AMENDED RETURN

Part	Form 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
December of Research Control Research		For ca	lendar year 2020 or other tax year beginning and ending	- 1	2020
A X Dicks box if address hanged. B Exempt under section J 50 (e 3) (e			► Go to www.irs.gov/Form990T for instructions and the latest information.	_	
X Solic (3) 408(e) 220(e) 1/9Pe Mumber, street, and room or suite no. If a P.O. box, see instructions. 60x 1/9Pe					
408(e) 220(e) Vol. 220(e) Gity or town, state or province, country, and ZIP or foreign postal code XMRLEYON, NY 0.8053-3427 F X Check box if an amended return C Book value of all assets at end of year 2,675,853,208. P X Check box if an amended return C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity Applicable reinsurance entity C Book value of all assets at end of year 2,675,853,208. Applicable reinsurance entity Applicable reinsurance Applicable reinsurance		Print	VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.		21-0634532
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C Book value of all assets at end of year 2,675,853,208. an amended return G Check organization type ▶ X 501(c) corporation	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	1	
C Book value of all assets at end of year	529(a) 529S			FX	Check box if
He Check if filling only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation		С Во	ok value of all assets at end of year		
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	The state of the s		X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplica'	ble reinsurance entity
Tenter the number of attached Schedules A (Form 990-T) No. The properties of the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X yes No.					
Note	Check if a 501(c)(3) of	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶□
If "Yes," enter the name and identifying number of the parent corporation.					5
Total of unrelated Business Taxable Income 1	K During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	■ X	Yes No
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Reserved Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 Beduction for net operating loss. See instructions Deduction for net operating loss. See instructions Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 Specific deduction (generally \$1,000, but see instructions for exceptions) Trusts. Section 199A deduction. See instructions Trusts. Section 199A deduction. See instructions Total deductions. Add lines 8 and 9 10 10,000, 11 Urrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Other tax amounts. See instructions Alternative minimum tax (trusts only) Alternative minimum tax (trusts only) Tax on noncompliant facility income. See instructions Total. Add lines 3 through 6 to line 1 or 2, whichever applies Total. Add lines 3 through 6 to line 1 or 2, whichever applies					22-3524939
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Part	the state of the s		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions) 1b		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	6,250.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
	section 1294. Enter tax amount here	4	6,250.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0,
6a	Payments: A 2019 overpayment credited to 2020 6a		
b	2020 estimated tax payments. Check if section 643(g) election applies 6b 246 , 221.		
C	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)6d		
e	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	•	
g	Other credits, adjustments, and payments: Form 2439		
	Total ► 6g -207,383.		
7	Total payments. Add lines 6a through 6g SEE STATEMENT 2	7	38,838.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	32,588.
		10	02,000.
_11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11	32,588.
_11			
_11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11	
11 Part	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ IV Statements Regarding Certain Activities and Other Information (see instructions)	11	32,588.
11 Part	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	11	32,588.
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11 Part 1 2 3 4a b Part Provide STA	Enter the amount of line 10 you want: Credited to 2021 estimated tax Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Supplemental Information In Part V Supplemental Information See instructions See instruction	11	32,588. Yes No X X
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11 Part 1 2 3 4a b Part Provide STA	Enter the amount of line 10 you want: Credited to 2021 estimated tax V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	edge and belief, it is tr	Yes No X X X ue,
11 Part 1 2 3 4a b Part Provide STA Sign Here	Enter the amount of line 10 you want: Credited to 2021 estimated tax V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	edge and belief, it is to May the IRS discuss to the preparer shown be nstructions)? X	Yes No X X X ue,
11 Part 1 2 3 4a b Part Provide STA Sign Here	Enter the amount of line 10 you want: Credited to 2021 estimated tax V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$	edge and belief, it is to May the IRS discuss to the preparer shown be nstructions)? X	yes No X X X ue, his return with low (see Yes No
11 Part 1 2 3 4a b Part Provide STA Sign Here	Enter the amount of line 10 you want: Credited to 2021 estimated tax V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$	edge and belief, it is to the preparent shown be instructions)? X if PTIN 1	yes No X X X ue, his return with low (see Yes No

Form 990-T (2020)

Phone no. 215-561-4200

Firm's address PHILADELPHIA, PA 19103

FORM 990-T	PARENT	CORPORATION'S	NAME A	ND IDENTIFYIN	G NUMBER	STATEMENT	1
CORPORATION'S	NAME					IDENTIFYING	NO
VIRTUA HEALTH	, INC.					22-3524939	
FORM 990-T		OTHER CRE	DITS AN	D PAYMENTS	·	STATEMENT	2
DESCRIPTION						AMOUNT	
REFUND FROM OF	RIGINAL	FILING				-207	,383.
TOTAL INCLUDED	ON FOR	M 990-T, PAGE	2, PAR	T III, LINE 7		-207	7,383.
FORM 990-T		PART V -	SUPPLEM	ENTAL INFORMA	TION	STATEMENT	3

