Exempt Organization Declaration and Signature for Electronic Filing

~	
. 2020, and ending	an.

OMB No. 1545-0047

For calendar year 2020, or tax year beginning

Department of the	Treasury	For us	se with Forms 990, 990-EZ			8868	2020
Internal Revenue	Service		► Go to www.irs.gov/For	m8453EO for the	latest information.		
Name of exer	npt organiza	ition or person su				Taxpayer iden	tification number
			MORIAL HOSPITAL BURL	INGTON			
Dowt 1	Town of the	COUNTY, IN				21-063	4562
Part I	Type of I	Return and Re	eturn Information (Wi	nole Dollars Only)			
Check the bo	x for the typ	e of return being	filed with Form 8453-EO and	d enter the applicat	ole amount, if any fr	om the return If w	M.
check the bo	x on line 1a,	2a, 3a, 4a, 5a, 6	a, or 7a below, and the amo	ount on that line of	the return being filed	with this form was	۹.
			b, or 7b, whichever is applic				
			Do not complete more than		, , , ,		,
1a Form 996	n check here		b Total revenue, if any (Form 000 Bort VIII	solumen (A) line 40)	-11	
2a Form 99			b Total revenue, if any (Form 990, Fart VIII.	, column (A), line (2) M	1b _	
3a Form 11			b Total tax (Form 1120-	POI line 22\	77		
4a Form 996	0-PF check	here	b Tax based on investm	ent income (Form	990.PF Part VI line	F**\	
5a Form 88	68 check he	re 🕨	b Balance due (Form 88	68. line 3c)	, 1000 i i , 1 di L vi, ii i i	5b	
6a Form 996	0-T check he	ere 🕨 🗓	b Total tax (Form 990-T,	Part III. line 4)	***************************************	6b	41.
7a Form 472	20 check he	re 🕨	b Total tax (Form 4720.	Part III, line 1)			<u></u>
Part II	Declarat	ion of Officer	or Person Subject to	Тах			
(dir retu at ⁻ the rela If a exe	ect depit) en urn, and the I-888-353-45 processing ated to the p copy of this ecuted the el	atry to the financial financial institution in the lectronic payment. return is being file ectronic disclosured.	I its designated Financial Agal institution account indicated to to debit the entry to this against to the payment of taxes to receive led with a state agency(ies) are consent contained within above) to the selected state	ed in the tax prepa tocount. To revoke payment (settleme confidential inform regulating charities this return allowing	ration software for p a payment, I must c nt) date. I also autho ation necessary to a as part of the IRS F.	ayment of the fede ontact the U.S. Tre orize the financial in inswer inquiries an ed/State program.	eral taxes owed on this easury Financial Agent estitutions involved in d resolve Issues
					F		
under penalti respect to (na	-		I am an officer of the	above named organ	nization or I am		ct to tax with
	_		20 electronic return and acc	proposition colored	log on a state as a to	, (EIN) _	<u> </u>
knowledge ar of the electro to the IRS an delay in proce	nd belief, the nic return. I d d to receive	y are true, correct consent to allow r from the IRS (a) a	t, and complete. I further de my intermediate service pro- ry acknowledgement of rece id (c) the date of any refund	clare that the amou vider, transmitter, o ipt or reason for re	unt in Part I above is or electronic return or jection of the transm	the amount show riginator (ERO) to s nission, (b) the reas	n on the copy
Sign Here	Ciamantuma -	of officer or persor		1/10 2		ENT/CEO	
Part III			nic Return Originato	Date	Title, if a	applicable	
The organization formation to e-File (MeF) Ir declare that I they are true, ERO's sign Use Firm	collector, I a ion officer or be filed with formation for have examination correct, and	m not responsible r person subject t h the IRS to the o or Authorized IRS sed the above ret d complete. This F	turn and that the entries on a for reviewing the return and to tax will have signed this forfficer or person subject to the effile Providers for Business and accompanying schematic Propagation of the part of th	d only declare that orm before I submit ax, and have follow Returns. If I am als edules and stateme	this form accurately the return. I will give the all other requiren so the Paid Preparer this, and, to the besi attion of which I have Check if also paid Check if if	reflects the data of e a copy of all forments in Pub. 4163 r, under penalties of the former of the following the complex of th	on the return. as and by Modernized of perjury I and belief, SSN or PTIN 3524939
Under nfat	00 of =					856-355-	
ledge and bel	es or perjury lef, they are	r, i deciare that i n true, correct, and	nave examined the above re I complete. Declaration of p	turn and accompar reparer is based on	nying schedules and all information of wi	statements, and, t hich the preparer h	to the best of my know- as any knowledge.
Paid Preparer Use Only	Print/Type p Russ Firm's name	reparer's name REPT MS GRANT TH	Preparer's signa			Check if self- employed Firm's EIN	PTIN P00288383 36-6055558
			PHIA PA 19103			Phone no.	4200
						215-561-	- 4.20U

