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FINAL RETURN Exempt Organization Business Income Tax Return Form 990-T OMB No 1545-0047 (and proxy tax under section 6033(e)) $07/0\underline{1}$, 2019, and ending_ For calendar year 2019 or other tax year beginning ____ ► Go to www.irs.gov/Form990T for instructions and the latest information. 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). D Employer identification number Check box if Check box if name changed and see instructions) Name of organization ((Employees' trust see instructions) address changed KENNEDY UNIVERSITY HOSPITAL, INC. B Exempt under section Print X | 501(C(y) 3 Number, street, and room or suite no. If a P.O. box, see instructions 22-1773439 E Unrelated business activity code 408(e) 220(e) Type 1101 MARKET STREET, STE 2004 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) PHILADELPHIA, PA 19107 C Book value of all assets at end of year Group exemption number (See instructions) Check organization type

X | 501(c) corporation Other trust 501(c) trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated If only one, complete Parts I-V If more than one, describe the trade or business here first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?...... 🕨 🗓 Yes If "Yes," enter the name and identifying number of the parent corporation
ATCH 1 Telephone number ▶ 215-503-8344 The books are in care of ▶RONALD C. KELLER, CPA **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances WHEN STRUCK THE STRUCK Cost of goods sold (Schedule A, line 7). [2] Gross profit Subtract line 2 from line 1c . THE APPEAR FOR Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). HUD WELLT HE Capital loss deduction for trusts 4 c Rent income (Schedule C) EIVED. 5 6 Unrelated Pot-financed income (Schedule E) 7 Interest, anglifiés, royaliles, and gents from a controlled on 8 Investment income of a section 501(c)(7), (9), or (17) organ 9 Exploited exempraetivity income (Schedule Advertising Income Schedule J.) U.T. 10 11 DESCRIPTION OF THE PROPERTY OF Other income (See instructions, attack schedule) 12 Total Combine lines 3_through 12 13 Part ! 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 (Schedule K 15 Salaries and wages . . 15 16 Repairs and maintenance 16 17 17 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 Depreciation (attach Form 4562). . 20 Less depreciation claimed on Schedule A and elsewhere 21 21b 22 22 23 Contributions to deferred compensation plans 24 Employee benefit programs . . 25 Excess exempt/expenses (Schedule I). 26 Excess readership costs (Schedule J). 26 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27. . 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 2 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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Page 2

