Ĭ,

Form 990-T	Exempt Organizati		ness Income er section 6033		n	OMB No 1545-0687
*	For calendar year 2017 or other tax year				18	<u>എ</u> 4 7
B					<u> </u>	
Department of the Treasury Internal Revenue Service	► Go to www irs gov/For ► Do not enter SSN numbers on this				,,,  -	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if			changed and see instruction			yer identification number
address change				, ,		yees' trust, see instructions )
B Exempt under section	ARIA HEALTH PHYS	SICIAN SE	RVICES			
X 501( C )(23 )	Print Number, street, and room or su				23-26	591968
408(e) 220(d	or			f <sub>i</sub>		ited business activity codes
408A 530(	libbe   10000 totaling be	DAD			(See ins	structions)
529(a)	City or town, state or province,	country, and ZIF	or foreign postal code			
C Book value of all assets	- '	•			54121	.9
at end of year	F Group exemption number (See in		<del></del>			
107,832,329.	G Check organization type ▶ X	<del></del>	oration 5010	c) trust	401(a) 1	trust Other trust L
	ization's primary unrelated business act			57		1
	, was the corporation a subsidiary in a			controlled group?		X Yes No
• •	name and identifying number of the part	•	• •		WW.	23-13526
J The books are in ca	re of ▶ WILLIAM J. DEGNAN	<del>-</del> -		ne number > (21	5)612	-4101
Part I Unrelated	Trade or Business Income		(A) Income	(B) Expense		(C) Net
	sales					
b Less returns and allow	I	ance ▶ 1c				,
2 Cost of goods s	old (Schedule A, line 7)	2			•	
3 Gross profit Su	btract line 2 from line 1c	3				
4a Capital gain net	income (attach Schedule D)	4a				
	orm 4797, Part II, line 17) (attach Form 479	F				
c Capital loss ded	uction for trusts	4c				
5 Income (loss) from	partnerships and S corporations (attach state	ement) 5		,		
6 Rent income (So	hedule C)	6				
7 Unrelated debt-f	inanced income (Schedule E)	7				
8 Interest, annuities, roy	alties, and rents from controlled organizations (Sche	edule F) 8				
9 Investment income of	a section 501(c)(7) (9), or (17) organization (Sche	dule G) 9				
10 Exploited exemp	t activity income (Schedule I)	10				
11 Advertising inco	me (Schedule J)	11				
· ·	See instructions, attach schedule)					
13 Total. Combine	ines 3 through 12	13	0.	<del> </del>		<u> </u>
	ons Not Taken Elsewhere (See				cept to	or contributions,
	ns must be directly connected			ome)	<del></del>	Г
14 Compensation of	f officers, directors, and trustees (Sched	fule K)			. 14	
15 Salaries and way	ges		····/·:::RE(	CENTER	· 15	<del></del>
16 Kepalis aliu ilia	illenance		<u> </u>	SPINED	16	
17 Bad debts			···· (\$) · M'n.	• • • • • • • • • • • • • • • • • • • •	17	<del></del>
				Z 4 · 2019 · 10	18	<del></del>
19 Taxes and licens	es				19	
20 Charitable contr	ibutions (See instructions for limitation r	rules)	·····OGD	EN TIT	. 20	
21 Depreciation (at	(8011 0111 4302)		· · · · · ·   <del>- ·    </del>	=1.0	٠,,	
	n claimed on Schedule A and elsewhere			<del></del>	22b . 23	<del></del>
	deferred component on plans					<del></del>
	deferred compensation plans					<u> </u>
, ,	expenses (Schedule I)				-	
	ip costs (Schedule J)					
	s (attach schedule)				· }	<del> </del>
	ess taxable income before net oper					
	ss deduction (limited to the amount on	=				<del></del>
	ess taxable income before specific ded					
	on (Generally \$1,000, but see line 33 ii		-			, , e
•	ness taxable income. Subtract line					<del></del>
	of zero or line 32					0.
For Paperwork Reduc	tion Act Notice, see instructions.	<del> </del>	<u> </u>	<u> </u>	-, 54	Form <b>990-T</b> (2017)
7X2740 2 000 4818KZ U6	00					PAGE 1

