EXTENDED TO NOVEMBER 15, 2024

Form	990-T	E	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))		0000
		For ca	2023		
Departm Internal	nent of the Treasury Revenue Service	1	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
Α	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Em	nployer identification number
<b>B</b> Exe	empt under section	Print	VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.		21-0634532
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number e instructions)
	408(e) 220(e)	Type	406 LIPPINCOTT DR., J		o mod dodonoj
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code  MARLTON, NJ 08053-3427	F	Check box if
	. ,	СВо	ok value of all assets at end of year		an amended return.
G CI	heck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	_		6417(d)(1)(A) Applicable entity		
H CI	heck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective payments	ent amo	ount from Form 3800
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J Er	nter the number of	attach	ed Schedules A (Form 990-T)		5
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation VIRTUA HEALTH, INC.	X	Yes No 22-3524939
	ne books are in ca		receptions number	856-3	55-0620
Part	t I Total Uni	relate	d Business Taxable Income		
1	Total of unrelated	d busin	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved			2	
3	Add lines 1 and 2	2		3	
4			(see instructions for limitation rules)	4	0.
5	Total unrelated b	usiness	s taxable income before net operating losses. Subtract line 4 from line 3		
6	Deduction for ne	t opera	ting loss. See instructions	6	
7	Total of unrelated	d busin	ess taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from			7	
8			erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions	9	
10			lines 8 and 9	10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
Par				Т.	T 0
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on		
			Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in			3	
4			instructions		
5	Alternative minim	ium tax		5	
6			acility income. See instructions	7	0.
Part			gh 6 to line 1 or 2, whichever applies		0.
1a			orations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see				
c	•		Attach Form 3800 (see instructions)  1c		
d			mum tax (attach Form 8801 or 8827)		
e	Total credits. Ac			1e	1
2			rt II, line 7	2	0.
- За	Amount due from			_	
b	Amount due from				
c	Amount due from				
d	Amount due from				
e	Other amounts d				
f		•	lines 3a through 3e	3f	0.
4	Total tax. Add lir	nes 2 ai	nd 3f (see instructions). Check if includes tax previously deferred under		
			x amount here	4	0.
_5			lity paid from Form 965-A, Part II, column (k)	5	0.

Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	. 6a				
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b	71,200.			
С	Tax deposited with Form 8868	6c				
ď	Foreign organizations: Tax paid or withheld at source (see instructions)					
e	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)	1 04				
	Elective payment election amount from Form 3800					
9	Payment from Form 2439					
:	Credit from Form 4136					
	Other (see instructions)					
7	Total payments. Add lines 6a through 6j		2 10 2 2	7	71.2	200.
8				8		
9				9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp			10	71,:	200.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11	71,	200.
Part		ion (see instru				
1	At any time during the 2023 calendar year, did the organization have an interest in or	a signature or o	ther authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization ma	y have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the for	reign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, or transfe	eror to, a			
	foreign trust?					х
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$ <u></u>			
4	Enter available pre-2018 NOL carryovers here \$ Do not i	include any post	:-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	any deduction re	ported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	NOL carryovers	s. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	the tax year. Se	ee instructions.			
	Business Activity Code	Available p	ost-2017 NOL	carryover		
	620000	\$		426,862.		
	540000	\$		158,910.		
		\$				
		\$				
6 a	Reserved for future use					
ь	Reserved for future use					
	V Supplemental Information					_
Provide	e any additional information. See instructions.					
	Linder negatives of parismy. I declare that I have examined this return, including accompanying schedules and s	statements, and to the	hest of my knowled	lge and helief it is tru	e	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer has any knowledg	е.	ge and bonen, trie as		
Here	PRESIDENT	r/cro		y the IRS discuss thi		ith
	Signature of officer Date Title	I / CEO		preparer shown below structions)?		No.
	1	n-1.			es X	No
	Print/Type preparer's name Preparer's signature	Date	Check if	F PTIN		
Paid	RUSSLEE ARMSTRONG Russlee L Armstrong	11/4/2024	self-employed	P00288383	3	
Prepa	THE THE THOUSAND A PRINT SOUR AND	, .,	Firm's EIN	99-1856		
Use (	2001 MARKET ST., STE. 700		- HILLO LIN			
	Firm's address PHILADELPHIA, PA 19103		Phone no. 2	L5-561- <b>420</b> 0		
					90-T	

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

(PUP ST PPSN5 GPS TUSDUP TB EUF MOUFTU GPSNBUP

OMB No. 1545-0047

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).

501(c)(3) Organizations Only

Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.			mployer ide 21-06345	entification nur	nber
Unrelated business activity code (see instructions) 541900			Sequence:	1 of	5
			•		
Describe the unrelated trade or business SECURITY SERVICES	1	Т			
Part I Unrelated Trade or Business Income		" DPNF	Y F TFT		/FU
B Gross receipts or sales525,748.					
C Less returns and allowances D Balance	D	525,748.			
Cost of goods sold (Part III, line 8)					
Gross profit. Subtract line 2 from line 1c		525,748.			525,748
B Capital gain net income (attach Schedule D (Form 1041 or Form					
1120)). See instructions	В				
C Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	С				
D Capital loss deduction for trusts	D				
Income (loss) from a partnership or an S corporation (attach					
statement)					
Rent income (Part IV)					
Unrelated debt-financed income (Part V)					
Interest, annuities, royalties, and rents from a controlled					
organization (Part VI)					
Investment income of section 501(c)(7), (9), or (17)					
organizations (Part VII)					
Exploited exempt activity income (Part VIII)					
Advertising income (Part IX)					
Other income (see instructions; attach statement)					
<b>5PUBM</b> Combine lines 3 through 12		525,748.			525,748
Part II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in			uctions. Deduc	tions must	: be
Compensation of officers, directors, and trustees (Part X)					
Salaries and wages					524,468
Repairs and maintenance					
Bad debts					
Interest (attach statement). See instructions					
Taxes and licenses					40,001
Depreciation (attach Form 4562). See instructions					
Less depreciation claimed in Part III and elsewhere on return		В		С	
Depletion					
Contributions to deferred compensation plans					
Employee benefit programs					
Excess exempt expenses (Part VIII)					
Excess readership costs (Part IX)					
Other deductions (attach statement)					1,200
5PUBMEFEDUP T Add lines 1 through 14					565,669
Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part I, line 13	,		
column (C)					-39,921
Deduction for net operating loss. See instructions					0
6 SFIBUFE CT FTT UBYBONF DPNF Subtract line 17 from line 1	6				-39,921
PS1B FSPS3FEDUP "DU/PUDFTFF TUSDUP T			4DI	FEN7 " PSN 5	

