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	E	Exempt Orga	NDED TO NOVE	ine	ss Income T	ах	Retur	n	OMB No 15	45-0047
W \ , W	For cal	lendar year 2019 or other tax ye	• •	ei 50	, and ending	10	112		20	19
Department of the Treasury		► Go to www	v.irs.gov/Form990T for in		ons and the latest inform		+	_		
nternal Revenue Service		Do not enter SSN numbe	ers on this form as it may	be ma	de public if your organiz	ation i	s a 501(c)(3		Open to Public 501(c)(3) Organi	
Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)			Emp	loyer identification ployees' trust, se uctions)	on number
Exempt under section	Print	VIRTUA - WEST JE	RSEY HEALTH SYSTE	M, I	NC.				21-063453	
X 501(c 1) 3) 408(e) 220(e)	or Type	Number, street, and room 20 W. STOW ROAD,	n or suite no. If a P.O. box	c, see II	nstructions.				lated business a instructions)	ctivity code
408A 530(a)										
Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	>	504/31					the state of
2,351,734,		G Check organization typ		oratioi 5		the or		a) trust		ther trust
		tion's unrelated trades or t	Dusiliesses.				nly (or first) i lete Parts I-\			
-		ice at the end of the previo	us centence complete Pa	rte I an						
business, then complete			us semence, complete ra	i to i aii	u II, complete a ochedule	141 101	cacii audilio	nai naut	. OI	
		oration a subsidiary in an	affiliated group or a parer	t-cube	idiary controlled group?	STM	г 2	Х ү	es N	0
		tifying number of the parer		11-3003	VIRT		2a-	352	4939	•
The books are in care of			it corporations P		Teleph	one nu	ımber 🕨		55-0620	
Part I Unrelated	Trac	le or Business Inc	ome c	$\overline{}$	(A) Income		(B) Expense	es	(C)	Net
a Gross receipts or sale		451,392.	1	ΓÌ	(1)		<u>,-,-,-</u>		· · · · ·	
b Less returns and allow			c Balance	16	451,392.					
Cost of goods sold (S		Δ line 7)	, C Dalarico	2	·					
Gross profit. Subtract		· ·		3	451,392.	-			1	451,392.
Capital gain net incom				4a						
		art II, line 17) (attach Forn	n 4797)	4b					/	
0 111 11			11 47 57 7	4c		1				
•		ship or an S corporation (a	ttach statement\	5		1		-		
		ship of all 3 corporation (a	illauri statement)	6		┢				
	•	no (Schedule E)		7		1	RF	CFI	VED	
		nd rents from a controlled	organization (Schodulo E)	8		1		VE	- C. C.	0
		on 501(c)(7), (9), or (17) o					S NO		†	S
Exploited exempt activ			rgamzation (concedito c)	10			<u>용</u>	/ (E #)	2020	3
Advertising income (S	-	•		11	/	t t				<u>~</u>
		,		12		\Box	OG	DEN	UT	
Other income (See ins Total, Combine lines				13.	451,392.	-			· ·	151,392.
		ot Taken Elsewher	P (See instructions fo						<u> </u>	
(Deductions	must b	e directly connected w	ith the unrelated busin	ess in	come)					
		rectors, and trustees (Sche						14		
Salaries and wages	10613, UI	rectors, and trustees took	sudic it)					15	1 .	209,145.
Repairs and mainten	ance							16	1	337.
Bad debts	alice							17		
Interest (attach sche	dule\ /c	ee instructions)						18		
Taxes and licenses	uuic) (s	ee manuchons)						19		1,728.
Depreciation (attach	Form 4	562)			20			<u> </u>		<u> </u>
		n Schedule A,and elsewher	re on return		21a			21b	1	
Depletion		, condedition and charmon	0 011 1010111		(=.=1		-	22	1	
Contributions to defe	erred co	mnensation plans						23		
Employee benefit pro								24		
Excess exempt expe	/							25		
Excess readership go								26	1	
Other deductions (at					SEE STATEME	NT 1		27	:	228,692.
/ .								28		439,902.
		ncome before net operating	a loss deduction. Subtract	t line 2	8 from line 13			29		11,490.
		loss arising in tax years be						T		
(see instructions)	orauriy i	iooo arioniy iii tax yearo be	ymy on or unter earling	اع ر، ر. ا	• • •			30		0.
/ `	ayahla ıı	ncome. Subtract line 30 fro	om line 29 Dart	-1			1	3.1		11,490.
		work Reduction Act Notice					<u> </u>	ייט	Form 99	O-T (2019)
3/01 01-2/-20 LDA F0	. raper	WALK LIEGINGTON WELL MATTE	^	9					- 1	`/'
L102 137924	W.TU	· S	2010	. 04	030 VIRTUA	_ W	AT. TOS	RSE	HEAT.	MJHZ /
TOE TO1364	44O 11		2019		220 ATKI 011	• • •				t

