THE SENIOR VP & CHIEF HUMAN RESOURCES OFFICER. THE DETAILS ARE THEN PROVIDED TO THE FOUNDATION ADMINISTRATIVE ASSISTANT IN ORDER FOR THE CHECK TO BE PROCESSED.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
VIRTUA HEALTH INC

Employer identification number

22-3524939

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

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

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**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?**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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2		No
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

For each individual whose compensation must be reported in 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.

(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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 1A	VIRTUA HEALTH, INC OFFERS FAMILY PLANS TO BOARD MEMBERS AND THEIR SPOUSES TO JOIN THE FITNESS CENTERS THE FEE IS DISCOUNTED AT THE EMPLOYEE RATE
PART I, LINE 4B	PART I, LINE 4B VIRTUA HEALTH, INC 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 DETAILS FOR NON-QUALIFIED RETIREMENT PLANS RICHARD P MILLER \$357,939 JAMES P DWYER \$134,043 ROBERT M SEGIN \$134,434 ALFRED CAMPANELLA \$464,590 MICHAEL KOTZEN \$125,544 STEPHEN JOHN KOLESK \$78,176 MARY HUGUES \$74,805
PART I, LINE 7	SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED DISCRETIONARY NON-FIXED BONUS PAYMENTS

Additional Data

Software ID:
Software Version:
EIN: 22-3524939
Name: VIRTUA HEALTH 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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD P MILLER, PRESIDENT & CEO	(i) 1,159,624 (ii) 0	351,639 0	387,438 0	11,700 0	25,695 0	1,936,096 0	0 0	
1 ROBERT M SEGIN, EVP & CFO	(i) 518,730 (ii) 0	517,766 0	163,313 0	11,700 0	32,976 0	1,244,485 0	0 0	
2 ALFRED CAMPANELLA, EVP, STRATEGIC BUSINESS G & A	(i) 426,317 (ii) 0	118,759 0	494,090 0	11,700 0	32,833 0	1,083,699 0	0 0	
3 MICHAEL KOTZEN, EVP, POPULATION HEALTH MANAGEMENT	(i) 482,773 (ii) 0	133,326 0	155,044 0	11,700 0	33,914 0	816,757 0	0 0	
4 JOHN M MATSINGER, EVP & CHIEF CLINICAL OFFICER	(i) 348,637 (ii) 0	61,369 0	14,774 0	10,045 0	34,698 0	469,523 0	0 0	
5 JAMES P DWYER DO, EVP & CMO (END MARCH 2014)	(i) 140,994 (ii) 0	142,351 0	137,947 0	7,637 0	8,878 0	437,807 0	0 0	
6 THOMAS GORDON, SVP & CHIEF INFORMATION OFFICER	(i) 238,381 (ii) 0	35,066 0	9,000 0	9,679 0	31,458 0	323,584 0	0 0	
7 STEPHEN JOHN KOLESK, SVP CLINICAL INTEGRATION	(i) 408,307 (ii) 0	92,126 0	87,176 0	11,700 0	3,490 0	602,799 0	0 0	
8 MARY HUGUES, SVP & GENERAL COUNSEL	(i) 396,629 (ii) 0	75,512 0	83,805 0	11,700 0	10,285 0	577,931 0	0 0	
9 TRACY CARLINO, SVP & CHIEF NURSING OFFICER	(i) 307,803 (ii) 0	57,791 0	9,000 0	11,589 0	2,355 0	388,538 0	0 0	
10 FREDERICK L HIPP JR, SVP, GOVERNMENT RELATIONS	(i) 288,073 (ii) 0	46,031 0	26,500 0	11,700 0	23,126 0	395,430 0	0 0	
11 JAMES J RIVARD, SVP, SUPPORT SERVICES	(i) 298,654 (ii) 0	45,216 0	9,000 0	11,700 0	32,797 0	397,367 0	0 0	