Pa	t III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation, Controlled group			_	
33	members (sections 1561 and 1563) check here  See instructions and				
2	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$				
•	(2) Additional 3% tax (not more than \$100,000)	1			
c	Income tax on the amount on line 34	35c			
36	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax See instructions	37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income See instructions	39			
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies				
Par	t IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116), 41a				
	Other credits (see instructions)				
	General business credit, Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40	42			
43	Other laxes, Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ,	43			
44	Total tax Add lines 42 and 43	44			0.
45 a	Payments A 2016 overpayment credited to 2017				
b	2017 estimated tax payments				
	Tax deposited with Form 8868				
ď	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)	<b>↓</b>			
f	Credit for small employer health insurance premiums (Attach Form 8941) , , , , , , 45f				
g	Other credits and payments Form 2439				
	Form 4136 Other Total ▶ 45g	.			
46	Total payments Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions), Check if Form 2220 is attached ▶ ☐	47			
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed				
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax				<del></del>
Par				T.v	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	roreigi	1 country		х
	here >			├──	×
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	17	<del> </del>	<del>  ^-</del>
	If YES, see instructions for other forms the organization may have to file				
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year   Under possible of penury, I photogre that I have examined this return, including accompanying schedules and statements, and to the	est of n	v knowledge	and bel	ief. it is
c:	true_cofrect_and_completeADocteration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge,				
Sign	-   <b>-                                  </b>	•	IRS discuss		
Her		ih the einstruct	preparer sh ions)?[X] ye		No
	Dest/Tune organizate name   Dries   Daid		PTIN		
Paid	111V. 1 61612019 Creek	k LLL i employed	P006	4248	6
	parer Firm's name WITHUMSMITH+BROWN, PC		22-2027		
Use	Only Firm's address TWO LOGAN SQUARE, SUTTE 2001, PHILADELPHIA, PA 19103-2726 Phon		215-546		0
	17100			00 T	

Form **990-T** (2017)

Form 990-T (2017)								<del></del>		Page 3
Schedule A - Cost of Go	<u>oods Sold.</u>	nter metho	d of inventor	y valuation	<u> </u>					
<ol> <li>Inventory at beginning of y</li> </ol>	· -		•	5 Inventory	at end of yea	ar	6			
<b>2</b> Purchases	2			7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3					iter here and in				
4a Additional section 263A co	osts		ì							
(attach schedule)	4a			B Do the	rules of	section 263A (w	/ith r	espect to	Yes	No
<b>b</b> Other costs (attach schedu						or acquired for				۱.
5 Total. Add lines 1 through				to the orga	anization?	<u></u>	<u> </u>	<u> </u>		X
Schedule C - Rent Income	(From Real I	Property a	and Persona	al Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1 Description of property										
(1)										
(2)					<del></del>	_ <del>.</del>				
(3)								<del>-</del>		
(4)						<del>,</del>				
	2. Rent rece	eived or accru	<u>ied</u>			]				
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	From real and personal property (if the stage of rent for personal property exceeds or if the rent is based on profit or income)			3(a) Deductions directly connected wit in columns 2(a) and 2(b) (attach so				
(1)	<del></del>	1								_
(2)										
(3)										
(4)			-							
Total		Total								
(c) Total income. Add totals of cohere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, colur	page 1	1,		
Schedule E - Unrelated De			ee instruction	ns)		<u>, , ; , , ,</u>	(-/	<del></del>		
		<u>.</u>		come from or	3 (	Deductions directly cor			le to	
1 Description of deb	t-financed property			debt-financed	(a) Ctrough	debt-financ				
			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)	<del></del>									
(2)				-						
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-financed (attach sch	able to d property	4 di	olumn vided lumn 5		income reportable in 2 x column 6)		Allocable ded umn 6 x total c 3(a) and 3(l	f colum	
(1)				- %						
(2)				%						
(3)				%						
(4)				%						
					Enter her Part I, lin	e and on page 1, le 7, column (A)		er here and o t I, line 7, coli		
Totals										