990T, AMENDED - IN THE YEAR 2023, THE ORGANIZATION HIRED AN OUTSIDE PROFESSIONAL SERVICES FIRM TO CONDUCT AN UNRELATED BUSINESS INCOME (UBI) STUDY. AS A RESULT OF THAT STUDY, IT WAS DETERMINED THAT THE PROPERTY ASSOCIATED WITH THE RENTAL REVENUE STREAM THAT HAD BEEN REPORTED AS UNRELATED DEBT- FINANCED INCOME WAS IN FACT NOT A DEBT-FINANCED PROPERTY. THERE IS NEITHER A BOND NOR A MORTGAGE ASSOCIATED WITH SUCH REAL PROPERTY. THEREFORE, UNDER 512(B)(3) THE RENTAL INCOME IS EXCLUDED FROM UBI. THIS AMENDED FORM 990-T IS PREPARED TO EXCLUDE THE PREVIOUSLY REPORTED RENTAL INCOME AND EXPENSES. AS A RESULT OF EXCLUDING THIS INCOME, THE FOLLOWING LINES WERE CHANGED:

LINE J, THE NUMBER OF UNRELATED TRADE OR BUSINESSES WAS UPDATED FROM 6 TO 5 PART I, LINES 1,3,5,7,11

PART II, LINES 1 & 7

PART III, LINES 2,4,10,11

SCHEDULE A - COMPLETELY REMOVED UNRELATED BUSINESS ENTITY "MEDICAL OFFICE RENTAL PROPERTY", BUSINESS CODE 531120

THE ORIGINAL UBI WAS \$184,945 AND THE AMENDED UBI IS \$29,760. THE TAX DUE IS NOW \$6,250 AND THE REFUND REQUESTED IS \$32,588. THE ORIGINAL REFUND RECEIVED OF \$207,383 IS REFLECTED ON PART III, LINE 6G OTHER.

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

2020

OMB No. 1545-0047

ENTITY

	Revenue Service Do not enter SSN numbers on this form as it	may be i	made public if your orgar	nization is a 501(c)(3).	Open to Public Inspection for 50-1(c)(3) Organizations Only
A A	lame of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.			B Employer iden 21-063453	
<u>c</u> (Inrelated business activity code (see instructions) > 900001			D Sequence:	1 of 5
E C	Describe the unrelated trade or business VPROL JOINT VENTUR	E INCO	DME		
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				3
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			100 100 100
5	Income (loss) from a partnership or an S corporation (attach				1
	statement)	5			
6	Rent income (Part IV)	6	***		
7	Unrelated debt-financed income (Part V)	7			0
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	0,		
Pai	Deductions Not Taken Elsewhere (See instructi		r limitations on de	ductions) Deducti	ons must be
	directly connected with the unrelated business inc	come			
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				!
3	Repairs and maintenance				3
4	Bad debts		***************************************	4	
5	Interest (attach statement) (see instructions)				5
6	Taxes and licenses				3
7	Depreciation (attach Form 4562) (see instructions)		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	8	b
9	Depletion)
10	Contributions to deferred compensation plans				0
11	Employee benefit programs			<u>1</u>	1
12	Excess exempt expenses (Part VIII)				2
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. Su				
	column (C)				1
17	Deduction for net operating loss (see instructions)				
18	Unrelated business taxable income. Subtract line 17 from line 16	j		1	8

LHA For Paperwork Reduction Act Notice, see instructions.

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		, , , , , , , , , , , , , , , , , , ,
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)	****		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s	tate, ZIP code), Check	if a dual-use (see instru	uctions)	
	A	,		·	
	В				
	С				
	D		0		
		A	В	С	D
2	Rent received or accrued	,,			
а	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
b	percentage of rent for personal property exceeds				
	F00/ - 11/5 11/1 1 10/1 1			1	
_	Total rents received or accrued by property.				
С					
	Add lines 2a and 2b, columns A through D				
•	Total marks were in a second Add to O				0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter nere	and on Part I, line 5, c	olumn (A)	0.
3	Deductions directly connected with the income	i			
4	in lines 2(a) and 2(b) (attach statement)				
					0
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	nter here and on Part I	line 6, column (B)		0.
		·			
1	Description of debt-financed property (street address,	city, state, ZIP code). (heck if a dual-use (see	instructions)	
	<u>A</u>				
	B				
	◦⊢				
	D [
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6			,,	
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I. line 7. column (A)	•	0.
-	g , Solutinio / Girough D	, , , , or o und on I d	, / , ooldinii (/'y		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here an	d on Part Lline 7 colu	mn (B)	0.
11	Total dividends-received deductions included in line		a on raiti, into 7, colui	(5)	0.
023721			***************************************	Qahadula /	(Form 990-T) 2020
VEUIZI				Scriedule A	. (. • •••-] &UZU