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990.
 ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**Name of the organization
VIRTUA HEALTH INCEmployer identification number
22-3524939**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579F5M1	12-19-2013	151,152,372	REFUNDING OF REMAINING SERIES 1998 BONDS AND PART OF SERIES 2009A BONDS		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	NONEAVAIL	09-15-2011	47,085,000	PARTIAL REFUNDING OF SERIES 1998 BONDS DATED DECEMBER 9, 1998		X		X		X
C	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FXZ1	05-14-2009	375,174,462	CONSTRUCTION OF NEW HOSPITAL AND EQUIPMENT		X		X		X
D	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-1987084	64579FYJ6	05-14-2009	185,000,000	CONSTRUCTION OF NEW HOSPITAL AND EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		30,520,000	135,090,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	151,152,372	47,085,000	371,723,273	187,476,671
4	Gross proceeds in reserve funds			26,111,142	
5	Capitalized interest from proceeds			41,289,537	732,817
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,465,938	270,000	5,735,746	1,576,137
8	Credit enhancement from proceeds			5,124,501	8,178,166
9	Working capital expenditures from proceeds			28,852	358,855
10	Capital expenditures from proceeds			293,433,495	176,152,575
11	Other spent proceeds	149,686,434	46,815,000		
12	Other unspent proceeds				478,121
13	Year of substantial completion	2014	2011		
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 100 %		0 100 %		0 100 %		0 100 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5	0 100 %		0 100 %		0 100 %		0 100 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X		X	
b Name of provider					TRINITY FUNDING		TRINITY FUNDING	
c Term of GIC					2 300000000000		2 300000000000	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X		X	
6 Were any gross proceeds invested beyond an available temporary period?		X		X	X		X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, ROW C, COL(C) - ENTITY 1	CUSIP REFERENCED IS FOR SERIES 2009B \$60M, SERIES 2009C CUSIP IS 64579FYK3 \$40M, SERIES 2009D CUSIP IS 64579FYL1 \$65M, SERIES 2009E CUSIP IS 64579FYM9 \$20M

Return Reference**Explanation**

PART II, LINE 3, COLUMNS C
& D (ENTITY 1)

DIFFERENCE IN PROCEEDS AND ISSUE PRICE IS INVESTMENT INCOME

Return Reference	Explanation
PART II, LINE 4, COLUMN C (ENTITY 1)	GROSS PROCEEDS IN RESERVE FUNDS WERE REDUCED BY \$9 109M IN CONNECTION WITH THE SERIES 2013 BOND ISSUE

Return Reference**Explanation**

PART II, LINE 11, COLUMNS A
AND B (ENTITY 1) | PROCEEDS USED TO CURRENTLY REFUND PRIOR ISSUE AS PER FORM 8038

Return Reference**Explanation**

PART III, LINE 3A, COLUMNS
C & D (ENTITY 1)

MANAGEMENT CONTRACTS FALL UNDER SAFE HARBOR PROVISIONS OF REVENUE PROCEDURE 97-13

Return Reference	Explanation
PART IV, LINE 2A, COLUMNS C & D (ENTITY 1)	REBATE COMPUTATION WAS PERFORMED FROM THE REBATE REPORT FOR THE INSTALLMENT COMPUTATION PERIOD ENDING DATE MAY 14, 2014

Return Reference**Explanation**

PART II, LINE 3, COLUMNS A
& B (ENTITY 2)

DIFFERENCE IN PROCEEDS AND ISSUE PRICE IS INVESTMENT INCOME

Return Reference**Explanation**

PART III, LINE 3A, COLUMNS
A & B(ENTITY 2)

MANAGEMENT CONTRACTS FALL UNDER SAFE HARBOR PROVISIONS OF REVENUE PROCEDURE 97-13

Return Reference	Explanation
PART IV, LINE 2C, COLUMN A (ENTITY 2)	REBATE COMPUTATION WAS PERFORMED FROM THE REBATE REPORT FOR THE INSTALLMENT COMPUTATION PERIOD ENDING DATE DECEMBER 3,2014

Return Reference	Explanation
PART IV, LINE 2C, COLUMN B (ENTITY 2)	REBATE COMPUTATION WAS PERFORMED FROM THE REBATE REPORT FOR THE INSTALLMENT COMPUTATION PERIOD ENDING DATE JUNE 20, 2013