Par	t 1/2	Total Unrelated Business Taxable Income				
32	otal	of unrelated business taxable income computed from all unrelated	trades or businesses (s	ee		
•	instruc	tions)		32		
33		ts paid for disallowed fringes				
34		ble contributions (see instructions for limitation rules)				
35		unrelated business taxable income before pre-2018 NOLs and speci				
33		the sum of lines 32 and 33				0.
36		ion for net operating loss arising in tax years beginning befo				
		tions)				
37		f unrelated business taxable income before specific deduction. Subtract line 3				
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions) .				
39		ted business taxable income. Subtract line 38 from line 37 If line				_
	enter th	e smaller of zero or line 37		39		0.
Par	t IV	Tax Computation	<u> </u>			
40	Grgan i	zations Taxable as Corporations. Multiply line 39 by 21% (0 21)		. ▶ 40		
41	Trusts	Taxable at Trust Rates. See instructions for tax comp	outation Income tax	on		
	the am-	ount on line 39 from Tax rate schedule or Schedule D (Form	1041)	. ▶ 41		
42		ax. See instructions			<u> </u>	
43		tive minimum tax (trusts only)				
44		Noncompliant Facility Income. See instructions				
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies				
45			· · · · · · · · · · · · · · · · · · ·	1 75 1		
		Tax and Payments	460	<u> </u>		
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)	408	[
b	Other o	redits (see instructions)	. 46D			
С	Genera	Il business credit Attach Form 3800 (see instructions)	. 46c			
d	Credit 1	for prior year minimum tax (attach Form 8801 of 8827)	. [46d]	— j		
е		redits. Add lines 46a through 46d				
47		ct line 46e from line 45		T		
48	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8	866 Other (attach schedul	e). 48		
49	Total ta	ax. Add lines 47 and 48 (see instructions)		λ. <u>4</u> 9		<u> </u>
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lii	ne 3,	5b		
51 a	Payme	nts A 2018 overpayment credited to 2019	. 5 1a			
		stimated tax payments		0. /		
c	Tay der	posited with Form 8868	51c			
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		for small employer health insurance premiums (attach Form 8941)				
<u>'</u>	Others	redits, adjustments, and payments Form 2439	-	- 		
g			الجوا			
				[]	26,2	50
52		ayments. Add lines 51a through 51g		52	20,2	
53		ted tax penalty (see instructions) Check if Form 2220 is attached		53		—
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.	IA	.▶ 5#	26,2	50
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount		. ▶ 55		
56	_	e amount of line 55 you want. Credited to 2020 estimated tax	Refunded		26,2	50.
Par		Statements Regarding Certain Activities and Other In				
57		time during the 2019 calendar year, did the organization have an				No
		financial account (bank, securities, or other) in a foreign country?				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Ye	es," enter the name of t	he foreign c		
	here >	•				X
58	During	the tax year, did the organization receive a distribution from, or was it the gr	antor of, or transferor to, a f	oreign trust?		X
-	-	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 > \$				
<u></u>	U	nder penalties of penury, I declare that I have examined this return, including accompanying	schedules and statements, and to t	he best of my kr	nowledge and belie	f, it is
Sigr	l to	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of w	hich preparer has any knowledge			
Here	1	(11/10/20 EV	P CFO/CAO		discuss this re parer shown be	
1161		ignature of officer Date Title	 	(see instructions)		No \
		Print/Type preparer's name Preparer's signature	Date		PTIN	
Paid		1000	- 11/10/20 ^C	heck if	P00642486	6
Prep		SCOTT J MARIANI	s	elf-employed	2-2027092	
-	Only	Firm's name WITHUMSMITH+BROWN, PC		anno Envi	2-2027092 -546-2140	

Form 990-T (2019)							Page 3
Schedule A - Cost of G	oods Sold. Er	nter metho	d of inventory v	aluation	>		
1 Inventory at beginning of	year 1		6	Inventory	at end of yea	ar	6
2 Purchases	2		7			old. Subtract line	l i
3 Cost of labor				6 from lii	ne 5 Enter	here and in Part	: []
4a Additional section 263A c	osts			I, line 2			. 7
(attach schedule)	4a		8			section 263A (
b Other costs (attach schedu						or acquired fo	
5 Total. Add lines 1 through	· · -						X
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Prope	erty)
(see instructions)	•	•				•	
Description of property							
(1)						·	
(2)				7/1	<u> </u>		
(3)							
(4)							
	2. Rent recei	ved or accru	ed				
(a) From personal property (if the for personal property is more the more than 50%)	ian 10% but not	percent	rom real and personage of rent for person if the rent is base	onal property	exceeds		directly connected with the income ((a) and 2(b) (attach schedule)
(1)						1	
(2)				_			
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of chere and on page 1, Part I, line 6	• • •		_			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructions)				
1. Description of del	nt-financed property		2. Gross incom			debt-finan	onnected with or allocable to ced property
,	, ,		proper			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)						•	
(5)							
(3)	· · · · · · · · · · · · · · · · · · ·						
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6. Colur 4 divide by colum	ed		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	-			%			
(2)				%			
(3)				%			
(4)	<u>-</u> -			%	· 		·
Totals						e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deduct							