	le A (Form 990-T) 2020			mha duan	n Oantual	II O					Page 3
Part	VI Interest, Annu	iities, Ro	oyaities, and Re	ents tror	n Control		-		e instruct		
						т —	xempt Contro				
	 Name of controlled 	d	2. Employer	3. Net	unrelated	4. Tota	al of specified		rt of colur		Deductions directly
	organization		identification		ne (loss)	payn	nents made		included olling orga		connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
(2)											
(3)											
(4)				ļ							·
			No	nexempt (Controlled O	ganizati	ons				
7	. Taxable Income	8. (Net unrelated	9, To	otal of specif	ied	10. Part			11.	Deductions directly
			icome (loss)	pa	yments mad	e	that is inc				connected with
		(see	e instructions)					incom		inc	ome in column 10
(1)											
(2)											
(3)											
(4)	·										
							Add colum				columns 6 and 11.
							Enter here line 8, o				r here and on Part I, ne 8, column (B)
							inte o, v	JOIGITHI	(~)		rie o, column (b)
Totals	27772					>	<u> </u>		0.		0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
	1. Desc	cription of	income		2. Amou		3. Deduction			asides	5. Total deductions
					incor	ue	directly conn (attach state		(attach st	atemen	t) and set-asides (add cols 3 and 4)
							(attaon state	Tioni,			,
(1)											
(2)											
(3)											
(4)					Add amor	ento in					Add amounts in
					column 2						column 5. Enter
					here and o	n Part I,					here and on Part I,
3					line 9, colu						line 9, column (B)
Totals	VIII Contained C		Late da a la a a a a a	OH 7	Flames Andres	0.		118000	414602461	10 15 to 1	0,
Part			Activity Income,	omer i	man Adve	ertising	y mcome	(see ins	tructions)		
1	Description of exploite	•				5	" 40 1	(4)			
2	Gross unrelated busin									2	
3	Expenses directly con		•								
	line 10, column (B)								*********	3	
4	Net income (loss) from						•				
_	lines 5 through 7									4	
5	Gross income from ac	tivity that i	is not unrelated busi	iness incor	me					5	
6	Expenses attributable									6	
7	Excess exempt expen			, but do n	ot enter mor	e than th	ne amount on i	iine			
	4. Enter here and on F	art II, line	12							7	

					ENTITY 4
Sched Part	ule A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on	a consolidated basis		
•	A	two of more periodicals of	a consolidated basi.	S .	
	В				·
	С				····
	D			•	· · · · · · · · · · · · · · · · · · ·
Enter a	amounts for each periodical listed above in the co	orresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)		.	0.
4	Advertising gain (loss). Subtract line 3 from line		•		
	For any column in line 4 showing a gain,				_
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8		1		
5	Readership costs				
6	Circulation income		_		
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
•	than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		total or zoro horo an	nd on	
а	Part II, line 13	ater of the line ba, columns	total of zero nere an	IQ-OIT	0.
Part		ctors, and Trustees	(see instructions)		
		-	(3. Percentage	4. Compensation
	1. Name	2, Title		of time devoted	attributable to
	N .			to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	. Enter here and on Part II, line 1			<u> </u>	0.
Part	XI Supplemental Information (see	instructions)			
				_	
					
					7
	•				
	12-23-20			Soha	edule A (Form 990-T) 2020

13571102 137924 WJHS

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

3

A 1	Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.		B Employer identification number 21-0634532			
<u>c 1</u>	Unrelated business activity code (see instructions) > 900099			D Sequence	2	of 5
<u>E 1</u>	Describe the unrelated trade or business SECURITY SERVICES					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 486,555.					
b	Less returns and allowances c Balance ▶	1c	486,555.			
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3	486,555.			486,555.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	. 7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	486,555.			486,555.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come			· ·	must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	441,825.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	22.224
6	Taxes and licenses				6	32,934.
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion	·····			9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	474,759.
15			line 15 from Part I line 12		15	414,133.
16	Unrelated business income before net operating loss deduction. Su				46	11,796.
47	column (C)		ይጥኔ ጥድ ለም አጣር	Δ	16 17	11,796.
17 18	Deduction for net operating loss (see instructions) Unrelated business taxable income. Subtract line 17 from line 16				18	11,750.
LHA		*	<u>. </u>			A (Form 990-T) 2020
	to the spot from modeled Mot Modele, acc institutions.			3.	euule	A (1 01111 990-1) 2020

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valuat			
1	Inventory at beginning of year			1	
2	Purchases	****		2	
3	Cost of labor	*******		3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	- N
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired f	or resale) apply to the	organization?	Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use (see instr	uctions)	
	A 📙				
	В				
	c				
	D				
		Α	B	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
C	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)			l	L
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part	1-				
_ 1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use (see	e instructions)	
	<u>A</u> —	· · · · · · · · · · · · · · · · · · ·			
	B				
	D	1			
	One in the form of the state of	Α	В	С	D
2	Gross income from or allocable to debt-financed				İ
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				l
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)			<u> </u>	
6	Divide line 4 by line 5	1	%	9	%
7	Gross income reportable. Multiply line 2 by line 6			<u> </u>	L
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)		0.
					· · · · · · · · · · · · · · · · · · ·
9	Allocable deductions. Multiply line 3c by line 6			<u> </u>	<u></u>
10	Total allocable deductions. Add line 9, columns A th	•	d on Part I, line 7, colu	ımn (B) 🟲 _	0.
11	Total dividends-received deductions included in line	910		>	0.