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Form 99	9-Т (2019)	VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.		21-0634532	Page 2						
		Total Unrelated Business Taxable Income									
32		unrelated business taxable income computed from all unrelated trades or businesses (see instruc	ctions)	32 19	0,472.						
33`		ts paid for disallowed fringes	* I	33							
34		ble contributions (see instructions for limitation rules)	7 1	3,4	0.						
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from	n the sum of lines 32 and 33		0,472.						
36											
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		. 	0,472.						
37		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4	V	1,000.						
38	•		() 							
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	18	9,472.						
Part		e smaller of zero or line 37 Tax Computation		1 39 1 -0	,						
			(L)	1 3	9,789.						
40		rations Taxable as Corporations Multiply line 39 by 21% (0.21)	0 (100)	1 40 3	3,705.						
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	es ironi;	 							
		ax rate schedule or Schedule D (Form 1041)		41							
42	•	ax See instructions	•	42							
43		tive minimum tax (trusts only)		43							
44		Noncompliant Facility Income See instructions	_	44	0.700						
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1	<u> </u>	9,789.						
Part		Tax and Payments	-								
		tax credit (corporations attach Form 1118, trusts attach Form 1116)		-							
b	Other c	redits (see instructions) business credit. Attach Form 3800 46b 46c		⊣ ∣							
				⊣ ∣							
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	<u> </u>								
е	Total c	redits Add lines 46a through 46d		46e							
47	Subtrac	ct line 46e from line 45		47 3	9,789.						
48	Other ta	ixes Check if from. 🔲 Form 4255 🔝 Form 8611 📖 Form 8697 📖 Form 8866 🔔	Other (attach schedule)								
49	Total ta	Add lines 47 and 48 (see instructions)			9,789.						
50	2019 no	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	, 5		0.						
51 a	Paymer	nts: A 2018 overpayment credited to 2019									
b	2019 es	stimated tax payments 💯 📶	417,238	<u>3.</u>							
C	Tax dep	posited with Form 8868 51c		⊣							
d	Foreign	organizations Tax paid or withheld at source (see instructions) 51d	<u> </u>	⊣ ∣							
е	Backup	withholding (see instructions) 51e		⊣							
f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f		 							
g	Other c	redits, adjustments, and payments: Form 2439									
	F	orm 4136 Other Total ▶ <u>51g</u>	<u> </u>								
52	Total p	ayments Add lines 51a through 51g			5,522.						
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		53							
54	Tax du	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	Þ	54							
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	کا ا	2 55 41	5,733.						
56		e amount of line 55 you want. Credited to 2020 estimated tax	Refunded	1 00	5,733.						
Part	: VI	Statements Regarding Certain Activities and Other Information (s	see instructions)	300,46	<u> 53.4</u> 0						
57	At any 1	time during the 2019 calendar year, did the organization have an interest in or a signature or other	authority	Ye	s No_						
	over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may ha	ve to file								
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign of									
	here	.			х						
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?		х						
	-	see instructions for other forms the organization may have to file									
59	-	ne amount of tax-exempt interest received or accrued during the tax year									
		nder penalties of perpry, I declare that I have examined this return, including accompanying schedules and statement irrect, and complete Declaration of prepared order than taxpayer) is based on all information of which preparer has an	s, and to the best of my know	rledge and belief, it is true,							
Sign	co	rrect, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has an	ny knowledge								
Here		0 9 - 10 V/. 9. 2020 CEO		May the IRS discuss this retur the preparer shown below (se							
		Signature of officer Date Title		instructions)? X Yes	No						
		Print/Type preparer's name Preparer's signature Date	Check	if PTIN							
		1 Topardi S signature	self- employe								
Paid		RUSSLEE ARMSTRONG 11-3	2020	P00288383							
	parer	Firm's name GRANT THORNTON LLP	Firm's EIN								
Use	Only	2001 MARKET ST., STE. 700									
		Firm's address PHILADELPHIA, PA 19103	Phone no.	215-561-4200							
022711	04.07.00	THIRD GOOD FETT DAD BEETIN, EN 19103	T FIIOIIE IIU.	Form 990-	T (2010)						