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**Name of the organization
VIRTUA HEALTH INCEmployer identification number
22-3524939**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY SERIES 2004	22-1987084	64579FEB5	12-03-2004	60,000,000	CAPITAL IMPROVEMENTS AND EQUIPMENT AND REFINANCING TAX-FREE LOAN		X		X		X
B	NJ HEALTH CARE FACILITIES FINANCING AUTHORITY	22-2845542	64579E8P4	06-20-2003	11,000,000	CAPITAL IMPROVEMENTS AND EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,435,000	7,600,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	61,693,988	11,257,799		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	485,969			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	519,624	115,801		
8	Credit enhancement from proceeds	170,120	53,697		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	60,518,275	11,088,301		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2007		
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 300 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5	0 300 %							
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X		X					
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2014****Open to Public
Inspection**

Name of the organization

VIRTUA HEALTH INC

Employer identification number

22-3524939

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE, OFFICER, KEY EMPLOYEE AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION IS DETERMINED USING MARKET DATA AND PERFORMANCE CRITERIA. THE COMPENSATION COMMITTEE OF THE BOARD, WHICH IS COMPOSED ENTIRELY OF INDEPENDENT TRUSTEES WITH NO CONFLICTS OF INTEREST, REVIEWS DATA FROM AN INDEPENDENT HUMAN RESOURCES CONSULTING FIRM, INCLUDING BENCHMARKS BY JOB TITLE, MARKET TRENDS, AND COMPETITIVE ANALYSIS. THE COMMITTEE ESTABLISHES THE SALARIES FOR THE CEO AND EXECUTIVE VICE PRESIDENTS. IT ALSO REVIEWS AND APPROVES THE SALARY RECOMMENDATION BY THE CEO FOR ALL VICE PRESIDENTS. EACH YEAR THE COMMITTEE RECEIVES A REASONABleness OPINION CONFIRMING THE APPROPRIATENESS OF THE SALARY RECOMMENDATIONS

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

Return Reference	Explanation
FORM 990, PART VII, COLUMN A, NUMBER 17	JAMES P DWYER SERVED AS EVP/CMO UNTIL MARCH 2014 ACCORDINGLY THE COMPENSATION REPORTED ON FORM 990, PART VII AND SCHEDULE J IS FOR A PARTIAL YEAR

Return Reference	Explanation
FORM 990 PART VII, SECTION A, COLUMN B	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