Part	VI Interest, Annu	ities Ro	valties and Re	ents from	n Control	led Or	ganizations	2 (\	Page 3
1 611%	TI MICOTOOL, FAMILE	100, 110	yaitics, and ne	1113 1101	ii Control		xempt Contro		e instruct		
	Name of controlled	n	2. Employer	3 Net	unrelated		al of specified		t of colur		6. Deductions directly
	organization	,	identification		ne (loss)		nents made	that is	included	in the	connected with
	•		number		structions)	,,,,,,	Troite indus		lling orga		income in column 5
(1)				 ` 		 		tions	gross inc	ome	
(2)	<u></u>				· · · · · · · · · · · · · · · · · · ·		-			\rightarrow	
(3)				1	• ••						
(4)				T							
			No	nexempt (Controlled O	rganizati	ons				
-	'. Taxable Income	8.1	Net unrelated	1	otal of specif		10. Part	of colun	nn 9	11.	Deductions directly
		in	come (loss)	pa	yments mad	е	that is inc				connected with
		(see	instructions)				controlling gross	organiza : income		ind	come in column 10
(1)											
(2)											
(3)											
(4)											
				4			Add colum				columns 6 and 11.
							Enter here	and on a			er here and on Part I,
							line o, c	, Ciumini	(^)	'	ine 8, column (B)
Totals	VIII V					>	<u></u>		0.		0.
Part			of a Section 50	1(c)(7), (nization (s	ee instr	uctions)		
	1. Desc	ription of i	income		2. Amou incor		3. Deduction	-		asides	5. Total deductions and set-asides
					incor	i i e	directly conn (attach state)		(attach st	atemen	(add cols 3 and 4)
(4)				9			<u> </u>				
(1)											
(2) (3)	*			*			 				
(4)											
(7)					Add amou	unts in					Add amounts in
					column 2						column 5. Enter
					here and o line 9, colu						here and on Part I, line 9, column (B)
Totals					11110 0, 0010	0.					0,
Part	VIII Exploited Ex	empt A	ctivity Income,	Other 1	han Adve	ertisine	Income	(eee inet	tructions)		
1	Description of exploited						•	(JOS 1113)	4040118)		
2	Gross unrelated busine			ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly conn										
	line 10, column (B)									3	
4	Net income (loss) from	unrelated	trade or business.	Subtract lir	ne 3 from lin	e 2. If a	gain, complete)			
	lines 5 through 7									4	
5	Gross income from act	ivity that i	s not unrelated busi	iness incor	ne					5	
6	Expenses attributable t									6	
7	Excess exempt expens										
	4. Enter here and on Pa	art II, line	12					4*******	ta bacont de	7	

Sched	ıle A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporting	ng two or n	nore periodicals on a	consolidated basis	i.	
	A				• • • • • • • • • • • • • • • • • • • •	
	В					
	<u> </u>					
	D			···-		
Enter a	mounts for each periodical listed above in the	correspon		1		
			Α	В	СС	D
2	Gross advertising income	_				
	Add columns A through D. Enter here and on	n Part I, line	11, column (A)			0.
а		г				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	n Part I, line	11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			İ	
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column is	n			1	
	line 4 showing a loss or zero, do not complet	te				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					*0
8	Excess readership costs allowed as a	Ţ				
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		ne line 8a. columns to	tal or zero here an	d on	
1	Part II, line 13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	0.
Part		rectors,	and Trustees	see instructions)		· · · · · · · · · · · · · · · · · · ·
	•				3. Percentage	4. Compensation
	1. Name		2, Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	3110101000
(2)			•		%	
(3)					%	
(4)					%	
<u></u>					70	
Total	Enter here and on Part II, line 1					0.
Part		oo inetrusti	onel		······································	
i dur.	Cappionioneal mornation 130	ee msaucu	Orra)			
					-	
					······································	
					- 1	1 1 4 /F 000 T) 0000

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 4
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
115,615.	11,796.	103,819.
	-	

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY OMB No. 1545-0047 501(c)(3) Organizations Only

Name of the organization B Employer identification number VIRTUA - WEST JERSEY HEALTH SYSTEM, INC. 21-0634532 C Unrelated business activity code (see instructions) D Sequence: Describe the unrelated trade or business PHYSICAL THERAPY RETAIL Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 250 **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 250 Gross profit. Subtract line 2 from line 1c 250. 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) Other income (see instructions; attach statement) 12 250. 250. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 Repairs and maintenance 3 3 4 Interest (attach statement) (see instructions) 5 5 Taxes and licenses 6 Depreciation (attach Form 4562) (see instructions)

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Less depreciation claimed in Part III and elsewhere on return

Depletion _____

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Part VIII)

Excess readership costs (Part IX)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

column (C)

Deduction for net operating loss (see instructions)

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Schedule A (Form 990-T) 2020

8b 9

10

11

12

13

14

15

16

17

8

9

10

11

12

13

14

15

17

0.

