Fom 990-T	Ex	empt Organization (and proxy tax						OMB No 1545-0687
,101111	For cale	ndar year 2018 or other tax year begin					9	୬ ⋒1 0
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.							<u> </u>
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a	Open to Public Inspection for 501(c)(3) Organizations Only					
A X Check box if		Name of organization (Check be	ox if nai	me changed and see in	structi	ions) D		yer identification number
address changed	' I					==CEN/FD	(Emplo	vees' trust, see instructions)
B Exempt under section		ARIA HEALTH PHYSICI	AN S	ERVICES		RECEIVED	72	.1
X 501(C) O 3)	Print	Number, street, and room or suite no	faPO	box, see instructions		- 400		591968
408(e) 220(e)	or Type				訇	JUL 27 20E	Untele (Sed in	gted business activity code etroctions)
408A530(a)	•	1101 MARKET STREET,			w		يالسيد	= \
529(a)		City or town, state or province, country	•	IP or foreign postal coo	ֆ L	OGDEN L	سيلا	
C Book value of all assets at end of year		PHILADELPHIA, PA 19			1	000	4121	
-		up exemption number (See instruct						
				rporation	501		01(a) 1	
		nization's unrelated trades or busine	sses		•		-	(or first) unrelated
		LING SERVICES			•	•		than one, describe the
•		end of the previous sentence, co	npiete	Parts I and II, comp	ilete a	Schedule M for each a	adamon	iai
trade or business, the		corporation a subsidiary in an affili	otod a	mun or a parant sub	cidan	v controlled group?		X Yes No
		identifying number of the parent co	-		. 4	The nime of the same of the sa	.3~1	355 65
		NALD C. KELLER, CPA	рогац			one number ► (215) 503	-8344
		or Business Income		(A) Income		(B) Expenses		(C) Net
1a Gross receipts or s		,		(, ,		(=,==,p================================		,
b Less returns and allowar		c Balance ▶	1c					
		ule A, line 7)	2					
		2 from line 1c	3				-	
•		ttach Schedule D)	4a				$\overline{}$	
		Part II, line 17) (attach Form 4797)	4b					
• , , ,		rusts	4c					
		r an S corporation (attach statement)	5					
6 Rent income (Sche	edule C)		6					
7 Unrelated debt-fin	anced in	come (Schedule E)	7					
8 Interest, annuites, roya	Ities, and re	nts from a controlled organization (Schedule F)	8					
9 Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exploited exempt	activity ir	ncome (Schedule I)	10					
11 Advertising incom	e (Sched	lule J)	11					
		tions, attach schedule)	12					
13 Total. Combine lin	es 3 thre	ough 12	13		0	<u> </u>		
Part Deduction	is Not	Taken Elsewhere (See insti	ructio	ins for limitation		, ,	ept fo	or contributions,
		be directly connected with t						т
		directors, and trustees (Schedule K)					14	
		<i>. /.</i>						
		(see instructions)						
								
		See instructions for limitation rules)				• • • • • • • • • • •	20	
		<i>4</i> 562)				· · · · · · · · · · · · · · · · · · ·		
		on Schedule A and elsewhere on re					22b	
23 Depletion	,/				• •	• • • • • • • • • • •	23	
		compensation plans						
		Sebadula IV						
		Schedule I)						
		chedule J)						ļ
		chedule)						
		s 14 through 28						
/							$\overline{}$;
/	•	g loss arising in tax years beginnir e income Subtract line 31 from line	-					· · · · · · · · · · · · · · · · · · ·
For Paperwork Reducti	on Act N		. JU .	<u> </u>	<u> </u>	 	32	Form 990-T (2018)
8X2740 1 000 4818KZ U60	0	· · · · · · · · · · · · · · · · · · ·					0.0	DACE 1

	Form	990-T (2018)			Page Z
١	Par	t III Total Unrelated Business Taxable Income			
\	33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
ſ			33		
	34	Amounts paid for disallowed fringes	34		
			-		
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	25		
		<u></u>	35		
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
			36		
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
	38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			
1			38		0.
٧		Tax Computation			
y			39		
	<i>-</i> 39		33		
	40		40		
		the amount on the so from ratios senses or senses of the mine of the senses of	40		
	41	Proxy tax. See instructions	41		
	42	Alternative minimum tax (troots only).	42		
	43	Tax on Noncompliant Facility Income. See instructions	43		
1	44	#otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
	_	Tax and Payments			
٠,		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
•					
	D	Other credits (see instructions)			
	С	General business credit Attach Form 3800 (see instructions)	ŀ		
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	~		
	е	Total circulation for this order to the control of	45e		
	46		46		
	47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		
	48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
	49		49		
		Payments A 2017 overpayment credited to 2018			
	b	2018 estimated tax payments	l		
		Tax deposited with Form 8868			
	C				
	d	Foreign organizations Tax paid or withheld at source (see instructions)	l		
	е	Backup withholding (see instructions)			
	f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	g	Other credits, adjustments, and payments Form 2439	l		
		Form 4136 Other Total ▶ 50g	_		
	51		51		
	52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
	53		53		····
		Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
1	54				
	55		55		
		tVI Statements Regarding Certain Activities and Other Information (see instructions		. \	T
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	oreign coun	try	ŀ
		here >			Х
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		Х
	٠.	If "Yes," see instructions for other forms the organization may have to file		-	!
	52	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		1	1
	<u>58</u>	Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowle	edge and bel	ief, it is
	0:	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	,		
	Sig		the IRS dis		
	Her	e Cuttalkan 7/10/2020 PEVP CFO/CAO with	the prepare		- I
	. ;		instructions)? X		No
	1	Print/Type preparer's name Preparer's signature Date Check			
	Paid	SCOTT J MARIANI Scott J MARIANI self-en	nployed P	0064248	
	•	parer Firm's name ► WITHUMSMITH+BROWN, PC Firm's 1	EIN ▶ 22-2	2027092	?
	use	Only Firm's address TWO LOGAN SQUARE, SUITE 2001, PHILADELPHIA, PA 19103-2726 Phone	no 215-54	6-2140	