Form **990-T** (2017)

organization organization dentification number (loss) (see instructions) (1) (2) (3) (4) (4) (5) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Schedule F - Interest, Annu	inics, royanics	<del></del>		ntrolled Or				113 (300	i instructio	113)		
(2) (3) (4) Nonexempt Controlled Organizations 7 Taxable Income (loss) (see instructions) (1) (2) (3) (4)  Add column 8 and 10 Enter here and on page 1, part I, line 9, column (a) (2) (3) (4)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income 2 Amount of income 3 Deductions force(i) connected (attach schedule) (2) (3) (4)  Enter here and on page 1, part I, line 9, column (a)  Totals  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (b) Part I, line 8, column (c)  Totals  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 8, column (c)  Totals  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 8, column (c)  Totals  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 8, column (c)  Totals  Column 10  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 9, column (c)  Totals  Column 10  Add column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 9, column (c)  Totals  Column 10  Column 10  And column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 9, column (c)  Column 10  Column 10  Column 10  Column 10  And column 8 and 10 Enter here and on page 1, part I, line 8, column (c) Part I, line 9, column (c)  Column 10  Colum			iei			1		40	included in the controlling		olling	6 Deductions directly connected with income in column 5	
30   1   1   1   1   1   1   1   1   1	(1)							$\Box$					
Add columns 5 and 10   Enter here and on page 1   Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)   A Net income (see instru					<u> </u>								
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Taxable Income (loss) (see instructions) 19. Part of column 9 that is included in the controlling included in the contro												<u> </u>	
7 Taxable Income 8 Net uncleided income (loss) (see instructions) 9 Total of specified in the controlling organization's gross moone column 10 (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) Part I		<del></del>				l							
7. Taxable Income (1) (043) (see minkrutchins) phymerish made phymerish made or pages included in the controlling commercial with income in column 10 (1) (2) (3) (4) (4) (5) (4) (5) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Nonexempt Controlled Organiz						40	Dart		045-4		I Dad street desath	
Add columns 5 and 10   Enter here and on page 1, Part 1, line 8, column (8)	7 Taxable Income				•		inc	luded	in the co	ntrolling		nected with income in	
Add columns 5 and 10   Add columns 5 and 11   Add columns 6 and 12   Add columns 6 and 11							_						
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Net income (column (B)  5 Totals deductions and set-addeds (attach schedule)  1 Description of exploited activity Income of business income  1 Description of exploited activity Income of business income  1 Description of exploited activity Income of business income In Income (see instructions)  5 Totals deductions and set-addeds (attach schedule)  4 Net income (column (B)  5 Cross income of business income In on page 1, Part I, line 9, column (B)  7 Enter here and on page 1, Part I, line 9, column (B)  7 Enter here and on page 1, Part I, line 9, column (B)  8 Net income (column B) In our detail of business income In ou													
Add columns 6 and 10 Enter here and on page 1, Parl I, line 8, column (8)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3 Description of income  4 Se-asides (altach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Parl I, line 9, column (A)  Parl I, line 9, column (B)  5 Total description of income (altach schedule)  5 Total description of income (see instructions)  6 Total schedule (altach schedule)  6 Total schedule (altach schedule)  7 Texces seempth or income (altach schedule)  7 Texces seempth or income (altach schedule)  8 Total schedule (altach schedule)  8 Total schedule (altach schedule)  9 Total schedule (altach schedule)  1 Description of exploited activity income, Other Than Advertising Income (see instructions)  1 Description of exploited activity income, Other Than Advertising Income (see instructions)  1 Description of exploited activity income, Other Than Advertising Income (see instructions)  2 Total schedule (altach schedule)  1 Description of exploited activity income, Other Than Advertising Income (see instructions)  1 Description of exploited activity income, Other Than Advertising Income (see instructions)  1 Description o		<del></del> -				_							
Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income 2 Amount of income 3 Description of income 3 Description of exploited activity 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3 Expenses (connected with productions or business income or business income 4 Net income (loss) for our incitated or business income 5 Cross income or business income 6 Septimental on page 1, Part 1, Inne 10, col (A) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Net income (loss) for our ordinate or business income or business income or business income 7 Description of exploited activity income, ordinate or business income 9 Description of exploited activity 1 Description of exploited activity income, other Than Advertising Income (see instructions) 2 Cross income or business income 1 Description of exploited activity income, other Than Advertising Income (see instructions) 2 Cross income or business income 2 Cross income or business income or busine	(4)	<del></del>						44.00	lumna E a	nd 10		Id columns 6 and 44	
1 Description of income  2 Amount of income  3 Deductions dractly connected (attach schedule)  (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Totals  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gross unrelated business income  1 Description of exploited activity  2 Gross unrelated business income  2 Gross unrelated business income  2 Gross unrelated business income  3 Gross income from activity that is not unrelated business income  4 Net income (loss)  5 Gross income  6 Expenses attributiable to column 5 but not more than column 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (A)  Income From Periodicals Reported on a Consolidated Basis  7 Excess readership costs (activity that is a companie cost in a column 4)  7 Excess readership costs (activity that is a companie cost in a column 4)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (10)  (11)  (12)  (13)  (14)  (15)  (16)  (17)  (17)  (18)  (18)  (18)  (18)  (18)  (18)  (18)  (18)  (19)	Totals	<u></u>	<u></u>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	▶	Er Pi	iter he art I, li	re and on ne 8, colui	page 1, mn (A)	Ent	ter here and on page 1,	
1 Description of income  2 Amount of income  2 Amount of income  (attach schedule)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (A)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Cross  3 Expenses  4 Net income (see instructions)  5 Cross income  5 Cross income  6 Expenses  1 Servenses  2 Cross  3 Direct  2 Cross  3 Direct  3 Direct  3 Direct  4 Advertising  9 gain of (sos) (cot  1 a gain, compute  cols 5 through 7  5 Circulation  1 Servenses  1 Neare of periodical activity  1 Servenses  1 Neare of periodical activity  1 Servenses  2 Cross  3 Direct  2 Cross  3 Direct  3 Direct  3 Direct  4 Advertising  9 gain of (sos) (cot  1 a gain, compute  cols 5 through 7  1 Excess readership  costs (column 6)  1 Servenses  1 Neare of periodical activity  1 Servenses  2 Cross  3 Direct  2 Cross  3 Direct  2 Cross (column 6)  3 Direct  3 Servenses  4 Advertising  9 Servenses  5 Cross income  1 Servenses  1 Neare of periodical activity  1 Servenses  1 Neare of periodical activity  1 Servenses  2 Cros	Schedule G - Investment In	come of a Sec	tion 501(c	: <u>)(</u> 7), (			nizati	on (	see inst	ructions)			
(2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see Instructions)  1 Description of exploited activity  2 Circus  2 Circus  2 Circus  2 Circus  2 Circus  3 Description of exploited activity  2 Description of exploited activity  3 Description of exploited activity  4 Description of exploited activity  4 Description of exploited activity  5 Circus activity table to activi	1 Description of income	2 Amount of	income		directly cor	nected						and set-asides (col 3	
Enter here and on page 1, Part I, line 9, column (A)				ļ			_					·	
Enter here and on page 1.  1 Description of exploited activity  2 Gross and condition of production of unrelated business income production of unrelated frade of activity that is not unrelated business income from activity that is column 5 of activity that is column 5 or unrelated business income production of unrelated business income page 1, Part 1, line 10, col (8)  1 Description of exploited activity  2 Description of exploited activity  2 Description of exploited activity  3 Description of exploited activity  4 Net income (loss) for activity that is column 3 or activity that is column 6 or activity that activity that activity that activity that is column 6 or activity that activity tha				<del> </del>									