023061 11-06-20 LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2020)

r.,	_m 990-T	Fyen	EXTEND	ED TO NOVE	MBI	ER 15, 20	21		P
ror	m 556-1	Exempt Organization Business Income Tax Retu (and proxy tax under section 6033(e))							OMB No. 1545-0047
		For calendar yea	ar 2020 or other tax year beg						2020
D			Go to www.irs.gov		ruot	, and ending			ZUZU
Inter	artment of the Treasury mal Revenue Service	▶ Do not	enter SSN numbers or	this form as it may be	e ma	de public if your org	anization is a 501(c)(3).	Open to Public Inspection for 50 t(c)(3) Organizations Only
Α	Check box if address changed.	Name (of organization (Check box if name cha	nged				loyer identification number
_			UA MEMORIAL HOSI	PITAL BURLINGTO	N				
	Exempt under section 501(c)(3)		TY, INC.					-	21-0634562
F	408(e) 220(e)	The Indiano	er, street, and room or s	suite no. If a P.O. box, s	see in	nstructions.		(See	p exemption number instructions)
F	408A 530(a)	100000						-	
F	529(a) 529S		town, state or province		oreigi	n postal code			
			e of all assets at end			953	958,199.	⊣F ∟	Check box if
G	Check organization t	pe X	501(c) corporation	501(c) trust	_	401(a) trust	Other trust	A = E = =	an amended return.
	Check if filing only to				7.0	rofund abour on E	Other trust	Applica	ble reinsurance entity
ī	Check if a 501(c)(3) c	rganization fili	ing a consolidated re	turn with a 501/cV2)	title	holding corporatio	om 2439		
J	Enter the number of	ttached Sche	edules A (Form 990-T			noiding corporatio			1
ĸ	During the tax year, v	as the corpor	ration a subsidiary in	an affiliated group o	rar	parent-subsidian/	ontrolled aroun?	X	
	If "Yes," enter the na	ne and identif	fying number of the p	parent corporation.	► T	VIRTUA HEALTH	INC.		1 res No 22-3524939
L	The books are in care	of ROBER	T M. SEGIN				ohone number		
Pa	rt I Total Unre	lated Busi	iness Taxable In	come			The state of the s		
1	Total of unrelated b	usiness taxab	le income computed	from all unrelated tr	ade	s or businesses (se	e	T	
	instructions)		·····			-		1	1,196.
2	Reserved		·····				•••••••••••••••••••••••••••••••••••••••	2	
3	Add lines 1 and 2							3	1,196.
4	Charitable contribu	ions (see instr	ructions for limitation	rules)				4	0.
5	Total unrelated bus	ness taxable i	income before net op	perating losses. Subt	tract	line 4 from line 3		5	1,196.
6	Deduction for net o	perating loss.	See instructions					6	
7			le income before spe	cific deduction and	sect	ion 199A deductio	n.		
	Subtract line 6 from							7	1,196.
8	Specific deduction	generally \$1,0	100, but see instructi	ons for exceptions)				8	1,000.
9	Trusts, Section 199	A deduction.	See instructions					9	
10	lotal deductions.	add lines 8 and	d 9	**********				10	1,000.
11		taxable inco	ome. Subtract line 10	from line 7, If line 1	0 is	greater than line 7	,		
Pa	rt II Tax Comp	Itation		<u></u>				11	196.
1			estione Multiple Des						
2	Truste tavable at to	ist rates. So	ations, Multiply Part	(0.	.21)			1	41
	Part I, line 11 from:		e instructions for tax						
3	Proxy tax. See instr		_	Schedule D (For	rm 1	041)		2	
4			ns	***************************************	•••••		▶		
5	Alternative minimum	tax ftrusts onl	ns lv)					4	
6			ome. See instruction			***************************************		5	
7	Total. Add lines 3 th	ough 6 to line	e 1 or 2, whichever a	pplies			***************************************	7	41.
HA	For Paperwork Re	luction Act N	lotice, see instruction	ons.				11	Form 990-T (2020)