	ule A (Form 990-T) 2023	Page
Part	III Cost of Goods Sold Enter met	ethod of inventory valuation
	Inventory at beginning of year	
	PTUPG PPET TPM Subtract line 7 from line 6. Enter	where and in Doub Line C
Part	Do the rules of section 263A (with respect to property	/ produced or acquired for resale) apply to the organization? FT/Pd Personal Property Leased With Real Property)
lait		
	Description of property (property street address, city, s	state, ZIP code). Check if a dual-use. See instructions.
	<u> </u>	
	<u> </u>	
		п
	Rent received or accrued	
В	From personal property (if the percentage of	
	rent for personal property is more than 10%	
	but not more than 50%)	
С	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)	
D	Total rents received or accrued by property.	
	Add lines 2a and 2b, columns A through D	
	Total rents received or accrued. Add line 2c. columns /	A through D. Enter here and on Part I, line 6, column (A)
	Deductions directly connected with the income	
	in lines 2a and 2b (attach statement)	
	<b>5PIRNFFFDI P T</b> Add line 4 columns A through D F	Enter here and on Part I, line 6, column (B)
Part		
		city, state, ZIP code). Check if a dual-use. See instructions.
	" Street address, t	city, state, 211 code). Offect if a dual-use. See instructions.
	LJ	п П
		"
	Gross income from or allocable to debt-financed	
	property	
	Deductions directly connected with or allocable	
	to debt-financed property	
В	Straight line depreciation (attach statement)	
С	Other deductions (attach statement)	
D	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	
		D). Enter here and on Part I, line 7, column (A)
	JEWN JEIN (add line 7, columns A through D)	7). Enter nere and on Part I, line 7, column (A)
	Allocable deductions Multiply line Co. by Pro- C	
	Allocable deductions. Multiply line 3c by line 6	brough D. Enter here and on Part I. line 7. column (B)
	<b>5PUBME EF ETSFDF FE EFEDUP T</b> included in line	E 10

1

Schedule A (Form 990-T) 2023

Part VI Interest, Annu	iities, Ro	yalties, and Re	ents Fro	m Contro	lled O	rganization	<b>S</b> (see	instruct	ions)	1 agc
·	-				E	Exempt Contro	lled Orga	anization	´ S	
Name of controlled organization		identification incon				al of specified nents made	Part of column 4 that is included in the controlling organiza- tion's gross income		in the niza-	Deductions directly connected with income in column 5
				Controlled Or	-	1				
Taxable Income	in	Net unrelated come (loss) e instructions)		ayments made that is inclu controlling or		of column 9 cluded in the organization's income		c	Deductions directly connected with income in column 10	
						Enter here	mms 5 and 10. e and on Part I, c column (A).  Add columns 6 and 1 Enter here and on Part line 8, column (B).			here and on Part I,
5PUBITI								0.		0.
		of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instru	ctions)		<u> </u>
Desc	cription of	income		Amou incon		Deduction directly connocattach states	ected (a	Set-attach st	asides atement	5PUBMEFEDUP T B E TFUBT EFT (add cols 3 and 4)
				Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B).
5P <b>UBN</b> 1					0.					0.
Part VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	see instr	uctions)		
Description of exploite	_									
Gross unrelated busin						•	. ,			
Expenses directly con										
line 10, column (B)  Net income (loss) from										
`		trade of business.			•					
Gross income from ac										
Expenses attributable										
Excess exempt expens										
4. Enter here and on P	art II, line	12				<u></u>				

4DI FEM7 " PSN 5

Schedule A (	Form 990.	T) 2023	

	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on	a consolidated basis	S.	
	A 🔲	·			
	в 🗆				
	c				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F				0.
а	, (a.a. cola				
	Direct advertising costs by pariadical				
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on F	art I, line 11, column (B)			
			1		
4	Advertising gain (loss). Subtract line 3 from line	•			
	2. 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 -0- on line 8				
5	Readership costs				
6					
7	Circulation income				
′	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	l l			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	ater of the line 8a columns t	otal or -0- here and o	on	
	Part II, line 13				0.
<b>Part</b>	X Compensation of Officers, Dire	ctors, and Trustees	(see instructions)		
			,	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
	ii rtaino	<b>2.</b> 11.00		to business	unrelated business
/1\				%	uniciated business
(1) (0)					
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	instructions)			
	·	,			
					_

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
990T ACCOUNTANT REVIEW EX	PENSE	1,200.
TOTAL TO SCHEDULE A, PART	II, LINE 14	1,200.