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. S	ubtract l	line 6		
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or	l for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?			<u>.</u>	<u> </u>
Schedule C - Rent Income ((see instructions)	(From Real	Property and	I Personal Property L	_ease	d With Real Prop	erty)	
1. Description of property							
(1)							
(2)					<u>. </u>		
(3)							
(4)							
		ed or accrued			3(a) Deductions directly	connected with the	Income In
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	or rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	columns 2(a) an	nd 2(b) (attach sched	1e)
(1)							
(2)		<u> </u>					
(3)							
(4)							-
Total	0.	Total		0.]]		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from		Deductions directly conf to debt-finance		ple
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach s	
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x t	e deductions otal of columns nd 3(b))
(1)			%				
(2)			%	<u> </u>			
(3)			%	ļ			
(4)			%	ļ			
					inter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	
Totals			•		0	·	0.
Total dividends-received deductions in	ncluded in columi	18					0.
						Forn	n 990-T (2019)

1. Name of controlled organiza			Exempt	Controlled O	ganızatı	ons				
1. Name of controlled organization		2. Employer identification number		related income a instructions)	4. Total of specified payments made		5. Part of colum included in the co organization's gro	ontrolling	6. Deductions directly connected with income in column 5	
1)										
2)										
3)										
4)	·····	_		_						
onexempt Controlled Organ	uzatione									
			0.7.1.1			40 Park of ankin		44 00	ductions directly connecte	
7. Taxâble Income		ted income (loss) structions)	9, 100	of specified payn made	ients	in the controlli	nn 9 that is include ng organization's income	with	n income in column 10	
1)										
2)										
3)										
4)	1									
	1					Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)	Enter h	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
otals		, ,						0.		
chedule G - Investme	ent Income	of a Sectio	n 501(c)(7	'), (9), or (⁻	7) Org	anization				
(see inst	tructions)									
1. Des	cription of income			2. Amount of	ncome	3. Deduction directly connectated (attach schedu	ted 4.	Set-asides ch schedule)	5. Total deduction and set-asides (col 3 plus col 4	
1)				I						
2)				-			1			
3)					+					
(4)	· · · · · · · · · · · · · · · · · · ·			Enter here and o Part I, line 9, col			·l		Enter here and on page Part I, line 9, column (E	
				ı	- 1				1	
ntaic			•		٥. ا					
chedule I - Exploited	-	tivity Incon	ne, Other	Than Adv		g Income				
	-	a. directl	Expenses ly connected production unrelated less income	4. Net incomfrom urrelated business (cominus column gain, compute through	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelated business income	nat attr	Expenses butable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
Schedule I - Exploited (see instri 1. Description of exploited activity	2. Gross unrelated busin	a. directl	Expenses ly connected production unrelated	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity	2. Gross unrelated busin	a. directl	Expenses ly connected production unrelated	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity (1)	2. Gross unrelated busin	a. directl	Expenses ly connected production unrelated	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity (1) (2)	2. Gross unrelated busin	a. directl	Expenses ly connected production unrelated	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity 1) 2)	2. Gross unrelated busin	ass directl with of the sess busin	Expenses ly connected production unrelated	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than	
1. Description of exploited activity (1) (2) (3)	2. Gross urrelated busin income fror trade or busin	ass directl with of the sess busin	Expenses ly connected production unrelated less income	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
1. Description of exploited activity 1) 2) 3) 4)	2. Gross unrelated busin income fror trade or busin	direction Enter I, pag A)	Expenses ly connected production unrelated sess income here and on e 1, Part 1, 10, col (B) 0.	4. Net incom from unrelated business (co minus column gain, compute	ertisin e (loss) trade or umn 2 3) If a cols 5	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1,	