	90-T (2020)				Page 2
	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	14			
e	Total credits. Add lines 1a through 1d			1e	
2	Subtract line te from Part II, line /			2	41.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8	697	Form 8866		
	Other (attach statement)			3	-20
4	Total tax, Add lines 2 and 3 (see instructions).	usiv defe	rred under		
-	section 1294. Enter tax amount here			4	41.
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		3 63	
b	2020 estimated tax payments. Check if section 643(g) election applies	6b	1,298	200	
	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e 4	Backup withholding (see instructions)	6e		255	
,	Credit for small employer health insurance premiums (attach Form 8941)	_6f			
g	Other credits, adjustments, and payments: Form 2439				
7	Form 4136 Other Total	6g			
8	Total payments. Add lines 6a through 6g			7	1,298.
9	Estimated tax penalty (see instructions). Check if Form 2220 is attached		▶ ∟	8	
10	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
11	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2021 estimated tax	d		10	1,257.
Part I	Statements Regarding Certain Activities and Other Information	1 / 1	Refunded >	11	1,257.
1 /	At any time during the 2020 calendar year, did the organization have an interest in or a s	1 (599)	istructions)	0.00	
(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the org	signature	or other authority		Yes No
F	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the na	anization	n may have to file		
	nere	aine oi ui	e loreign country		x
2 [During the tax year, did the organization receive a distribution from, or was it the grantor	of or tra	eneferor to a		The same of the same of
f	oreign trust?	01, 01 116	ansieror to, a		x
	is the organization may have to file.				
3 E	inter the amount of tax-exempt interest received or accrued during the tax year		S		
4a L	old the organization change its method of accounting? (see instructions)				_ x
b II	4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF,	or Form	1128? If "No "		
e	xplain in Part V				
Part V	Supplemental information				
rovide t	ne explanation required by Part IV, line 4b. Also, provide any other additional information	n. See in:	structions.		
ign	Under penalties of perjury, I declare that I have examined the return, including accompanying schedules and states correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	ments, and t	o the best of my knowledg	go and belief,	it is true,
ere	100 -11/1/11/11/11	,			uss this return with
	Signature of officer Pate President/CE	30			wn below (see
	Date Fills		inst	ructions)?	Yes X No
	Print/Type preparer's name Preparer's signature Date	1 1	Check if	PTIN	
aid	RUSSLEE ARMSTRONG Supple Clims Trong 11	2/2	self- employed		
repare	Figure - Charm myomymer	20	<u> </u>	P0028	8383
se On			Firm's EIN ▶	36-6	055558
	2001 MARKET ST., STE. 700 Firm's address PHILADELPHIA, PA 19103		TEMPORE UNIT WINNERS		
-	THE THE PROPERTY OF THE PROPER		Phone no. 21	5-561-42	
				For	m 990-T (2020)