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

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

	If Revenue Service Do not enter SSN numbers on this form as it	may be m	ade public if your organiz	ation is a 501(c)(3).		to Public Inspection for c)(3) Organizations Only
<b>A</b>	lame of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.			B Employer id		number
<u>c</u> ს	Unrelated business activity code (see instructions) 330000			<b>D</b> Sequence:	2	of 5
<u>E [</u>	Describe the unrelated trade or business MEDICAL SURGICAL	SUPPLIE	3S			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 27,383.					
b	Less returns and allowances 25,896. c Balance	1c	1,487.			
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3	1,487.			1,487
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	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					
0	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)	9				
10	organizations (Part VII)	10				
10	Exploited exempt activity income (Part VIII)	11				
11	Advertising income (Part IX)  Other income (see instructions; attach statement)	12				
12 13	Total. Combine lines 3 through 12	13	1,487.			1,487
	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business in	ncome			1	ust be
1	Compensation of officers, directors, and trustees (Part X)				1	1,242.
2	Salaries and wages				2	40
3	Repairs and maintenance Bad debts				3	
5					5	
6	_ `				6	94.
7	D / E		_	·····		
8					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 STATEMEN	г 3	14	2,859
15	<b>-</b>				15	4,235
16	Unrelated business income before net operating loss deduction. S column (C)	Subtract I	ine 15 from Part I, line 1	3,	16	-2,748
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated husiness tayable income Subtract line 17 from line 1			·····	18	-2 748.

For Paperwork Reduction Act Notice, see instructions.

LHA 323741 01-19-24

Schedule A (Form 990-T) 2023 Page **2** 

Part	III Cost of Goods Sold Enter met	thod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
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					
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See ins	structions.	
	A \( \)	,			
	В				
	c				
	D				
		Α	В	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				
	FOO( - vif the count is because on a confit on income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldinins A through b				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I line 6	column (A)	0.
Ū	Deductions directly connected with the income	A through b. Enternere	and on raiti, line o		
4					
7	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E	Enter here and on Part I	line 6 column (R)		0.
Part '		see instructions)	inic o, colariir (b)		· ·
1	Description of debt-financed property (street address,		thack if a dual-use S	ee instructions	
•	A	oity, diato, zii oodoj. c	mook ii a aaai asc. S	ce mendenone.	
	В				
	c $\square$				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_					
3	property  Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
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>	0/
6	Divide line 4 by line 5	1		%	<u>%</u>
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)	) <u> </u>	0.
_	AU 11 1 1 1 1 1 A 11 1 1 A 11 1 1 A 11 1 1 A 11 1 A 11 A			T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th		on Part I, line 7, col	umn (B)	0.
<u> 11 </u>	Total dividends-received deductions included in line	≠ IU			υ.

	ule A (Form 990-T) 2023 VI   Interest, Annu		ovaltice, and De	nto Ero	m Contro	IIod O	raanization	C / in		\	Page 3	
Parl	WI IIILEIESI, AIIIIL	iiues, no	yailles, allu ne	7116 F10	iii Contro			,	struction			
	4 Name of controlle	d	0 Employer	O Nigh	unrolotod	1	<b>4.</b> Total of specified <b>5.</b> Part of col					
	<ol> <li>Name of controlle organization</li> </ol>	u	2. Employer identification			that in		it colum luded ir		6. Deductions directly connected with		
	organization		number	1	tructions)	Payli	nents made	controllin	ig orgar	niza-	income in column 5	
(4)			110.71001	(555)	404.0110/			tion's gro	oss inco	ome		
(1)												
(2)												
(3)												
<u>(4)</u>			l No	nevemnt (	Controlled O	nanizati	ions					
	'. Taxable Income	81	Net unrelated		otal of specif	-		of column	9	11	Deductions directly	
•			come (loss)		yments mad			luded in th			connected with	
		I	e instructions)	"	,		controlling organization's gross income		on's		ome in column 10	
(1)		<u> </u>	•				91088	III ICOII IC	+			
(2)												
(3)												
(4)												
<u>.,</u>							Add colum	ns 5 and 1	10.	Add	columns 6 and 11.	
						Enter here and on Part I,			Enter here and on Part I,			
							line 8, c	olumn (A).		lir	ne 8, column (B).	
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruct	ions)			
	<b>1.</b> Desc	cription of	income		2. Amou	nt of	3. Deduction		<b>4.</b> Set-a	sides	5. Total deductions	
					incon	ne	directly conn		tach sta	temen	t) and set-asides (add cols 3 and 4)	
							(attach stater	nent)			(aud cois 3 and 4)	
(1)												
(2)												
(3)												
(4)					A alat aver						A did an acceptable	
					Add amou						Add amounts in column 5. Enter	
					here and o	n Part I,					here and on Part I,	
_					line 9, colu						line 9, column (B).	
Totals	VIII   F			Oth 7	la a -a - A -i	0.	- 1				0.	
Part			Activity Income,	Otner I	nan Adve	ertising	g income	see instrud	ctions) T			
1	Description of exploite	•						(*)				
2	Gross unrelated busin						•	. ,	·····	2		
3	Expenses directly con											
_	line 10, column (B)								·····  -	3		
4	Net income (loss) from						•					
_										4		
5	Gross income from ac									5		
6 7	Expenses attributable								·····	6		
7	Excess exempt expen									,		
	4. Enter here and on F	ari II, IINE	<u> 12</u>							7		

t	ule A (Form 990-T) 2023  IX Advertising Income				Page
1	Name(s) of periodical(s). Check box if reporti	ing two or more periodicals on a	a consolidated basis		
•	A	ing two or more periodicals or t	a conconduced such		
	В				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	e corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			
					<u> </u>
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs	I			
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				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	I			
	line 4, enter the lesser of line 4 or line 7		<u> </u>		
а	Add line 8, columns A through D. Enter the g	greater of the line 8a columns to	otal or -0- here and c	on	
Part	X Compensation of Officers, Di	irectors and Trustees	/\		
art	Compensation of Officers, Di	liectors, and musices	(see instructions)	2 Darsontons	4 Companyation
	1 Nama	2 Title		3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business %	unrelated business
41		1		%	
2)				06	
2) 3)				%	
(1) (2) (3) (4)				% %	
2) 3) 4)	Enter here and on Part II line 1				
2) 3) 4) Total.	Enter here and on Part II, line 1	aga instructions)			
2) 3) 4)		ee instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	ee instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	ee instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			
2) 3) 4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (s	see instructions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
AGENCY STAFFING DRUGS MEDICAL SUPPLIES OUTSIDE SERVICES		244. 3. 1,752. 196.
PROFESSIONAL FEES RENT & LEASE OTHER EXPENSES		616. 19. 29.
TOTAL TO SCHEDULE A, PAR	r II, LINE 14	2,859.