1. Description of exploited activity 1) 2) 3) 4) stals	2. Gross unrelated busin income fror trade or busin	d on Enter pag A) line 0. (see instruction	Expenses ly connected production unrelated less income here and on e 1, Part 1, 10, col (B) O. Ons)	4. Net incom from urrelated business (co minus column gain, compute through	ertisin e (loss) trade or umn 2 3) If a cols 5 7	5. Gross inco from activity the	nat attr	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
1. Description of exploited activity 1) 2) 3) 4) Stals Chedule J - Advertisi	Enter here and page 1, Par line 10, col (d on Enter pag Inne (see instruction Reported of Carass enternal	Expenses ly connected production unrelated less income here and on e 1, Part 1, 10, col (B) O. Ons)	4. Net incom from urrelated business (co minus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5 7	Gross inco from activity the is not unrelate business income business inc	on 6. Re	butable to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25	
1. Description of exploited activity 1. Description of exploited activity 1) 2) 3) 4) Stals Chedule J - Advertisi Part I Income From 1. Name of periodical	Enter here and page 1, Par line 10, col (d on line of l	Expenses ly connected production unrelated less income here and on le 1, Part 1, 10, col (B) Ons) On a Cons 3. Direct	4. Net incomfrom urrelated business (cominus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5 7	Gross inco from activity the is not unrelate business income business inc	on 6. Re	eadership	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more	
1. Description of exploited activity 1. Description of exploited activity 1) 2) 3) 4) btals Cart I Income From 1. Name of periodical 1) 2)	Enter here and page 1, Par line 10, col (d on line of l	Expenses ly connected production unrelated less income here and on le 1, Part 1, 10, col (B) Ons) On a Cons 3. Direct	4. Net incomfrom urrelated business (cominus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5 7	Gross inco from activity the is not unrelate business income business inc	on 6. Re	eadership	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more expenses are exempted.	
1. Description of exploited activity 1) 2) 3) 4) btals Schedule J - Advertisi Part I Income From	Enter here and page 1, Par line 10, col (d on line of l	Expenses ly connected production unrelated less income here and on le 1, Part 1, 10, col (B) Ons) On a Cons 3. Direct	4. Net incomfrom urrelated business (cominus column gain, compute through	e (loss) trade or umn 2 3) If a cols 5 7	Gross inco from activity the is not unrelate business income business inc	on 6. Re	eadership	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) Enter here and on page 1, Part II, line 25 7. Excess readership costs (column 6 minus column 5, but not more expenses are exempted.	

Total. Enter here and on page 1, Part II, line 14

LOUIL 220-1 (5012) ATKION - MEST							0034332	raye
Part II Income From Perio			a Separ	ate Basis (For	each peri	odical listed in P	art II, fill in	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, computed to 5 through 7		Firculation 6.	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>							
(2)								
(3)			-				-	
(4)								
Totals from Part I	0.		0.				-	0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, I, col (B)					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	ļ	0.	<u>]</u>		_		0.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see	instructio	ons)		
1. Name				2. Title		3. Percent of time devoted to business		mpensation attributable unrelated business
(1)						9/		
(2)						%		
(3)						%		

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FICA		15,588.
PROFESSIONAL FEES		5,063.
MEDICAL SUPPLIES		45,994.
SUPPLIES		99,068.
RENT & LEASE		18,588.
OUTSIDE SERVICES		41,932.
QUALITY CONTROL		1,673.
OTHER EXPENSES		786.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	228,692.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
UTILITIES OUTSIDE SERVICES CONTRACTED OTHER MISC EXPENSES		174,119. 52,717. 30,147.
TOTAL TO SCHEDULE M, PART II, LI	NE 27	256,983.