0.

250.

250.

Section 1997	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter meth	od of inventory valuatio	n 🕨		
1	Inventory at beginning of year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h		***************************************		
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and				
1	Description of property (property street address, city, st				
	A 🗍	,		,	
	В				
	С			•	
	D				
		Α	В	С	D
2	Rent received or accrued				<u> </u>
– a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the		····		
b	percentage of rent for personal property exceeds				
	EQUIVARIENTE CONTRACTOR CONTRACTO				
_	1				
C	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Takel names received as a served. Add line Developers A	Hannard D. Enter hanna		(0)	0.
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	through D. Enter nere a	nd on Part I, line 6, coll	ımı (A)	0.
	•				
4	in lines 2(a) and 2(b) (attach statement)				
-	Table dade Nov. Add San Analysis A Nov. 1 5 F		0 1 (0)		9 0
5 Part	Total deductions, Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se		ne 6, column (B)		0.
				-1	
1	Description of debt-financed property (street address, o	ity, state, ZIP code). Cri	eck if a dual-use (see in	structions)	
	A				
	B		• • • • • • • • • • • • • • • • • • • •		
	D				
_		ΑΑ	В	C	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,			İ	
	columns A through D)				
4	Amount of average acquisition debt on or allocable	1			
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	1, line 7, column (A)	•	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, column	n (B)	0.
11	Total dividends-received deductions included in line	-			0.
023721	12-23-20			Schedule A	(Form 990-T) 2020

Schedu	ule A (Form 990-T) 2020 VI Interest, Annu	itios Dr	waities and De	nto fror	n Control	lod Or	nonization			Page 3	
Pall I	VI Interest, Annu	ities, ne	yaines, and ne	ints iroi	ii Control			· · · · · · · · · · · · · · · · · · ·			
	4 1 6 1 11		• •			T		lled Organizatio			
	Name of controlled	7	2. Employer		unrelated	4. Total of specified payments made		5. Part of column that is included		41	
	organization		identification number		ne (loss)	payn	nents made	controlling org		iza-	
			number	(see ins	structions)			tion's gross in	come	income in column 5	
(1)						↓					
(2)											
(3)											
(4)						<u> </u>				2 CH 25 W - 1	
					Controlled O	~	ons				
7	. Taxable Income		Vet unrelated		otal of specif			of column 9		Deductions directly	
			come (loss)	pa	yments mad	е		cluded in the organization's		connected with	
		(see	e instructions)					income	inc	come in column 10	
(1)	it								<u> </u>		
(2)											
(3)				ļ. <u>.</u> .							
(4)											
								nns 5 and 10.		columns 6 and 11.	
			Enter here and on Part line 8, column (A)				Enter here and on Part I, line 8, column (B)				
							inte o, c	column (A)	"	ine 6, column (B)	
Totals		.,,		*********		Þ		0		0.	
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee instructions)			
	1. Desc	ription of i	income		2. Amou		3. Deduction		t-asides	Total deductions	
					incor	ne	directly conn (attach state		statemen	and set-asides (add cols 3 and 4)	
							(attach state	ment)		(add colo o and 4)	
(1)											
(2)	W	· · · · · ·									
(3)											
(4)											
					Add amo					Add amounts in column 5. Enter	
					here and o					here and on Part I,	
					line 9, colu		1			line 9, column (B)	
Totals						0.				0.	
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	(see instruction:	s)		
1	Description of exploite							_			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con-	nected wit	h production of unre	elated bus	iness incom	e. Enter l	here and on Pa	art I,			
	line 10, column (B)		***********************						3		
4	Net income (loss) from	unrelated	trade or business.	Subtract li	ne 3 from lin	e 2. If a	gain, complete				
	lines 5 through 7	,							4		
5	Gross income from ac								5		
6	Expenses attributable								6		
7	Excess exempt expen-							23			
	4. Enter here and on P	art II, line	12						7		