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

0000

2023

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Do not enter

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

A Name of the organization  VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.				er identification	on number
C Unrelated business activity code (see instructions) 620000			<b>D</b> Sequer	nce: 3	of <sup>5</sup>
E Describe the unrelated trade or business OUTPATIENT THERAP	Y				
Part I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or sales 99,030.					
1aGross receipts or sales99,030.bLess returns and allowances84,649.c	1c	14,381.			
2 Cost of goods sold (Part III, line 8)	2	11,301.			
3 Gross profit. Subtract line 2 from line 1c	3	14,381.			14,381.
4a Capital gain net income (attach Schedule D (Form 1041 or Form					
	4a				
<ul><li>1120)). See instructions</li><li>b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)</li></ul>	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach	10				
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	14,381.			14,381.
Part II Deductions Not Taken Elsewhere. See instruction		r limitations on do	dustions De	ductions	must be
directly connected with the unrelated business in		or illilitations on de	ductions. De	ductions	nust be
d. Comparables of efficient discardes and trustees (Dark V)					
1 Compensation of officers, directors, and trustees (Part X)					19,103.
2 Salaries and wages					19,103.
3 Repairs and maintenance					
4 Bad debts					
5 Interest (attach statement). See instructions					1,447.
6 Taxes and licenses 7 Depreciation (attach Form 4560) See instructions		7		6	1, == 1.
7 Depreciation (attach Form 4562). See instructions				06	
8 Less depreciation claimed in Part III and elsewhere on return				8b	
9 Depletion  10 Contributions to deformed companyation plans					
10 Contributions to deferred compensation plans					
11 Employee benefit programs  12 Excess exempt expenses (Part VIII)					
, , , , , , , , , , , , , , , , , , , ,					
<ul><li>13 Excess readership costs (Part IX)</li><li>14 Other deductions (attach statement)</li></ul>				14	193.
				·	20,743.
16 Unrelated business income before net operating loss deduction. S		line 15 from Part I line		·   · · ·	
column (C)		,	•	16	-6,362.
17 Deduction for net operating loss. See instructions					0.
18 Unrelated business taxable income. Subtract line 17 from line 1				18	-6,362.
For Paperwork Reduction Act Notice, see instructions.					\ (Form 990-T) 2023

LHA 323741 01-19-24

	ule A (Form 990-T) 2023				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuation	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			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Propert	y Leased With Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check i	f a dual-use. See instru	ictions.	
	A				
	В				
	c 🗆				
	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				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
5	in lines 2a and 2b (attach statement)  Total deductions. Add line 4, columns A through D. E	nter here and on Part I,	line 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	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)				
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)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		/9	, ,	
8	<b>Total gross income</b> (add line 7, columns A through D)		: I. line 7, column (A)	L	0.
-			, , 55,61,111 ( ) .	·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part I. line 7. colum	nn (B)	0.
11	Total dividends-received deductions included in line		, ,	. ,	0.

	ule A (Form 990-T) 2023		ovaltion and Da	nto Ero	m Contro	IIOG O	raanization	· ·	to at 1	· \		Page
Part	VI Interest, Annu	nues, R	oyaiues, and R€ ⊺	TILS Fro	iii Contro			,	instruct			
		_				1	xempt Contro					
	1. Name of controlle	d	2. Employer				·		<ol><li>Part of column 4 that is included in the</li></ol>		6. Deductions directly	
	organization		identification	1	ne (loss)	payr	nents made		lling orga			onnected with
			number	(see ins	structions)			tion's g	gross inc	ome	inc	ome in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt (	Controlled O	rganizati	ions					
7	7. Taxable Income	8.	Net unrelated	<b>9.</b> To	otal of specif	ied	<b>10.</b> Part			11.	Ded	uctions directly
			ncome (loss)	pa	yments mad	е	that is inc					nected with
		(see	e instructions)					income		in	come	e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum	nns 5 and	d 10.	Add	d colu	umns 6 and 11.
							Enter here		,			re and on Part I,
							line 8, c	olumn (A	٦).	'	ine 8	, column (B).
Totals									0.			0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	(9), or (17)	Orgai	nization <sub>(s</sub>	ee instru	ıctions)			
	1. Desc	cription of	income		2. Amou	nt of	3. Deduction	ons	4. Set-	asides	5.	. Total deduction
					incor	ne	directly conn	,	attach st	ateme		and set-asides add cols 3 and 4)
							(attach stater	ment)				add cois 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amo							Add amounts in
					column 2 here and o						l,	column 5. Enter nere and on Part I,
					line 9, colu							ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (	(see instr	ructions)			
1	Description of exploite	d activity:										
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 busi	iness income	e. Enter	here and on Pa					
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	I trade or business.	Subtract lir	ne 3 from lin	e 2. If a	gain, complete					
	,									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
-	4 Enter here and on F			, 20. 2011				<b>-</b>		7		