Schedule F - Interest, Ani	nuities, Royaltie			rom Controlled Or			i ons (se	e instruction	ons)	
* '	•	-	_xompt c	ontrolled of	<u>gan,,2a.,</u>					0.0.1.1
1 Name of controlled organization	2. Employer identification numb	per		elated income e instructions)		of specified ents made	included	of column 4 th I in the contro tion's gross in	olling	6. Deductions directly connected with income in column 5
(1)	•				1.					1.74
(2)	•							1		
(3)							1			
(4)	· •						<u> </u>			
Nonexempt Controlled Organ	ızatıons									
7. Taxable Income	8. Net unrelated i		9	. Total of specifi		includ	rt of columned in the co	ontrolling		Deductions directly nected with income in column 10
(1)	•		1				<u></u>	-		اور د
(2)				-						
(3)										.5
(4)	· · · · · · · · · · · · · · · · · · ·		 					•	•	
· · · · · · · · · · · · · · · · · · ·						Add	columns 5 a	and 10	Ad	d columns 6 and 11
•	,		•	•		Enter	here and on , line 8, colu	page 1,	Ent	er here and on page 1,* rt I, line 8, column (B)
Totals	<u></u>	<u></u>	·		<u></u> ▶					<u> </u>
Schedule G-Investment I	ncome of a Se	ction 5	01(c)(7)	, (9), or (17	7) Orga	nization	(see ins	tructions)		
1. Description of income	2. Amount o	f income		3. Deduction directly contact (attach sci	nnected			et-asides schedule)		 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										•
.(3)										
(4)										•
	Enter here and	on page 1	1.	71 TA THE TOTAL TO	FAX	twee w		KARK K	0.0000000000000000000000000000000000000	Enter here and on page 1,
*	Part I, line 9, c	olumn (A)			4 - 445		Mar see			Part I, line 9, column (B)
Totals										•
Schedule I – Exploited Ex		come	Other T	han Advert	isina Ir	rome (ee instri	ictions)	1.000 F 81	
ochedule i – Exploited Ex		Conie,	Other i			icome (s	ee iiisti t	T T		Τ
•	2. Gross		xpenses	4. Net incor			,			7. Excess exempt *
	unrelated		rectly ected with	or business 2 minus co	(column		s income tivity that	6. Exper		expenses (column 6 minus +
. 1 Description of exploited activity	business income from trade or		uction of related	If a gain, c	ompute		inrelated s income	columi		column 5, but not more than
•	business		ess income	cols 5 thro	ough 7	Dusines	3 111001110			column 4)
	· · · · · · · · · · · · · · · · · · ·							 		
(1)							_			· · · · · ·
(2)	·							 		
				.						<u> </u>
(4)		_						77 (700) 5 70)		
	Enter here and on page 1, Part I,		nere and on 1, Part I.							Enter here and on page 1.
	line 10, col (A)		0, col (B)							Part II, line 25
Totals	•		•	III ARTA			得式配款	WE TO		Ď.
Schedule J- Advertising I	ncome (see instr	uctions)					•			
Part I Income From Per	riodicals Report	ted on	a Consc	lidated Bas	sis				•	- ··· · · · · · · · · · · · · · · · · ·
•							~			7. Excess readership
	2. Gross			4. Advert	-			,		costs (column 6
1. Name of periodical	advertising		Direct	2 minus co		l	culation ome	6. Reade		minus column 5, but
•	ıncome	auvert	ising costs	a gain, co	•	""	Jine ,	costs	٠.٠	not more than
	-		,	cols 5 thro	ough 7 😭					column 4)
(1)				24304				 		Ultrata de la tak
(2)					16 113 Hz			· - ·		
(3)	 	<u> </u>			Berry			 		MANAGEMENT OF STREET
(4)		<u> </u>			* *** **** *** ***********************			 		
1		_		Contract Park	wierykeel			 		1-20 million (15-25-01-20-4-20-4-30-4-30-4-30-4-30-4-30-4-30-4
Totale (corp. to Bod II line (5))										
Totals (carry to Part II, line (5))	1							L		5 000 T (000)

22-1773439 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						•
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

1. Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
)		%	
)		%	
)		%	
)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THOMAS JEFFERSON UNIVERSITY 23-1352651

KENNEDY UNIVERSITY HOSPITAL, INC. EIN: 22-1773439 FORM 990-T FOR THE YEAR ENDED JUNE 30, 2020

THE TAXPAYER'S FINAL FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, IS BEING FILED TO REFLECT A REFUND OF THE ESTIMATED TAXES REMITTED WITH RESPECT TO INTERNAL REVENUE CODE §512(A)(7). DUE TO THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7), THE TAXPAYER NO LONGER HAS A REQUIREMENT TO FILE A FORM 990-T ANNUALLY AND THE ESTIMATED TAXES REMITTED SHOULD BE REFUNDED.