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	<p>PHYSICIAN CHARITY CARE SERVICE PROGRAM SERVICE EXPENSES 507,381 MANAGEMENT AND GENERAL EXPENSES 126,845 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 634,226 COMMUNITY SUPPORT PROGRAM SERVICE EXPENSES 445,173 MANAGEMENT AND GENERAL EXPENSES 111,293 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 556,466</p> <p>EDUCATION & DEVELOPMENT PROGRAM SERVICE EXPENSES 260,394 MANAGEMENT AND GENERAL EXPENSES 65,099 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 325,493 RECOGNITION PROGRAM SERVICE EXPENSES 252,085</p> <p>MANAGEMENT AND GENERAL EXPENSES 63,021 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 315,106 RECRUITMENT PROGRAM SERVICE EXPENSES 241,521 MANAGEMENT AND GENERAL EXPENSES 60,380 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 301,901 ACCREDITATION & LICENSE PROGRAM SERVICE EXPENSES 180,243 MANAGEMENT AND GENERAL EXPENSES 45,061 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 225,304 SPEAKER FEES PROGRAM SERVICE EXPENSES 154,194 MANAGEMENT AND GENERAL EXPENSES 38,549 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 192,743</p> <p>LABOR/UNION PROGRAM SERVICE EXPENSES 136,586 MANAGEMENT AND GENERAL EXPENSES 34,147 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 170,733 CORP CONTINGENCY PROGRAM SERVICE EXPENSES 64,709 MANAGEMENT AND GENERAL EXPENSES 16,177 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 80,886 CANCER GRANT SCREENINGS PROGRAM SERVICE EXPENSES 57,475 MANAGEMENT AND GENERAL EXPENSES 14,369 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 71,844 JCAHO FEES PROGRAM SERVICE EXPENSES 54,475 MANAGEMENT AND GENERAL EXPENSES 13,619 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 68,094 CONTINUING EDUCATION PROGRAM SERVICE EXPENSES 46,866 MANAGEMENT AND GENERAL EXPENSES 11,717 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 58,583 AGENCY DAY PROGRAM SERVICE EXPENSES 28,402 MANAGEMENT AND GENERAL EXPENSES 7,101 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 35,503</p> <p>LICENSES PROGRAM SERVICE EXPENSES 3,720 MANAGEMENT AND GENERAL EXPENSES 930 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,650</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENISON ADJUSTMENT -24,159,600 NET ASSET TRANSFER - VIRTUA SURGICAL GROUP -1,700,514 NET ASSET TRANSFER - COMMUNITY NURSING SERVICES -186,998 NET ASSET TRANSFER - VIRTUA RETAIL -680,652 INVESTMENT IN SUB 3,781,289 NET ASSET TRANSFER - VHRCMH -992,440 NET ASSET TRANSFER - VMG -11,162,457 NET ASSET TRANSFER - VHRCB -1,621,306 NET ASSET TRANSFER - SUMMIT ACO -1,876,694 NET ASSET TRANSFER - WJHS -34,827 NET ASSET TRANSFER - MHBC -35,000 NET ASSET TRANSFER - LIFEWELL WT 4,274 NET ASSET TRANSFER - WT FITNESS CENTER - 313 NET ASSET TRANSFER - MOORESTOWN FITNESS CENTER -1,897

Return Reference	Explanation
FORM 990, PART XII , LINE 2C	THE ORGANIZATION HAS AN AUDIT AND COMPLIANCE COMMITTEE TO PROVIDE OVERSIGHT OF VIRTUA HEALTH'S FINANCIAL, OPERATIONAL AND COMPLIANCE EFFORTS WITH QUARTERLY REPORTS TO THE VIRTUA HEALTH BOARD OF TRUSTEES. THE COMMITTEE REVIEWS AND APPROVES FINANCIAL INFORMATION PRESENTED BY THE EXTERNAL AUDITORS, INTERNAL AUDIT PLANS, AND SYSTEMS OF INTERNAL CONTROLS IMPLEMENTED BY MANAGEMENT. THE COMMITTEE IS RESPONSIBLE FOR ENGAGING EXTERNAL AUDITORS. THE COMMITTEE ALSO PROVIDES OVERSIGHT OF VIRTUA HEALTH'S COMPLIANCE PROGRAM

Return Reference	Explanation
FORM 990, PART V, LN 1A & PART VII SEC B	ALL ACCOUNTS PAYABLE TRANSACTIONS ARE PAID BY VIRTUA - WEST JERSEY HEALTH SYSTEM, INC (21-0634532)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
VIRTUA HEALTH INC

Employer identification number

22-3524939

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
See Additional Data Table						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.

(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
See Additional Data Table										

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
									Yes	No
(1) VIRTUA ASSURANCE 76 SAINT PAUL ST SUITE 500 BURLINGTON, VT 05401 20-3025606	CAPTIVE INSURANCE COMPANY	VT	N/A	C	-610,704	22,096,258	100 000 %			No
(2) VRI INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 20-0247120	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	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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
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See Additional Data Table