Form 990-T (2018)

Form 990-T (2018)									ا	Page 3
Schedule A - Cost of Goods S	Sold. En	ter method	of invento	ry valuation	<u> </u>			1		
1 Inventory at beginning of year . 1						ar	6			
2 Purchases	2			7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from	line 5 En	iter here and in	-			
4a Additional section 263A costs				Part I, line	2		_7_			
(attach schedule) 4	a			8 Do the	rules of	section 263A (v	vith re	espect to	Yes	No
b Other costs (attach schedule) . 4	b			property	produced	or acquired for	resa	ie) apply] _	
5 Total. Add lines 1 through 4b - 5				to the org	anization?	<u> </u>		<u> </u>	<u> </u>	Х
Schedule C - Rent Income (From	n Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1. Description of property										
(1)								_,		
(2)										
(3)										
(4)										
2. F	Rent receiv	ed or accrue	ed							
for personal property is more than 10% but not percent			age of rent for				directly connected with the income 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)				•						
Total		Total								
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		•				(b) Total deduction Enter here and or Part I, line 6, column	page 1			
Schedule E - Unrelated Debt-Fin			e instruction	ons)						
Description of debt-financec		•	2. Gross	ncome from or o debt-financed		Deductions directly co- debt-finance	ed prop	erty		
·			pr	roperty (a) Straig		nt line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
acquisition debt on or allocable to debt-financed del	verage adjus of or allocal bt-financed (attach sche	ble to property	4 (Column divided column 5		ıncome reportable n 2 x column 6)		Allocable ded imn 6 x total 3(a) and 3	of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%				,,		
	-					re and on page 1, ne 7, column (A).		er here and o t I, line 7, co		
Totals					L					

Form **990-T** (2018)

Schedule F-Interest, Annu	liues, Royalues			ontrolled Org		_	auons (se	e instructi	ons)_		
Name of controlled organization	Employer identification numb	ner 3. N	let unrel	lated income instructions)	4. Total		ied include	of column 4 ted in the contraction's gross in	rolling	6 Deductions directly connected with income in column 5	
(1)	· · · · · · · · · · · · · · · · · · ·										
(2)											
(3)											
(4)					<u> </u>					<u> </u>	
Nonexempt Controlled Organiz	zations			<u>-</u>		1 40		0.05-1		4 D-1 -11 4	
7 Taxable Income	8. Net unrelated ii (loss) (see instruc			Total of specific payments made		ınc			Deductions directly nected with income in column 10		
(1)									<u> </u>		
(2)									ــــــ		
(3)									<u> </u>		
(4)							ld columns 5		—	dd columns 6 and 11	
Totals	come of a Sec	ction 501(c)(7),	(9), or (17	<u> </u>	Pa	<u></u>	structions)		ter here and on page 1, int I, line 8, column (B) 5 Total deductions	
1 Description of income	2 Amount of	f income		directly cor (attach sch	nected			Set-asides h schedule)	$ \bot $	and set-asides (col 3 plus col 4)	
<u>(1)</u>											
(2)	<u> </u>										
(3) (4)			-								
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ner Th	an Adverti	sing Ir	come	(see insti	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expendirectificonnected production unrelated business in	y I with in of ed	4. Net incom from unrelat or business 2 minus col If a gain, cc cols 5 thro	ed tradé (column umn 3) xmpute	from	ross income activity that of unrelated ness income	6. Expenses (Control of the Control		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		· · · · ·		1							
(2)								+			
(3)				 							
(4)					_						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26		
Schedule J-Advertising In Part I Income From Peri			oneol	idated Bas	ie –						
income From Peri	outcals Report	eu on a C	lua iu	luateu Das	113	ſ	· · · · · ·	T			
1 Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute	Circulation G. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)											
(2)											
(3)]						_] .	
(4)											
					_		·		-		
Totals (carry to Part II, line (5))										Form 990-T (2018)	

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)	<u> </u>					
(2)						
(3)						
(4)						
Totals from Part I ▶		<u>.</u>				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)					<u> </u>	<u> </u>

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		D	

Form 990-T (2018)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THOMAS JEFFERSON UNIVERSITY 23-1352651

Aria Health Physician Services FEID: 23-2691968 Federal Form 990-T For the year ended June 30, 2019

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	-
Net operating loss generated 06/30/2019	
Net operating loss available for June 30, 2020	32,382