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY OMB No 1545-0047

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

Interna	Revenue Service	Do not enter SSN numbers	on this form as it	may be	made public if your	organızati	on is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization	, INC	•		Employer ider 21-063		on number		
<u> </u>	Inrelated Business	Activity Code (see instructions)							
	escribe the unrelat	ted trade or business M	EDICAL OFFIC	E REN	TAL PROPERTY				
Par	t I Unrelated	Trade or Business Incor	ne		(A) Income		(B) Expense:	s	(C) Net
1 a	Gross receipts or	sales							
b	Less returns and alle	owances	c Balance 🕨	1c	<u> </u>				
2	Cost of goods sol	d (Schedule A, line 7)		2					
3	Gross profit Subt	ract line 2 from line 1c		3_					
4 a	Capital gain net in	come (attach Schedule D)		4a					
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach i	Form 4797)	4b					
c	Capital loss deduc	ction for trusts		4c					
5	Income (loss) from	n a partnership or an S corporation	on (attach						
	statement)			5					
6	Rent income (Sch	edule C)		6	861,	250.			861,250.
7	Unrelated debt-fin	anced income (Schedule E)		7					
8	Interest, annuities	, royalties, and rents from a conti	rolled						
	organization (Scho	edule F)		8					
9	Investment incom	e of a section 501(c)(7), (9), or (17	7)						
	organization (Sche	edule G)		9					
10	Exploited exempt	activity income (Schedule I)		10					
11	Advertising incom	ie (Schedule J)		11					
12	Other income (See	e instructions, attach schedule)		12	254				061 050
<u>13</u>	Total. Combine lir	nes 3 through 12		13	861,	250.			861,250.
Par	directly co	ns Not Taken Elsewhere nnected with the unrelated	d business ın			n deduc	tions.) (Dec		ns must be
14	•	officers, directors, and trustees (Schedule K)					14	45 272
15	Salaries and wage							15	45,273.
16	Repairs and maint	tenance						16	91,662.
17	Bad debts							17	
18	•	hedule) (see instructions)						18	102,690.
19	Taxes and license				امدا		195,584.	19	102,050.
20	Depreciation (atta	•			20		193,304.	045	195,584.
21	•	claimed on Schedule A and else	where on return		21a			21b	
22	Depletion							22	···
23		leferred compensation plans						23	
24	Employee benefit	. •						24 25	
25	•	(penses (Schedule I)							
26		costs (Schedule J)			SEE STAT	EMENT 3		26 27	256,983.
27	Other deductions				Jab Jin			28	692,192.
28		. Add lines 14 through 27		at.a - 1	Subtract Ima 00 for	m line 12		\vdash	169,058.
29		s taxable income before net ope						29	
30	Deduction for net instructions)	operating loss ansing in tax year	s beginning on c	r aπer	January 1, 2018 (S			30	0.
31	Unrelated busines	s taxable income Subtract line 3	30 from line 29			<u> </u>		31	169,058.
ΙНΔ	For Panerwork F	Reduction Act Notice, see instr	uctions.				So	hedul	le M (Form 990-T) 2019

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Internal Revenue Service

For calendar year 2019 or other tax year beginning

► 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).