Schedule A (Form 990-T) 2023	Page

1	IX Advertising Income				
	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a c	consolidated basis	i.	
	A T				
	В 🗆				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column			
	arricante lei cach pendaloa netea abeve in the	A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and on				0.
а	, tad dolamile / timbagh b. Emer here and em				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on			<u> </u>	0.
_	, tad colarinie / t i i odgr D. Enter nore and on				
4	Advertising gain (loss). Subtract line 3 from lin	ne			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
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				
	than line 6, enter -0-				
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 g	· · · · · · · · · · · · · · · · · · ·	al or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
				1	
2)				%	
(2) (3)				% %	
(2) (3)				%	
(2) (3) (4)				% %	
(2) (3) (4) Total	. Enter here and on Part II, line 1			% %	0.
(2) (3) (4)		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
(2) (3) (4) Total		ee instructions)		% %	0.
2) 3) 4) Total		ee instructions)		% %	0.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
EDUCATIONAL & DEVELOPMENT MEDICAL SUPPLIES		13. 11.
OUTSIDE SERVICES RENT & LEASE		27. 120.
OTHER EXPENSES		22.
TOTAL TO SCHEDULE A, PART II, I	INE 14	193.

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

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 501(c)(3) Organizations Only

4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions  b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	
Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net	
1a Gross receipts or sales 4,503,525. b Less returns and allowances 4,231,434. c Balance 2 Cost of goods sold (Part III, line 8) 2 Gross profit. Subtract line 2 from line 1c 3 272,091.  4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	
b Less returns and allowances 4,231,434. c Balance  2 Cost of goods sold (Part III, line 8)  3 Gross profit. Subtract line 2 from line 1c  4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions  b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	
2 Cost of goods sold (Part III, line 8) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Interest (Part VI)	
3 272,091. 272  4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions  b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions  b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	
1120)). See instructions  b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts  c Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	,091.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Part IV) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8	
c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	
5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Part IV)  7 Unrelated debt-financed income (Part V)  8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)  8	
statement) 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8	
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	
7 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8	
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8	
organization (Part VI) 8	
0 Investment income of action 501(a)(7) (0) av (17)	
9 Investment income of section 501(c)(7), (9), or (17)	
organizations (Part VII)	
10 Exploited exempt activity income (Part VIII)	
11 Advertising income (Part IX)11	
12 Other income (see instructions; attach statement) 12	
13         Total. Combine lines 3 through 12         13         272,091.         272	,091.
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)  1 362	,055.
	615.
3 Repairs and maintenance 3	013.
4 Bad debts 4	
5 Interest (attach statement). See instructions 5	,679.
	,013.
7 Depreciation (attach Form 4562). See instructions 7	
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 SEE STATEMENT 5	,612.
10 10 10 10 10 10 10 10 10 10 10 10 10 1	,961.
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	870
	,870. 0.
17 Deduction for net operating loss. See instructions  18 Unrelated hydrogen toyable income. Subtract line 17 from line 16.	,870.
18       Unrelated business taxable income. Subtract line 17 from line 16       18       -647         For Paperwork Reduction Act Notice, see instructions.       Schedule A (Form 990-1)	

Part 1	III Cost of Goods Sold Enter me	ble and and increase the second			Page
	Enter me	thod of inventory valuatio			
2	Inventory at beginning of year				
3	Purchases Cost of labor				
4	Cost of labor				
5					
6	Other costs (attach statement)				
7	<b>Total.</b> Add lines 1 through 5			1 _ 1	
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
art					190110
1	Description of property (property street address, city,				
•	A	state, Zii Godej. Gricok ii	a dadi doc. Occ mon	dollorio.	
	В				
	c $\square$				
	D				
		Α	В	С	D
2	Rent received or accrued				
ъ a	From personal property (if the percentage of				
ŭ	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)				
С	Total rents received or accrued by property.				
ŭ	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here a	and on Part I, line 6, o	olumn (A)	0
	Deductions directly connected with the income		, ,	, ,	
4	in lines 2a and 2b (attach statement)				
4	in lines 2a and 2b (attach statement)				
4 5	Total deductions. Add line 4, columns A through D. E		ne 6, column (B)		0
5	Total deductions. Add line 4, columns A through D. E		ne 6, column (B)		0
5	Total deductions. Add line 4, columns A through D. E	see instructions)			0
5 Part	Total deductions. Add line 4, columns A through D. E  Unrelated Debt-Financed Income (s	see instructions)			0
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,	see instructions)			0
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,	see instructions)			0
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions)			0
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A  B  C	see instructions)			D
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A  B  C	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part 1 2 3	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Cho	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	see instructions) city, state, ZIP code). Che	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	see instructions) city, state, ZIP code). Che	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	see instructions) city, state, ZIP code). Che	eck if a dual-use. See	instructions.	
5 Part 1	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	see instructions) city, state, ZIP code). Che	eck if a dual-use. See	instructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	city, state, ZIP code). Che	eck if a dual-use. See	instructions.	
2 3 a b c	Total deductions. Add line 4, columns A through D. E  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	A  A	eck if a dual-use. See	instructions.	
2 3 a b c	Total deductions. Add line 4, columns A through D. E.  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	A  A  %	B	C C	D
2 3 a b c 4 5	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (secription of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	A  A  %	B  B	c C	D
5 art 1 2 3 a b c 4 5	Total deductions. Add line 4, columns A through D. E.  V Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  A	A  A  %	B  B	c C	D
2 3 a b c 4 5 6 7	Total deductions. Add line 4, columns A through D. E. V Unrelated Debt-Financed Income (secription of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	A  A  %	B  B	c C	D