	ule A (Form 990-T) 2020						Page 4
Part							
1	Name(s) of periodical(s). Check box if reporting	ng two or	more periodica	ls on a c	onsolidated basis	S.	
	A						
	B						
	c						
	D [
Enter	amounts for each periodical listed above in the	correspo	nding column.				
_			A		В	С	D
2	Gross advertising income						
-	Add columns A through D. Enter here and on	Part I, lin	e 11, column (A	4)			0.
a	Direct advertising costs by periodical						
3 a	Add columns A through D. Enter here and on		o 11 oolumn (F	ο\ 			- O,
а	Add coldrillis A through D. Enter fiele and th	ו דמונו, וווו	e i i, columni (c	٠			<u></u>
4	Advertising gain (loss). Subtract line 3 from li	ne					
	2. For any column in line 4 showing a gain,						
	complete lines 5 through 8. For any column is	n					
	line 4 showing a loss or zero, do not complet						
	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is le	ess					
	than line 6, enter zero						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain					İ	
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the g	reater of t	he line 8a, colu	ımns tot	al or zero here an	d on	0
Part	Part II, line 13 X Compensation of Officers, Di	rectore	and Truete	AC /-			· 0.
() (call of	A Compondation of Omocro, Di		dia maste	, CO 15	e instructions)	3. Percentage	4. Compensation
	1. Name		2	Title		of time devoted	attributable to
	Ti Harrio			11110		to business	unrelated business
(1)						%	
(2)					<u> </u>	%	
(3)			- -			%	
(4)						%	
							·
	. Enter here and on Part II, line 1			,,,,,,,,,		>	0.
Part	XI Supplemental Information (se	ee instruc	tions)				

Department of the Treasury

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 6 OMB No. 1545-0047 Open to Public Inspection for

Internal Revenue Service 501(c)(3) Organizations Only Name of the organization B Employer identification number VIRTUA - WEST JERSEY HEALTH SYSTEM, INC 21-0634532 621500 C Unrelated business activity code (see instructions) D Sequence: of

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 350,677.				
b	Less returns and allowances c Balance ▶	1c	350,677.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	350,677.		350,677
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
¢	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12	2		
13	Total. Combine lines 3 through 12	13	350,677.		350,677

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	136,691.
3	Repairs and maintenance	3	242.
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	2,032.
7	Depreciation (attach Form 4562) (see instructions)		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 5	14	190,381.
15	Total deductions. Add lines 1 through 14	15	329,346.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	21,331.
17	Deduction for net operating loss (see instructions)	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	21,331.

LHA For Paperwork Reduction Act Notice, see instructions.

	lule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	nod of inventory valuat	tion 🕨		
1	Inventory at beginning of year				
2	Purchases	***************************************		2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		***************************************	4	
5	Other costs (attach statement)		****	5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property p	produced or acquired	or resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property and	Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instru	uctions)	
	A 🔲	_			
	В 🔲				
	c \square				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	man/ 1411				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add into 24 and 25, columns A through 5				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter have	and an Dart Llina C. a.	aluman (A)	Ō.
3	Deductions directly connected with the income	unough D. Enter here	and on Fart I, line o, c	Diutilii (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (B)		0.
Part	A S S S S S S S S S S S S S S S S S S S	ee instructions)	into o, obtainin (b)		
1	Description of debt-financed property (street address, of		Sheck if a dualuse (see	instructions)	
	A	, o.a.o, <u></u>	5110011 II II 0001 000 (000	inon abaiono,	
	В				
	c				
	D				
	<u> </u>	Λ	В	С	D
_	Conse in some from an allocable to allocable for and	Α	В		D
2	Gross income from or allocable to debt-financed		1		
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property		1		
а	Straight line depreciation (attach statement)				· · · · · · · · · · · · · · · · · · ·
a b	Other deductions (attach statement)				
	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
b	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
b c	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
b c 4	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
b c 4	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-		%	%	9
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)		3 %	%	9
b c 4 5	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	9/			9
b c 4 5 6 7	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	9/			
b c 4 5 6 7	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	9/			
b c 4 5 6 7 8	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	્ર . Enter here and on Pa	art I, line 7, column (A)	>	
b c 4 5 6 7 8 9	Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	, Enter here and on Pa cough D. Enter here an	art I, line 7, column (A)	mn (B)	0.

Schedu	ule A (Form 990-T) 2020 VI Interest, Annu	ition D	walties and De	nto fron	o Control	ad Or	and action					Page	3
rait	At Interest Wille	iilles, ne	byannes, and ne	1	Control				e instruct				_
	Name of controlled organization	d	2. Employer identification number	incom	unrelated	4. Tota	xempt Contro al of specified nents made	5. Pa	5. Part of column 4 that is included in the controlling organiza-		connected with		<u> </u>
			number	(see ins	tructions)				tion's gross income		inc	come in column 5	_
(1)								-					_
(2)						-		-					_
(3)		-											_
(4)			No	nevemnt (ontrolled Or	nanizati	one						
	. Taxable Income	8, 1	Vet unrelated		tal of specif		10. Part	of colu	mn 9	11	Dec	ductions directly	-
		in	icome (loss) instructions)		yments mad		that is inc	luded	in the zation's		cor	nected with te in column 10	
(1)	8						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_
(2)													_
(3)													_
(4)													
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)								Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Totals						>	<u> </u>		0.			0	<u>.</u>
Part	·		of a Section 50	1(c)(7), (ructions)				_
	1. Desc	cription of	Income		2. Amou incon		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st		1	5. Total deduction and set-asides (add cols 3 and 4)	
(1)							ļ				_		
(2)	<u> </u>						-				\dashv		-
(3)							-				\rightarrow		_
(4)		10			Add amou column 2 here and or line 9, colu	. Enter n Part I, ımn (A)						Add amounts in column 5. Enter here and on Part I line 9, column (B))
Totals Part	VIIII Empleyed E			0117		0.						0	<u>. </u>
-			ctivity Income,	Other I	nan Adve	ertising	gincome	(see ins	structions)				_
1	Description of exploite						" 40 1	(4)					
2	Gross unrelated busin									2			_
3	Expenses directly con-		•							ا م			
4	line 10, column (B) Net income (loss) from									3			-
~1	lines 5 through 7									4			
5	Gross income from ac									5	-		-
6	Expenses attributable									6			_
7	Excess exempt expen												_
	4. Enter here and on F									7			