, and ending

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

Name	of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM	INC		Employer identifica		
	Inrelated Business Activity Code (see instructions) > 900001	,	·			
	Describe the unrelated trade or business VPROL JOINT V	ENTUR	E INCOME			
	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 (Schedule A, line 7)	2	<u> </u>			
3	Gross profit Subtract line 2 from line 1c	3			<u> </u>	
4 a	Capital gain net income (attach Schedule D)	4a			_	
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		ļ		
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5		ļ		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7		ļ		
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	<u> </u>		<u> </u>	
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9	9,541.		9,541.	
10	Exploited exempt activity income (Schedule I)	10		ļ		
11	Advertising income (Schedule J)	11	<u> </u>			
12	Other income (See instructions, attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	9,541.		9,541.	
Par	directly connected with the unrelated business in				· · · · · · · · · · · · · · · · · · ·	
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15	 	
16	Repairs and maintenance			16		
17	Bad debts			17		
18	Interest (attach schedule) (see instructions)			18	† · · · · · · · · · · · · · · · · · · ·	
19	Taxes and licenses		امما	19		
20	Depreciation (attach Form 4562)		20	041	_	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	215		
22	Depletion			22	<u> </u>	
23	Contributions to deferred compensation plans			23	 	
24	Employee benefit programs			24	<u> </u>	
25	Excess exempt expenses (Schedule I)			25		
26	Excess readership costs (Schedule J)			26		
27	Other deductions (attach schedule)			27		
28	Total deductions. Add lines 14 through 27	nt.n- 1	Dubtroot line 00 from line	28	5 544	
29	Unrelated business taxable income before net operating loss deduced business taxable income business			e 13 <u>29</u>	+ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
30	Deduction for net operating loss ansing in tax years beginning on oinstructions)	r aπer	January 1, 2016 (See	30	٥.	
31	Unrelated business taxable income. Subtract line 30 from line 29			31	1 - 1	
<u> </u>	Schedula M (Form 990-T) 2					

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

Department of the Treasury Internal Revenue Service

For catendar year 2019 or other tax year beginning , and ending

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

Open to Public Inspection for

Name	of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM	-		Employer ic	dentification ni	ımber
	Inrelated Business Activity Code (see instructions) > 900099	•				
	Describe the unrelated trade or business SECURITY SERV	ICES				
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1 a	Gross receipts or sales 441,319.					
ь	Less returns and allowances c Balance	1c	441,319.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit, Subtract line 2 from line 1c	3	441,319.			441,319.
4 a	Capital gain net income (attach Schedule D)	4a				_
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					-
	statement)	5	į			
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	441,319.			441,319.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			uctions.) (Di		
14	Compensation of officers, directors, and trustees (Schedule K)				14	524,880.
15	Salaries and wages				15	524,000.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	32,054.
19	Taxes and licenses		امدا		19	32,034.
20	Depreciation (attach Form 4562)		20		041	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion Operation and Advantage Services				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs					
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)					556,934.
28	Total deductions. Add lines 14 through 27	ation C	ubtraat lina 20 from line	12	28	-115,615.
29	Unrelated business taxable income before net operating loss dedu			13	29	
30	Deduction for net operating loss ansing in tax years beginning on coinstructions)	or arter J	anuary 1, 2015 (see	STMT 4	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-115,615.
ППΔ	For Panerwork Reduction Act Notice see instructions				Schedule M	(Form 990-T) 2019

SCHEDULE, M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	58,792.		58,792.	58,792.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	58,792.	58,792.

VIRTUA - WEST	JERSEY HEAL	TH 'SYSTEM, I	INC.		21-063453	2		
Schedule A - Cost of Goods	s Sold. Enter i	method of inven	tory valuation N/A					
Inventory at beginning of year 1		6 Inventory at end of year			6			
2 Purchases			7 Cost of goods sold. S	ubtract lin	e 6			
3 Cost of labor	3 Cost of labor 3			from line 5. Enter here and in Part I,				
4a Additional section 263A costs			line 2		L	7		
(attach schedule)	(attach schedule) 4a			8 Do the rules of section 263A (with respect to Yes				
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?			Х		
Schedule C - Rent Income ((From Real F	Property and	Personal Property L	.eased	With Real Proper	rty)		
(see instructions)								
Description of property								
(1)								
(2)	_					·		
(3)								
(4)								
	2. Rent receive				3(a) Deductions directly co	onnected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	` ´of rent for p	(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)			columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)					· ·			
(4)					 			
Total	0.	Total	<u> </u>	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er >		. lè	b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Deb		ncome (see	instructions)					
			2. Gross income from	;	3. Deductions directly connect to debt-financed			
1. Description of debt-financed property			or allocable to debt- financed property	(a) Si	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)				İ				
(2)								
(3)				İ				
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or all debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%	1	· · · · · -			
(2)			%					
(3)			%					
(4)			%					
					er here and on page 1, et I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			.		0.	0.		
Total dividends-received deductions in	ncluded in column	8				0.		
TOTAL GIAIRDINGS TOCCIACH RESISTINGIS II	iologou ili coluilli				*****			

