

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

2020

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.

Taxpayer identification number

21-0634562

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Includes lines 1a-7a and 1b-7b for various forms like 990, 990-EZ, 1120-POL, 990-PF, 8868, 990-T, and 4720.

Part II Declaration of Officer or Person Subject to Tax

8 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return.

Sign Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form section for ERO's Use Only, including fields for signature, date, firm name (VIRTUA HEALTH, INC.), address, and EIN.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form section for Paid Preparer Use Only, including fields for name, signature, date, firm name (GRANT THORNTON LLP), address, and EIN.

**EXTENDED TO NOVEMBER 15, 2021**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
 ▶ Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed.

**B** Exempt under section  
 501(c)(3)   
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529S

**Name of organization** (  Check box if name changed and see instructions.)  
 VIRTUA MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.  
**Number, street, and room or suite no.** If a P.O. box, see instructions.  
 20 W. STOW ROAD, NO. 8  
**City or town, state or province, country, and ZIP or foreign postal code**  
 MARLTON, NJ 08053-3427

**D** Employer identification number  
 21-0634562  
**E** Group exemption number (see instructions)

**C** Book value of all assets at end of year ..... 853,958,199.  
**F**  Check box if an amended return.

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ VIRTUA HEALTH, INC. 22-3524939

**L** The books are in care of ▶ ROBERT M. SEGIN Telephone number ▶ 856-355-0620

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	1,196.
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	1,196.
4	Charitable contributions (see instructions for limitation rules) .....	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	1,196.
6	Deduction for net operating loss. See instructions .....	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	1,196.
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9	Trusts. Section 199A deduction. See instructions .....	9	
10	Total deductions. Add lines 8 and 9 .....	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	196.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	41.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax (trusts only) .....	5	
6	Tax on noncompliant facility income. See instructions .....	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	41.

LHA For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
1b	Other credits (see instructions)	1b	
1c	General business credit. Attach Form 3800 (see instructions)	1c	
1d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
1e	<b>Total credits.</b> Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	41.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred 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	
6b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	1,298.
6c	Tax deposited with Form 8868	6c	
6d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
6e	Backup withholding (see instructions)	6e	
6f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
6g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	<b>Total payments.</b> Add lines 6a through 6g	7	1,298.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	1,257.
11	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	11	1,257.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *[Signature]* Date: 11-10-21 Title: PRESIDENT/CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: RUSSELL ARMSTRONG  
 Preparer's signature: *[Signature]* Date: 11/3/21  
 Check  if self-employed PTIN: P00288383  
 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558  
 Firm's address: 2001 MARKET ST., STE. 700 PHILADELPHIA, PA 19103  
 Phone no. 215-561-4200

VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUN

21-0634562

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FORM 990-T      PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER      STATEMENT 1

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CORPORATION'S NAME

IDENTIFYING NO

VIRTUA HEALTH, INC.

22-3524939

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

Department of the Treasury  
Internal Revenue Service

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

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

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization: <b>VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, INC.</b>	<b>B</b> Employer identification number 21-0634562
<b>C</b> Unrelated business activity code (see instructions) ▶ 621500	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ **OUTSIDE LAB SERVICES, SECURITY SERVICES**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 23,451.			
b	Less returns and allowances			
c	Balance ▶	23,451.		
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c	23,451.		23,451.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
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)			
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)			
12	Other income (see instructions; attach statement)			
13	<b>Total.</b> Combine lines 3 through 12	23,451.		23,451.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	9,035.
3	Repairs and maintenance	3	58.
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	8b	
10	Contributions to deferred compensation plans	9	
11	Employee benefit programs	10	
12	Excess exempt expenses (Part VIII)	11	
13	Excess readership costs (Part IX)	12	
14	Other deductions (attach statement) SEE STATEMENT 2	13	
15	<b>Total deductions.</b> Add lines 1 through 14	14	13,162.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	15	22,255.
17	Deduction for net operating loss (see instructions)	16	1,196.
18	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	17	0.
		18	1,196.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020



**Part III Cost of Goods Sold**

Enter method of inventory valuation ▶

1	Inventory at beginning of year		
2	Purchases	1	
3	Cost of labor	2	
4	Additional section 263A costs (attach statement)	3	
5	Other costs (attach statement)	4	
6	Total. Add lines 1 through 5	5	
7	Inventory at end of year	6	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	7	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**  Yes  No

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

Deductions directly connected with the income

4 in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> 0.				

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 Total dividends-received deductions included in line 10 ▶ 0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7





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	2,582.
PHOTOCOPY TRANSFER	1.
UNIFORMS	15.
OTHER EXPENSES	1,696.
DISPOSABLE LINEN	8.
OTHER FOOD PRODUCTS	15.
UTILITY ELECTRIC	11.
QUALITY CONTROL	199.
AUTO EXPENSE	2.
THERAPEUTIC PROCEDURES	19.
TOTAL TO SCHEDULE A, PART II, LINE 14	13,162.