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1 CORPORATION'S NAME IDENTIFYING NO VIRTUA HEALTH, INC. 22-3524939

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

ENTIT	Y 1
L	OMB No. 1545-0047
	2020
, 1	Open to Public Inspection for

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

_	Name of the organization VIRTUA MEMORIAL HOSPITAL BURLING	Open to Public Inspection (501(e)(3) Organizations On			
_	COUNTY, INC.	B Employer iden 21-063456			
<u>c</u>	Unrelated business activity code (see instructions) 621500			D Sequence:	1 of 1
E	Describe the unrelated trade or business DOUTSIDE LAB SERVI	CES, SI	ECURITY SERVICES		
	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	a Gross receipts or sales 23,451.				
2	Less returns and allowances c Balance	1c	23,451.	I SUCCESSION OF THE PARTY OF TH	
3	Cost of goods sold (Part III, line 8)	2		Melasilian Syraka	
	Gross profit. Subtract line 2 from line 1c	3	23,451.	A SHAPE WAS	23,45
	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)				
6	Rent income (Part IV)	5			
7	Unrelated debt-financed income (Part V)	6			
8	Interest, annuities, royalties, and rents from a controlled	7			
9	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
0	organizations (Part VII)	9			
1	Exploited exempt activity income (Part VIII)	10			
2	Advertising income (Part IX)	11			
3	Other income (see instructions; attach statement)	12		HISTORY STANF	
	Total, Combine lines 3 through 12 t II Deductions Not Taken Elsewhere (See instruction)	13	23,451.		23,451
aı	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business inc	ons for come	limitations on dedu	uctions) Deduction	ns must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Thanks and wages				0.035
3	Repairs and maintenance Bad debts	**********	***************************************		9,035
					58
	(and the state of				
	A CONTRACT OF THE PARTY OF THE			5	
	- spiration (attach i offit 4502) (see instructions)		7	6	
3	Less depreciation claimed in Part III and elsewhere on return		82	OL.	
)	Depletion Contributions to deformed companyation			8b	
30 . 3	contributions to deferred compensation plans			9	
				1 1	
	- seed another expenses (r art vin)			40	
	Excess readership costs (Part IX) Other deductions (attach statement)			12	
			SEE STATEMENT		13 100
(13,162
(total deductions. Add lines 1 through 14			15	22,255.
	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Sub-	tract line	15 from Part I, line 13,	1 1	
	Unrelated business income before net operating loss deduction. Sub- column (C)	tract line		1992.1	1,196.
(((Unrelated business income before net operating loss deduction. Subscolumn (C) Deduction for net operating loss (see instructions) Unrelated business taxable income. Subtract line 17 from line 16	tract line		16	1,196. 0. 1,196.