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , and ending

► 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-501(c)(3) Organizations Only

Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.					Employer Identification number 21 – 0 6 3 4 5 3 2		
$\overline{}$	Unrelated Business Activity Code (see instructions) 446199						
	Describe the unrelated trade or business PHYSICAL THER	APY RE	TAIL				
Pa	rt I Unrelated Trade or Business Income		(A) Income	(1	B) Expenses	(C) Net	
1 a	Gross receipts or sales 383.						
b	Less returns and allowances c Balance	1c	383,	-			
2	Cost of goods sold (Schedule A, line 7)	2		╄		202	
3	Gross profit Subtract line 2 from line 1c	3	383,	 		383.	
4 a	Capital gain net income (attach Schedule D)	4a		-			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		┼			
C	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	 	├			
6	Rent income (Schedule C)	6		-			
7	Unrelated debt-financed income (Schedule E)	7		 			
8	Interest, annuities, royalties, and rents from a controlled	_					
	organization (Schedule F)	8		 			
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		-			
10	Exploited exempt activity income (Schedule I)	10		+-	-		
11	Advertising income (Schedule J)	11		+			
12	Other income (See instructions, attach schedule)	12	383,	┼—		383.	
<u>13</u>	Total. Combine lines 3 through 12	13					
_	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in				14		
14	Compensation of officers, directors, and trustees (Schedule K)				15		
15	Salaries and wages				16		
16	Repairs and maintenance	17					
17	Bad debts Interest (attach schedule) (see instructions)	18					
18 19	Taxes and licenses	19					
20	Depreciation (attach Form 4562)		20				
21							
22	Depletion		(2,0)		21b	_	
23	Contributions to deferred compensation plans				23		
24	Employee benefit programs				24		
25	Excess exempt expenses (Schedule I)				25		
26	Excess readership costs (Schedule J)				26		
27	Other deductions (attach schedule)				27		
28	·					0.	
29					28	383.	
30	Deduction for net operating loss ansing in tax years beginning on o						
	instructions)	_	•		30	0.	
31_	Unrelated business taxable income Subtract line 30 from line 29		1		31	383.	
	E B I. D. d Ala Matina and Instructions				Sahadula M	(Form 900.T) 2010	

VIRTUA - WEST JERSEY HEALTH SYST	'EM' INC.	21-0634532				
Schedule A - Cost of Goods Sold. Enter method of						
1 Inventory at beginning of year 1	6 Inventory at end of year	r6				
2 Purchases 2	7 Cost of goods sold. Su	ubtract line 6				
3 Cost of labor 3	from line 5. Enter here a	from line 5. Enter here and in Part I,				
4a Additional section 263A costs	line 2	7				
(attach schedule) 4a	8 Do the rules of section	263A (with respect to	Yes No			
b Other costs (attach schedule) 4b	property produced or a	property produced or acquired for resale) apply to				
5 Total. Add lines 1 through 4b 5	the organization?					
Schedule C - Rent Income (From Real Propert (see instructions)	y and Personal Property L	eased With Real Property)				
Description of property						
(1)						
(2)						
(3)						
(4)						
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%)	om real and personal property (if the percentag rent for personal property exceeds 50% or if the rent is based on profit or income)	ge 3(a) Deductions directly connected columns 2(a) and 2(b) (atta	ns directly connected with the income in nns 2(a) and 2(b) (attach schedule)			
(1)						
(2)						
(3)						
(4)						
Total 0. Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). Enter		(b) Total deductions. Enter here and on page 1,				
here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income	(see instructions)	0 . Part I, line 6, column (B)	0.			
		3. Deductions directly connected with				
	Gross income from or allocable to debt-	to debt-financed property (8) Straight line depreciation (1)) Other deductions			
Description of debt-financed property	financed property	(attach schedule)	(attach schedule)			
(1)						
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted bas of or allocable to debt-financed property (attach schedule)	by column 5		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)	%					
(2)	%					
(3)	%					
	%					
(4)						
			ar here and on page 1, t I, line 7, column (B)			
	•					