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014

Additional Data

Software ID:
Software Version:
EIN: 22-3524939
Name: VIRTUA HEALTH 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?
(1) VIRTUA - WEST JERSEY HEALTH SYSTEM INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 21-0634532	ACUTE CARE HOSPITAL	NJ	501(C)(3)	3	VIRTUA HEALTH INC	Yes No
(1) VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 21-0634562	ACUTE CARE HOSPITAL	NJ	501(C)(3)	3	VIRTUA HEALTH INC	No
(2) VIRTUA SURGICAL GROUP PA 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 22-2580215	SURGICAL PHYSICIAN PRACTICE	NJ	501(C)(3)	9	N/A	No
(3) VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN INC 100 LONG-A-COMING LANE BERLIN, NJ 08009 22-3554707	REHABILITATION CENTER AND NURSING HOME	NJ	501(C)(3)	3	VIRTUA HEALTH INC	No
(4) VIRTUA HEALTH AND REHABILITATION CENTER AT MT HOLLY INC 62 RICHMOND AVENUE MOUNT HOLLY, NJ 08060 22-2394675	REHABILITATION CENTER AND NURSING HOME	NJ	501(C)(3)	9	VIRTUA HEALTH INC	No
(5) VIRTUA HOME CARE - COMMUNITY NURSING SERVICES INC 175 MADISON AVENUE MOUNT HOLLY, NJ 08060 21-0679591	HOME CARE	NJ	501(C)(3)	9	VIRTUA HEALTH INC	No
(6) SUMMIT HEALTH - VIRTUA INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 52-1814579	HEALTH AND WELLNESS SERVICES	NJ	501(C)(3)	3	VIRTUA MEDICAL GROUP PA	No
(7) WEST JERSEY RENEW INC 1000 ATLANTIC AVENUE CAMDEN, NJ 08104 22-3580917	LOW INCOME HOUSING	NJ	501(C)(3)	9	VIRTUA HEALTH INC	No
(8) MEMORIAL HOSPITAL OF BURLINGTON COUNTY FOUNDATION INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 22-2337170	FUND RAISING FOUNDATION	NJ	501(C)(3)	7	VIRTUA HEALTH INC	No
(9) WEST JERSEY HEALTH & HOSPITAL FOUNDATION 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 23-7414388	FUND RAISING FOUNDATION	NJ	501(C)(3)	7	VIRTUA HEALTH INC	No
(10) VIRTUA HEALTH FOUNDATION INC 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 04-3722352	FUND RAISING FOUNDATION	NJ	501(C)(3)	7	VIRTUA HEALTH INC	No
(11) VIRTUA MEDICAL GROUP PA 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 27-1348772	PHYSICIAN SERVICES	NJ	501(C)(3)	9	N/A	No
(12) WEST JERSEY HEALTH SYSTEM WORKERS COMP TRUST 401 N RTE 73 50 LAKE CENTER DRIVE S MARLTON, NJ 08053 22-3142739	WORKER COMP TRUST	NJ	501(C)(3)	11A	VIRTUA HEALTH INC	No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership			
										Yes	No	Yes	No
VIRTUA RADIATION ONCOLOGY ASSOCIATES LLC 101 CARNIE BOULEVARD VOORHEES, NJ 08043 04-3849932	RADIOLOGY SERVICES	NJ	N/A										
SOUTH JERSEY MUSCULOSKELETAL INSTITUTE LLC 556 EGG HARBOR ROAD SEWELL, NJ 08080 20-4481032	SURGICAL CENTER	NJ	N/A										
SUMMIT SURGICAL CENTER LLC 110 CARNIE BOULEVARD VOORHEES, NJ 08043 73-1730859	SURGICAL CENTER	NJ	N/A										
AMBULATORY SURGERY CENTER AT VIRTUA WASHINGTON TOWNSHIP LLC 20 W STOW ROAD SUITE 8 MARLTON, NJ 08053 20-8643005	SURGICAL CENTER	NJ	N/A										
VANTAGE SURGICAL CENTER LLC 180 ROUTE 70 MEDFORD, NJ 08055 45-0516750	SURGICAL CENTER	NJ	N/A										
MEMORIAL AMBULATORY SURGERY CENTER LLC 160 MADISON AVENUE MT HOLLY, NJ 08060 20-4941260	SURGICAL CENTER	NJ	N/A										
ROCKLAND SURGICAL PROJECT LLC - RAMAPO VALLEY SURGICAL CENTER 500 NORTH FRANKLIN TURNPIKE RAMSEY, NJ 07446 20-0580403	SURGICAL CENTER	NJ	N/A										
SHORE AMBULATORY SURGERY CENTER LLC 405 BETHEL ROAD SOMERS POINT, NJ 08244 22-3778333	SURGICAL CENTER	NJ	N/A										
MED MANAGEMENT ASSOCIATES LLC 2 BROAD STREET SUITE 400 BLOOMFIELD, NJ 07003 45-5595099	MEDICAL MANAGEMENT SERVICES	NJ	N/A										
RADIATION THERAPY RENTALS WASHINGTON TOWNSHIP LLC 20 W STOW ROAD SUITE 8 MARLTON, NJ 08053 27-1526973	MEDICAL RENTAL	NJ	N/A										
CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY LLC 234 INDUSTRIAL WAY WEST BLDG B EATONTOWN, NJ 07724 27-0907140	SURGICAL CENTER	NJ	N/A										
FREEHOLD ENDOSCOPY ASSOCIATES LLC 222 SCHANCK ROAD SUITE 100 FREEHOLD, NJ 07728 84-1634126	SURGICAL CENTER	NJ	N/A										
VIRTUA ADULT IMAGING SERVICES AT VOORHEES LLC 401 ROUTE 73 NORTH 50 LAKE CENTERS MARLTON, NJ 08053 46-4055781	IMAGING SERVICES	NJ	N/A										