Part III	Cost of Goods Sold Enter n	nethod of inventory valua	tion		P
	ventory at beginning of year	***************************************		1	
2 Pi	10/10053				
				N 52 6	
	an ought			6	
	,			7	
8 Cc	st of goods sold. Subtract line / from line 6. Ente	er here and in Part I line ?)		
9 Do	the rules of section 263A (with respect to propert	v produced or acquired t	an manufal1 !		Yes
	Rent Income (From Real Property ar scription of property (property street address, city,	10 Personal Proper	tv Leased with F	Real Propertyl	
D					
2 Rer	nt received or accrued	A	B	С	D
	m personal property (if the percentage of	1			
ren	for personal property is more than 10%	1 1			
but	not more than 50%)	1	1		
b Fro	m real and personal property (if the				
ner	centage of rent for personal property exceeds				
50%	or if the rent is based on profit or income)				
c Tota	al rents received or accrued by property.				
Add	lines 20 and 05 and 15				
7100	lines 2a and 2b, columns A through D				
4 in lin	es 2(a) and 2(b) (attach statement)	L. I		100	
			1		
5 Tota	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	ee instructions)			
5 Tota	I deductions, Add line 4 columns A through D. Fr	ee instructions)			
5 Tota art V 1 Desc	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s	ee instructions)			
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Total column Average finance	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (attach statement) deductions (attach statement) deductions (add lines 3a and 3b, ins A through D) (attach statement) deductions (attach statement)	ee instructions) bity, state, ZIP code). Che	ck if a dual-use (see	instructions)	
Total column Amou to det Averaginance Divide	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (attach statement) deductions (attach statement) deductions (add lines 3a and 3b, and A through D) and of average acquisition debt on or allocable to financed property (attach statement) ge adjusted basis of or allocable to debt-ged property (attach statement) line 4 by line 5	ee instructions) bity, state, ZIP code). Che	ck if a dual-use (see	C C	
5 Tota art V 1 Desc A B C D D 2 Gross prope B Dedu to del a Straig b Other c Total colum Amou to det Avera financ Divide Gross	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address). Is income from or allocable to debt-financed enty color of a locable of the debt-financed property (attach statement) deductions (add lines 3a and 3b, and A through D) and of average acquisition debt on or allocable of financed property (attach statement) deductions (add lines 3a and 3b, and A through D) and of average acquisition debt on or allocable of financed property (attach statement) are adjusted basis of or allocable to debt-ged property (attach statement) line 4 by line 5 income reportable. Multiply line 2 by line 6	ee instructions) city, state, ZIP code). Che	B B	C C	D
5 Tota art V 1 Desc A B C D D 2 Gross prope B Dedu to del a Straig b Other c Total colum Amou to det Avera financ Divide Gross	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (street address), or income from or allocable to debt-financed property (attach statement) deductions (attach statement) deductions (add lines 3a and 3b, and A through D) and of average acquisition debt on or allocable to financed property (attach statement) ge adjusted basis of or allocable to debt-ged property (attach statement) line 4 by line 5	ee instructions) city, state, ZIP code). Che	B B	C C	
Total street of the color of th	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address). Is income from or allocable to debt-financed property (street address) and streetly connected with or allocable obt-financed property (attach statement) deductions (add lines 3a and 3b, and A through D). Int of average acquisition debt on or allocable of adjusted basis of or allocable to debt-ged property (attach statement) (add property (attach state	ee instructions) city, state, ZIP code). Che	B B	C C	D
5 Total art V 1 Description A	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address). Is income from or allocable to debt-financed enty color defends and streetly connected with or allocable obt-financed property (attach statement) deductions (add lines 3a and 3b, and A through D) and of average acquisition debt on or allocable of adjusted basis of or allocable to debt-ed property (attach statement) (and	ee instructions) city, state, ZIP code). Che	B B ine 7, column (A)	C %	D
5 Total art V 1 Description A B C C D D D 2 Gross proper 3 Dedu to de	I deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (stription of debt-financed property (street address, or income from or allocable to debt-financed property (street address). Is income from or allocable to debt-financed property (street address) and streetly connected with or allocable obt-financed property (attach statement) deductions (add lines 3a and 3b, and A through D). Int of average acquisition debt on or allocable of adjusted basis of or allocable to debt-ged property (attach statement) (add property (attach state	ee instructions) City, state, ZIP code). Che A A Enter here and on Part I, I	B B ine 7, column (A)	C C	D