	ule A (Form 990-T) 2023 VI   Interest, Annu		ovaltice, and De	nto Ero	m Contro	IIod O	raanization	C / in		\	Page 3	
Parl	WI IIILEIESI, AIIIIL	iiues, no	yailles, allu ne	7116 F10	iii Contro			,	struction			
	4 Name of controlle	d	0 Employer	O Nigh	unrelated	1	Exempt Contro				6 Doductions directly	
	<ol> <li>Name of controlle organization</li> </ol>	u	2. Employer identification		unrelated ne (loss)		al of specified 5. Part		it colum luded ir		6. Deductions directly connected with	
	organization		number	1	tructions)	Payli	nents made	controllin	ig orgar	niza-	income in column 5	
(4)			110.71001	(555)	404.0110/			tion's gro	oss inco	ome		
(1)												
(2)												
(3)												
<u>(4)</u>			l No	nevemnt (	Controlled O	nanizati	ions					
	'. Taxable Income	81	Net unrelated		otal of specif	-		of column	9	11	Deductions directly	
•	. Taxable income		come (loss)		yments mad			luded in th			connected with	
		I	e instructions)	"	,		controlling	organizatio income	on's		ome in column 10	
(1)		<u> </u>	•				91088	III ICOII IC	+			
(2)												
(3)												
(4)												
<u>.,</u>							Add colum	ns 5 and 1	10.	Add	columns 6 and 11.	
							Enter here	and on Pa	rt I,	Ente	r here and on Part I,	
							line 8, c	olumn (A).		lir	ne 8, column (B).	
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruct	ions)			
	<b>1.</b> Desc	cription of	income		2. Amou	nt of	3. Deduction		<b>4.</b> Set-a	sides	5. Total deductions	
					incon	ne	directly conn		tach sta	temen	t) and set-asides (add cols 3 and 4)	
							(attach stater	nent)			(aud cois 3 and 4)	
(1)												
(2)												
(3)												
(4)					A alat aver						A did an acceptable	
					Add amou						Add amounts in column 5. Enter	
					here and o	n Part I,					here and on Part I,	
_					line 9, colu						line 9, column (B).	
Totals	VIII   F			Oth 7	la a sa A si	0.	- 1				0.	
Part			Activity Income,	Otner I	nan Adve	ertising	g income	see instrud	ctions) T			
1	Description of exploite	•						(*)				
2	Gross unrelated busin						•	. ,	·····	2		
3	Expenses directly con											
_	line 10, column (B)								·····  -	3		
4	Net income (loss) from						•					
_										4		
5	Gross income from ac									5		
6 7	Expenses attributable								·····	6		
7	Excess exempt expen									,		
	4. Enter here and on F	ari II, IINE	<u> 12</u>							7		

_	_	_	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on	a consolidated basis	<u> </u>	
•	A	ig two or more periodicals on	a consolidated basic	··	
	В				
	C				
	D				
Enter a	amounts for each periodical listed above in the	_	T _		
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter -0- 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				
	than line 6, enter -0-				
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	l l			
а	Add line 8, columns A through D. Enter the g		otal or -0- here and c	on .	
	Part II, line 13				0.
Part		rectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
					•
	<b>1.</b> Name	<b>2.</b> Title		of time devoted	attributable to
	1. Name	<b>2.</b> Title			
(1)	1. Name	<b>2.</b> Title		of time devoted to business %	attributable to unrelated business
(1) (2)	1. Name	2. Title		to business	
<u>(2)</u>	1. Name	2. Title		to business %	
(2) (3)	1. Name	2. Title		to business %	
<u>(2)</u>	1. Name	2. Title		to business % % %	
(2) (3) (4)		2. Title		to business % % %	
(2) (3) (4)	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business
(2) (3) (4) Total	. Enter here and on Part II, line 1			to business % % %	unrelated business

FORM 990-T (A)	OTHER DEDUCTI	ONS	STATEMENT 5
DESCRIPTION			AMOUNT
PROFESSIONAL FEES MEDICAL SUPPLIES RENT & LEASE OUTSIDE SERVICES			8,191. 395,549. 12,826. 102,161.
QUALITY CONTROL THERAPEUTIC PROCEDURES OTHER EXPENSES			2,171. 3. 3,711.
TOTAL TO SCHEDULE A, PART	II, LINE 14		524,612.
990-T SCH A POST-	2017 NET OPERATING	LOSS DEDUCTION	STATEMENT 6
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/22 426,862.	0.	426,862.	426,862.
NOL CARRYOVER AVAILABLE TH	IS YEAR	426,862.	426,862.

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

0000

2023

OMB No. 1545-0047

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

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).

A	Name of the organization VIRTUA - WEST JERSEY HEALTH SYSTEM, INC.	ı	3 Employer ident 21-063453		n numbe	r	
c	Unrelated business activity code (see instructions) 540000	ı	Sequence:	5	of	5	

RADTOLOGY

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales1,800,300.				
b	Less returns and allowances1,690,778. c Balance	1c	109,522.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	109,522.		109,522.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	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	109,522.		109,522.

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			48,488.
3	Repairs and maintenance			246.
4	Bad debts			
5	Interest (attach statement). See instructions			
6	Taxes and licenses			3,883.
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10				
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)	SEE STATEMENT 7	14	61,642.
15	Total deductions. Add lines 1 through 14		15	114,259.
16	Unrelated business income before net operating loss deduction. Subtract	line 15 from Part I, line 13,		
	column (C)		16	-4,737.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-4,737.
F	Denominant Deduction Act Notice and instructions		Calaaduda A /	000 T\ 0000

For Paperwork Reduction Act Notice, see instructions.