	ule A (Form 990-T) 2020	 						Page 4
Part	4							
1	Name(s) of periodical(s). Check box if reporting	ng two or	nore periodicals on	a consolid	lated basis.			
	A					- 1		
	В							
	c							
	D							
Enter a	amounts for each periodical listed above in the	correspor	ding column.					
			A		В	С		D
2	Gross advertising income							
	Add columns A through D. Enter here and on	Part I, lin	e 11, column (A)					0.
а								
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and on	Part I, lin	e 11, column (B)	***				0.
4	Advertising gain (loss). Subtract line 3 from lin	ne						
	2. For any column in line 4 showing a gain,						i	
	complete lines 5 through 8. For any column in	n .				l.		
	line 4 showing a loss or zero, do not complete							
	lines 5 through 7, and enter zero on line 8							
5	Readership costs							
6	Girculation income					-		
7	Excess readership costs. If line 6 is less than				· · · · · · · · · · · · · · · · · · ·			
	line 5, subtract line 6 from line 5. If line 5 is le							
	than line 6, enter zero							
8	Excess readership costs allowed as a			1				
	deduction. For each column showing a gain of	on					-	
	line 4, enter the lesser of line 4 or line 7							
а	Add line 8, columns A through D. Enter the g		ne line 8a. columns	total or zer	ro here and	on		
	Part II, line 13		,			•		0.
Part		rectors,	and Trustees	(see instru	uctions)			
						3. Percentage	4. Compe	nsation
	1. Name		2. Title			of time devoted	attributal	
						to business	unrelated b	usiness
(1)						%		
(2)						%		
(3)						%		
(4)						%		
					•			
Total	Enter here and on Part II, line 1	********						0.
Part	XI Supplemental Information (se	ee instruct	ions)					
	2							
						-		
				•				
	<u> </u>							
			· · · · · · · · · · · · · · · · · · ·					

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
FICA		10,048.
PROFESSIONAL FEES		3,153.
MEDICAL SUPPLIES		33,395.
SUPPLIES		82,897.
RENT & LEASE		11,381.
OUTSIDE SERVICES		46,861.
QUALITY CONTROL		2,117.
THERAPEUTIC PROCEDURES		105.
OTHER EXPENSES		424.
TOTAL TO SCHEDULE A, PART II	, LINE 14	190,381.

Unrelated Business Taxable Income From an Unrelated Trade or Business

ENTITY

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 503(c)(3) Organizations Only

VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.	fthe organization RTUA - WEST JERSEY HEALTH SYSTEM, INC.							
C Unrelated business activity code (see instructions)				D Seque	nce: 5	of	5	
E Describe the unrelated trade or business FINANCIAL INVESTME	NT ACT	IVITIES						
Part I Unrelated Trade or Business Income		(A) Income		(B) Expe	nses	(C) Net	
1a Gross receipts or sales 9,179.			100					
b Less returns and allowances c Balance ▶	1c	9,3	.79.					
2 Cost of goods sold (Part III, line 8)	2		100					
3 Gross profit. Subtract line 2 from line 1c	3	9,:	79.				9,179.	
4a Capital gain net income (attach Sch D (Form 1041 or Form			1000	THE ARE				
1120)) (see instructions)	4a							
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		Spot S					
c Capital loss deduction for trusts	4c							
5 Income (loss) from a partnership or an S corporation (attach								
statement)	5							
6 Rent income (Part IV)	6							
7 Unrelated debt-financed income (Part V)	7							
8 Interest, annuities, royalties, and rents from a controlled								
organization (Part Vi)	8							
9 Investment income of section 501(c)(7), (9), or (17)								
organizations (Part VII)	9							
10 Exploited exempt activity income (Part VIII)	10							
11 Advertising income (Part IX)	11							
· 7 ·······								
12 Other income (see instructions; attach statement)	12		1					
12 Other income (see instructions; attach statement) 13 Total, Combine lines 3 through 12	12		.79.					
Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income.	12 13 ons for come	r limitations o	n dedu			must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X)	12 13 ons for	r limitations o	n dedu		1	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages	12 13 ons for come	r limitations or	n dedu		. 1	must b		
12 Other income (see instructions; attach statement) 13 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance	12 13 ons for come	r limitations o	n dedu		. 1 2 3	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts	12 13 ions for come	r limitations o	n dedu		1 2 3 4	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions)	12 13 ons for come	r limitations or	n dedu		1 2 3 4 5	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses	12 13 cons for come	r limitations or	n dedu		1 2 3 4 5	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions)	12 13 ons for come	r limitations of	n dedu		1 2 3 4 5 6	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations or	n dedu		1 2 3 4 5 6 8b	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement) (see instructions) 6 Taxes and licenses 7 Depreciation (attach Form 4562) (see instructions) 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs	12 13 ons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10 11	s must t		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incomplete incomplete inco	12 13 cons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10 11 12	s must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 lons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10 11 12 13	must b		
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 lons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10 11 12 13 14	s must b	oe .	
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 lons for come	r limitations or	n dedu		1 2 3 4 5 6 8b 9 10 11 12 13 14	s must b	oe .	
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations or	dedu		1 2 3 4 5 6 6 8b 9 10 11 12 13 14 15	s must b	0.	
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations or	line 13		1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	s must b	0. 9,179.	
12 Other income (see instructions; attach statement) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompleted business inco	12 13 ons for come	r limitations of	line 13		1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17	s must b	9,179. 0. 9,179. 0. 9,179. 0. 9,179.	