Part VI Interest, Annu	ities, Royalties, and Re	ents fro	m Control	led O	rganization	\$ /pag in	structions)	Page :
, mas 22)		1						
Name of controlled organization	d 2. Employer identification number	identification inco		et unrelated 4. Tota ome (loss) payrinstructions)		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)						tion's gro	33 IIICOINE	
(2)						, , , , , , , , , , , , , , , , , , , 		
(3)				33369				
(4)								
	No	nexempt	Controlled Or	ganizat	tions		30.00	
7. Taxable Income	 Net unrelated income (loss) (see instructions) 		otal of specifications of the second of the		that is inc	of column 9 luded in the organization income	e n's	Deductions directly connected with come in column 10
(1)					9,000	into on no		
(2)						3333		
(3)								
(4)			-110.20					
Totals		,		>		and on Part olumn (A)	i, Ente	columns 6 and 11. r here and on Part I, ine 8, column (B)
Part VII Investment In	ncome of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (se	e instructio	ons)	
1. Descri	ription of income		2. Amour incom		3. Deduction directly connect (attach statem	cted (atta	. Set-asides ch statemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)						7		1
(2)								1
(3)								
(4)			100					
Fotals			Add amou column 2. here and on line 9, colur	Enter Part I, nn (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	empt Activity Income,	Other T	han Adve	rtising	Income (s	ee instructi	ions)	
 Description of exploited 	activity:							
2 Gross unrelated busines	ss income from trade or busin	ess. Enter	here and on	Part I,	line 10, column	(A)	2	
line 10, column (B)	ected with production of unrel					t I,	. 3	
4 Net income (loss) from u lines 5 through 7	unrelated trade or business. S	ubtract lin	e 3 from line	2. If a g	gain, complete		4	-
5 Gross income from active	vity that is not unrelated busin	ess incom	ne			********	5	
6 Expenses attributable to	income entered on line 5							
	es. Subtract line 5 from line 6,	but do no	t enter more	than th	e amount on lin	е		
4. Enter here and on Pa	rt II, line 12				<u></u>		7	
							Schedule	A (Form 990-T) 2020

	IX Advertising Income					F	Page 4
1	Name(s) of periodical(s). Check box if reporting	na two or ma	ere poriodicale on a	consolidated basi	le .		
	A A	ig two or mo	ore periodicals on a	consolidated bas	is.		
	В			(1-3)			
	c 📙		140				
Enter	D				. 4		
Enter	amounts for each periodical listed above in the	correspondi					
_		-	Α	В В	С	D	
2	Gross advertising income		and with a standard and				
	Add columns A through D. Enter here and on	Part I, line 1	1, column (A)	• • • • • • • • • • • • • • • • • • • •			0.
а							
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here and on	Part I, line 1	1, column (B))		0.
		_					
4	Advertising gain (loss). Subtract line 3 from li	ne		1		1	
	2. For any column in line 4 showing a gain,				1		
	complete lines 5 through 8. For any column is	1		1			
	line 4 showing a loss or zero, do not complete	e				1	
	lines 5 through 7, and enter zero on line 8						
5	Readership costs						
6	Circulation income			17			
7	Excess readership costs. If line 6 is less than						
	line 5, subtract line 6 from line 5. If line 5 is le	ss				1.	
	than line 6, enter zero	KOKEL!					
8	Excess readership costs allowed as a						
	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 gr		line 8a. columns to	tal or zero here an	d on		
	Part II, line 13	outer or the	mio ou, columno to				0.
Part .		ectors, ar	d Trustees 6	ee instructions)			
				indiractions)	3. Percentage	4. Compensation	
	1. Name		2. Title		of time devoted	attributable to	
	27775 DRIOT (1940)				to business	unrelated busines	2
(1)					%	Ometated Edelines	
(2)					%	- 10	
(3)_					%		
(4)					%		
1-1		***			70		
Total	Enter here and on Part II, line 1						0.
Part 2		- i	-1				٠.
i dici	Cupplemental information (se	e instructions	sj			**	_
			700				
	_						
						- -	
23732 12	2-23-20				Scho	dule A (Form 990-T)	2020

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
FICA		655.
PROFESSIONAL FEES		612.
MEDICAL SUPPLIES		3,015.
MILEAGE		3.
SUPPLIES		3,135.
RENT & LEASE		1,194.
OUTSIDE SERVICES PHOTOCOPY TRANSFER		2,582.
UNIFORMS		1.
OTHER EXPENSES		15.
DISPOSABLE LINEN		1,696.
OTHER FOOD PRODUCTS		8.
UTILITY ELECTRIC		15.
QUALITY CONTROL		11.
AUTO EXPENSE		199.
THERAPEUTIC PROCEDURES		2.
		19.
TOTAL TO SCHEDULE A, PART II,	LINE 14	13,162.