Part	III Cost of Goods Sold Enter meth	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property p				Yes No
<u>Part</u>			_		
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See insti	ructions.	
	A				
	B				
	<u> </u>				
	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				
С	50% or if the rent is based on profit or income)  Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
5 <b>Part</b> 1	Total deductions. Add line 4, columns A through D. Er  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of A	e instructions)			0.
	В —				
	c $\square$				
	D				
		Α	В	С	
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)				
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)				
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	<b>.</b>			0.
8	<b>Total gross income</b> (add line 7, columns A through D).	Enter here and on Pa	ιτ i, line /, column (A)	······	U.
0	Allocable deductions Multiply line of builting of				
9 10	Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A thr	ough D. Enter here an	d on Part Lline 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line		a on raiti, iine 7, colu	(D)	0 -

	ule A (Form 990-T) 2023		ovaltice and Da	nto Ero	m Contro	ווסק ס	raanization	· ·	to at 1	· \		Page
Part	VI Interest, Annu	nues, R	oyaiues, and R€ ⊺	TILS Fro	iii Contro			,	instruct			
		_		Exempt Controlled Organization								
	1. Name of controlle	d	2. Employer		unrelated	1	al of specified		t of colur			eductions directly
	organization		organization identification		1 ' '   ' '		nents made that is included controlling org			aniza-		
			number	(see ins	structions)			tion's g	gross inc	ome	inc	ome in column 5
(1)												
(2)												
(3)												
(4)												
			No	nexempt (	Controlled O	rganizati	ions					
7	7. Taxable Income	8.	Net unrelated	<b>9.</b> To	otal of specif	ied	<b>10.</b> Part			11.	Ded	uctions directly
			ncome (loss)	pa	yments mad	е	that is inc					nected with
		(see	e instructions)					income		in	come	e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum	nns 5 and	d 10.	Add	d colu	umns 6 and 11.
							Enter here		,			re and on Part I,
							line 8, c	olumn (A	٦).	'	ine 8	, column (B).
Totals									0.			0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (	(9), or (17)	Orgai	nization <sub>(s</sub>	ee instru	ıctions)			
	1. Desc	cription of	income		2. Amou	nt of	3. Deduction	ons	4. Set-	asides	5.	. Total deduction
					incor	ne	directly conn	,	attach st	ateme		and set-asides add cols 3 and 4)
							(attach stater	ment)				add cois 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amo							Add amounts in
					column 2 here and o						l,	column 5. Enter nere and on Part I,
					line 9, colu							ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income (	(see instr	ructions)			
1	Description of exploite	d activity:										
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 busi	iness income	e. Enter	here and on Pa					
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	I trade or business.	Subtract lir	ne 3 from lin	e 2. If a	gain, complete					
	,									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
-	4 Enter here and on F			, 20. 2011				<b>-</b>		7		

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basis.		
	A	•			
	В				
	с 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income		_		_
	Add columns A through D. Enter here and on			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on		•	•	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	1			
	line 4 showing a loss or zero, do not complete				
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 les	ss			
	than line 6, enter -0-				
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	I			
а	Add line 8, columns A through D. Enter the gr		total or -0- here and or	١	
					•
	Part II, line 13				0.
Part		ectors, and Trustees	(see instructions)		0.
Part		ectors, and Trustees	(see instructions)	3. Percentage	4. Compensation
Part		rectors, and Trustees 2. Title	(see instructions)	3. Percentage of time devoted	
Part	X Compensation of Officers, Dir		(see instructions)	ŭ	4. Compensation
	X Compensation of Officers, Dir		(see instructions)	of time devoted	4. Compensation attributable to
(1)	X Compensation of Officers, Dir		(see instructions)	of time devoted to business	4. Compensation attributable to
(1)	X Compensation of Officers, Dir		(see instructions)	of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dir		(see instructions)	of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dir		(see instructions)	of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name  Lenter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total Part	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name  Letter here and on Part II, line 1	<b>2.</b> Title	(see instructions)	of time devoted to business % %	4. Compensation attributable to unrelated business

	(A)		OTHER	DEDUCT	IONS		STATEM	ENT 7
DESCRIPTION							AMOU	JNT
AGENCY STAFI	FING							696
CAM								3,436
EDUCATIONAL	& DEVELOR	MENT						7
MEDICAL SUP	PLIES							7,472
OUTSIDE SERV								2,477
RENT & LEASI								4,211
PROFESSIONAL								1,716
OTHER EXPENS								41,606 21
TRAVEL & MII	LEAGE							21
TOTAL TO SCI	HEDULE A,	PART II,	LINE 14					61,642
TOTAL TO SCH	HEDULE A,				LOSS	DEDUCTION	STATEM	
	LOSS SUST	POST-2017		ERATING S USLY		DEDUCTION LOSS EMAINING	STATEMI AVAILAE THIS YE	ENT 8
990-T SCH A	LOSS SUST	POST-2017	NET OP  LOS PREVIO	ERATING S USLY		LOSS	AVAILAE THIS YE	ENT 8
990-T SCH A	LOSS SUST	POST-2017	NET OP  LOS PREVIO	ERATING S USLY IED		LOSS EMAINING	AVAILAE THIS YE	ENT 8 BLE EAR
990-T SCH A TAX YEAR 12/31/19	LOSS SUST	POST-2017 "AINED 115,615.	NET OP  LOS PREVIO	ERATING S USLY IED		LOSS EMAINING	AVAILAE THIS YE	ENT 8  BLE EAR  103,819.

## Form **4626**

Department of the Treasury Internal Revenue Service **Alternative Minimum Tax-Corporations** 

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number Name VIRTUA - WEST JERSEY HEALTH SYSTEM, INC. 21-0634532 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B) Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (b) Second Preceding (c) Third Preceding (a) First Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) 1c d Adjustment for certain consolidating entries (see instructions) 1d Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f 2 Adjustments: a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-(see instructions for special rules if completing this form for an FPMG) 2c Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) 2d Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i Depreciation 2k Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z Specified adjustment. Reserved for future use 3 3 4 Total adjustments. Combine lines 2a through 2z 4 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6 3-year average annual AFSI (see instructions)

LHA For Paperwork Reduction Act Notice, see separate instructions.