Enter here and on page 1.  1 Description of exploited activity  1 Description of exploited activity  2 Grass unrelated with production of unrelated with production of unrelated with production of unrelated with production of unrelated business income from trade or business income  2 Grass unrelated with production of unrelated with p		ļ		ļ									
Part I, line 9, column (8)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gross activity interest and on page 1, Part I, line 10, cot (A)  2 Description of exploited activity  2 Gross advertising Income (see instructions)  2 Gross advertising one (see instructions)  3 Direct advertising costs  3 Direct advertising gain or (loss) (col 2 minus col 3) If 5 Circulation income  4 Advertising gain or (loss) (col 2 minus col 3) If 5 Circulation income  1 Name of periodical activity  2 Gross advertising osts advertising costs advertising gain or (loss) (col 2 minus col 3) If 3 gain, compute cols 5 through 7  (1)  (2)  (3)  (4)	(4)	Enter here and		<del> </del>							}	Enter hom and an ages t	
1 Description of exploited activity with connected business income from trade or business income from activity that is not unrelated a	Totals ▶ Schedule I - Exploited Exe			er Tha	an Adverti	sing In	come	e (se	e instru	ctions)		Part I, line 9, column (B)	
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals		2 Gross unrelated business income from trade or	3 Expens directly connected production unrelate	es with n of d	4 Net income from unrelated or business 2 minus collected in a gain, or	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated column 5		expenses (column 6 minus column 5, but not more than				
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals	(1)									<del>'</del>		<del></del>	
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals				-									
Enter here and on page 1, Part 1, line 10, col (A)  Totals						_							
Enter here and on page 1, Part I, line 10, col (A)  Totals													
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical advertising income  2 Gross advertising costs advertising costs advertising costs  1. Name of periodical advertising costs		page 1, Part I,	page 1, Pa	rt I,					<u>.                                  </u>			on page 1,	
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2 Gross advertising income 1. Name of periodical 2 Gross advertising costs 2 Gross advertising costs 2 Gross advertising costs 3 Direct advertising costs 2 minus col 3) If a gain, compute cols 5 through 7		come (see instri	uctions)		<u> </u>							<u> </u>	
1. Name of periodical  2 Gross advertising income  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)				neoli	dated Ras	ie						<del></del>	
1. Name of periodical  2 Gross advertising income  3 Direct advertising costs  4 gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  5 Circulation income  6 Readership costs  1 or minus column 5, but not more than column 4)  (1)  (2)  (3)  (4)	Parti income From Fer	ducais Report	eu on a oc	7113011	uateu Das	313						Т	
(2) (3) (4)	1. Name of periodical	advertising		-	gain or (los 2 minus co a gain, co	s) (col ol 3) If mpute	5					costs (column 6 minus column 5, but not more than	
(2) (3) (4)	(1)												
(3)		<del>                                     </del>			-	• ]						7	
(4)													
												1	
Totals (carry to Part II, line (5)) ▶													
	Totals (carry to Part II, line (5))											_	

23-2691968 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, (ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2017)

## ATTACHMENT 1

# NAME AND FEIN OF PARENT CORPORATION

THOMAS JEFFERSON UNIVERSITY 23-1352651

7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365

23-	2691968
TTACHMENT	2

### 

8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

IN THE CORPORATION'S TAX YEAR.....

ATTACHMENT 2 PAGE 7

### Aria Health Physician Services FEID: 23-2691968 Federal Form 990-T For the year ended June 30, 2018

## Federal Form 990-T, Line 31; Net operating loss deduction

Description	Amount
Net operating loss generated 06/30/2009	2,314
Net operating loss generated 06/30/2009	1,186
Net operating loss generated 06/30/2010	1,707
Net operating loss generated 06/30/2011	3,985
Net operating loss generated 06/30/2012	896
Net operating loss generated 06/30/2013	3,248
Net operating loss generated 06/30/2014	6,249
Net operating loss generated 06/30/2015	9,332
Net operating loss generated 06/30/2016	3,465
Net operating loss generated 06/30/2017	-
Net operating loss generated 06/30/2018	<u> </u>
Net operating loss available for June 30, 2019	\$ 32,382