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a)	Name of related organization	(b)	Transaction type(a-s)	(c) Amount Involved	(d)	Method of determining amount involved
	VIRTUA HEALTH FOUNDATION INC - GRANTS		C	918,896		FAIR MARKET VALUE
	VIRTUA HEALTH FOUNDATION INC - MISC		P	3,410,862		FAIR MARKET VALUE
	VIRTUA HEALTH FOUNDATION INC - PR MICP		Q	826,308		FAIR MARKET VALUE
	VIRTUA HEALTH FOUNDATION INC - LEASE EQUIPMENT		J	183,400		FAIR MARKET VALUE
	VIRTUA HEALTH FOUNDATION INC		B	57,500		FAIR MARKET VALUE
	VIRTUA SURGICAL GROUP PA		P	1,913,756		FAIR MARKET VALUE
	VIRTUA SURGICAL GROUP PA		I	1,700,514		FAIR MARKET VALUE
	VIRTUA - WEST JERSEY HEALTH SYSTEM INC		Q	326,188,372		FAIR MARKET VALUE
	VIRTUA - WEST JERSEY HEALTH SYSTEM INC		P	218,337,643		FAIR MARKET VALUE
	VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY INC		Q	4,978,137		FAIR MARKET VALUE
	VIRTUA - MEMORIAL HOSPITAL BURLINGTON COUNTY INC		P	96,154,276		FAIR MARKET VALUE
	COMMUNITY NURSING SERVICES		P	714,687		FAIR MARKET VALUE
	COMMUNITY NURSING SERVICES		Q	589,370		FAIR MARKET VALUE
	COMMUNITY NURSING SERVICES		I	186,998		FAIR MARKET VALUE
	VIRTUA MEDICAL GROUP		P	12,251,921		FAIR MARKET VALUE
	VIRTUA MEDICAL GROUP		Q	1,089,463		FAIR MARKET VALUE
	VIRTUA MEDICAL GROUP		I	11,162,457		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN		Q	1,455,173		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN		P	2,910,337		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT BERLIN		I	1,621,306		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY INC		Q	2,696,719		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY INC		P	3,435,462		FAIR MARKET VALUE
	VIRTUA HEALTH AND REHABILITATION CENTER AT MOUNT HOLLY INC		I	992,439		FAIR MARKET VALUE
	SUMMIT HEALTH - VIRTUA INC		I	1,876,694		FAIR MARKET VALUE
	SUMMIT HEALTH - VIRTUA INC		O	1,103,570		FAIR MARKET VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ROHRER FITNESS	P	82,205	FAIR MARKET VALUE
WEST JERSEY HEALTH SYSTEM WORKERS COMP TRUST	P	1,300,000	FAIR MARKET VALUE
SUMMIT HEALTH - VIRTUA INC	Q	359,005	FAIR MARKET VALUE