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold	nod of inventory valuati	on 🕨		
1	Inventory at beginning of year			1	
2	Purchases		***	2	
3	Cost of labor	,		3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, st				
•	A	ato, Eli obdoj. Oricok	ii a aaai aaa jacc iiisii	aodonay	
	В				
	c				
	D	***			
		Α Τ		_	
	Rent received or accrued	ΑΑ	B	С	D
2					
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
C	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
. 5	Total deductions, Add line 4 columns A through D. En	ter here and on Part I, I	ine 6, column (B)	>	0.
Part	Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, of	ity, state, ZIP code). Cl	neck if a dual-use (see	instructions)	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
-	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)		·		
C	Total deductions (add lines 3a and 3b,				
C	,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	Enter here and on Par	t I, line 7, column (A)	-	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				
11	Total dividends-received deductions included in line	10			0,

Schedu	ile A (Form 990-T) 2020	itiaa D	avalting and De	nda fuan	n Oantral	10 0				Page 3	
Part	VI Interest, Annu	ities, Ro	oyaities, and Re	nts from	n Control		<u> </u>	<u>`</u>			
						E	xempt Contro	lled Organization	15		
	 Name of controlled 	d	2. Employer		unrelated	4. Total of specified		5. Part of colu			
	organization		identification		ne (loss)	payn	nents made	that is included controlling orga		connected with	
			number	(see ins	structions)	,		tion's gross in		income in column 5	
(1)	- 0										
(2)											
(3)											
(4)											
					Controlled Or	<u> </u>					
7			Net unrelated		otal of specified			of column 9 cluded in the		Deductions directly	
	E	1	icome (loss)	pa	yments mad	е		organization's		connected with	
		(500	instructions)				gross income		inc	come in column 10	
(1)											
(2)											
(3)											
(4)											
								nns 5 and 10.		columns 6 and 11.	
								and on Part I, column (A)		r here and on Part I, ine 8, column (B)	
								` ′	"	ino o, column (b)	
Totals	\$788 A				***************************************		<u> </u>	0.		0.	
Part			of a Section 50	1(c)(7), (
	1. Desc	cription of	income		2. Amou		3. Deduction		asides	5. Total deductions and set-asides	
					111001	ile	directly conn (attach state)		tatemen	(add cols 3 and 4)	
							(4112011012101				
(1)							ļ				
(2)							ļ				
(3)											
(4)					Add amou	inte in			100 C 00 C 100 ACC	Add amounts in	
					column 2					column 5. Enter	
					here and or					here and on Part I,	
.					line 9, colu	ımn (A)				line 9, column (B)	
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 3	L Dan Adve	orticin:	n Income	/ ! !		0.	
1				Other I	Hall Auve	zi tioilli	g mcome	(see instructions	}		
2	Description of exploite Gross unrelated busine	-		noon Ent-	r hara and -	n Doubl	lina 10 agli	n (A)	2		
3	Expenses directly con								2		
3											
4	line 10, column (B) Net income (loss) from								3		
4	lines 5 through 7								4		
5	Gross income from ac	neee incor	 നമ				5				
6	Evnence attributable	to income	is not unrelated busi antered on line E	ness moor	ness income				6		
7				e 6, but do not enter more than the amount on line					9		
1	4. Materia and an Dest II. Con 40								7		
	4. Litter Hele and Off F	aren, mie	14	************	. 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		***************************************			1 /5 000 TI 0000	