316231 02-12-24

Form 4626 (2023)

Form 4	626 (2023)				Page <b>2</b>
Part	Applicable Corporation Determination (Report all amount	nts in U.S.	dollars.) (continue	d)	
8	Is line 7 more than \$1 billion?		•	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 59	9(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
40	AFCI for a suppose of the 0100 resilient teat is afounded in the same				
10	AFSI for purposes of the \$100 million test before adjustments:	40-			
a	AFSI from line 5				
D	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.	40-			
	Combine lines 10a and 10b	10c		+	
11	Adjustments:				
	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	" —			
С	Reserved for future use - Other adjustments 1				
d	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12			1	
14	AFSI of first, second, and third preceding tax years. Combine columns (a	), (b), and	(c) of line 13		
15				15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					Form <b>4626</b> (2023)

	rt II   Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-702,638.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		-702,638.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)		
d	The corporation's distributive share of adjusted financial statement income of partnerships	-	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h		٥.	
i	Alaska native corporations	2i	
·	Certain credits (see instructions)	2j	
, k	Mortgage servicing income	2k	
ı	0 11 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Covered benefit plans described in section 56A(c)(11)(B)  Tax-exempt entities (organizations subject to tax under section 511)		
n	Depreciation	2n	
	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		-702,638.
5	Financial statement net operating loss (FSNOL) (see instructions)		· · ·
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
40		9	
10		9	
10 11	Regular tax liability (see instructions)		
	Regular tax liability (see instructions)	10	
11	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)	10 11	
11 12	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11	10 11	
11 12 13	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form	10 11 12	
11 12 13	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	10 11 12	
11 12 13	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  TIII Adjustment for Certain Taxes Under Section 56A(c)(5)	10 11 12 13	
11 12 13 Pa	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign	10 11 12 13	
11 12 13 Pa 1 2	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal	10 11 12 13	
11 12 13 Pa 1 2 3	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form  1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  rt III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal  Deferred income tax provision - Foreign	10 11 12 13	
11 12 13 Pa 1 2 3 4 5	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form  1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal  Deferred income tax provision - Foreign  Deferred income tax provision - Federal	10 11 12 13 1 1 2 3 4	
11 12 13 1 2 3 4 5 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  It III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use	10 11 12 13 1 2 3 4 5	
11 12 13 1 2 3 4 5 6;	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 1120, Schedule J, line 3, or the appropriate lin	10 11 12 13 1 2 3 4 5 6a	
11 12 13 1 2 3 4 5 6;	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Foreign  Deferred income tax provision - Foreign  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use  Adjustment B - Reserved for future use  Adjustment C - Reserved for future use	10 11 12 13 1 2 3 4 5 6a 6b	
11 12 13 Pa 1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form  1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  IT III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use  Adjustment B - Reserved for future use  Adjustment C - Reserved for future use  Adjustment D - Reserved for future use	10 11 12 13 1 2 3 4 5 6a 6b 6c	
11 12 13 Paa 1 2 3 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  IT III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Foreign  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use  Adjustment B - Reserved for future use  Adjustment C - Reserved for future use  Adjustment D - Reserved for future use  Adjustment E - Reserved for future use  Adjustment F - Reserved for future use	10 11 12 13 1 2 3 4 5 6a 6b 6c 6d	
11 12 13 Paa 1 2 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  It III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Foreign  Deferred income tax provision - Foreign  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use  Adjustment B - Reserved for future use  Adjustment C - Reserved for future use  Adjustment D - Reserved for future use  Adjustment E - Reserved for future use  Adjustment F - Reserved for future use  Adjustment F - Reserved for future use	10 11 12 13 1 2 3 4 5 6a 6b 6c 6d 6e 6f 6g	
11 12 13 1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form  1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  It III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Federal  Deferred income tax provision - Federal  Income taxes included in equity method investment income  Adjustment A - Reserved for future use  Adjustment B - Reserved for future use  Adjustment C - Reserved for future use  Adjustment D - Reserved for future use  Adjustment F - Reserved for future use  Adjustment F - Reserved for future use  Adjustment G - Reserved for future use  Adjustment G - Reserved for future use  Adjustment H - Reserved for future use	10 11 12 13 1 2 3 4 5 6a 6b 6c 6d 6e 6f 6g 6h	
11 12 13 1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Regular tax liability (see instructions)  Base erosion minimum tax (see instructions)  Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return ret III Adjustment for Certain Taxes Under Section 56A(c)(5)  Current income tax provision - Foreign  Current income tax provision - Foreign  Deferred income tax provision - Foreign  Deferred income tax provision - Federal Income taxes included in equity method investment income 1 Adjustment A - Reserved for future use 1 Adjustment B - Reserved for future use 2 Adjustment C - Reserved for future use 3 Adjustment D - Reserved for future use 4 Adjustment F - Reserved for future use 5 Adjustment F - Reserved for future use 6 Adjustment F - Reserved for future use 6 Adjustment F - Reserved for future use 6 Adjustment G - Reserved for future use 6 Adjustment G - Reserved for future use 6 Adjustment G - Reserved for future use 7 Adjustment G - Reserved for future use 8 Adjustment G - Reserved for future use 9 Adjustment G - Reserve	10 11 12 13 1 2 3 4 5 6a 6b 6c 6d 6e 6f 6g	

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Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credit		
Sec	tion I - AMT Foreign Tax Credit		
1	Domestic corporation AMT foreign income taxes:		
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,		
	Part I, column 2(j) 1a		
b	Adjustment		
С	Adjustment		
d	Adjustment		
е	Adjustment		
f	Adjustment		
g	Adjustment		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g	2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:		
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line		
	11, column (n) 3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))		
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b	3с	
d	Percentage specified in section 55(b)(2)(A)(i)  3d 15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach		
	worksheet) (see instructions)		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)	3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)	3g	
4	CAMT FTC Line 4 - Reserved for future use	4	
5	CAMT FTC Line 5 - Reserved for future use	5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8	6	