For Paperwork Reduction Act Notice, see instructions. 7X2740 2,000 330 8NV JS0 600

enter the smaller of zero or line 32

Form **990-T** (2017)

Pai	t III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group				
	members (sections 1561 and 1563) check here See instructions and	j]			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$	1			
	(2) Additional 3% tax (not more than \$100,000)				
С	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				
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)	. 1			
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 taxes 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				
	2017 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (Attach Form 8941)	i			
g	Other credits and payments Form 2439 ATCH 2	1			
	Other credits and payments Form 2439 ATCH 2 X Other 45,792. Total ▶ 45g				
46	Total payments Add lines 45a through 45g	46		45,7	792.
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	48			
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		45,7	
50	Enter the amount of line 49 you want	50		45,7	792.
Par					
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 ma				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	ioreign	country		-:
	here >				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ın trust?			X
	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 ▶ \$		Landadaa		-f .1 .1
٥٠	Under genalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the betrue, correct, and complete pectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ist of my	Knowledge	and ben	er, it is
Sigr			RS discuss		
Her		n the p instruction	reparer sh		٦ .
		HISTIUCTION	s)? X Y∈	es [No
Paid	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		P006	424B	6
Prep	SCOTT O MARTANT	nployed	2-2027		<u> </u>
•	Only		15-546		0
	Firm's address TWO LOGAN SQUARE, SUITE 2001, PHILADELPHIA, PA 19103-2726 Phone	по 2	13-340		

Schedule E - Unrelated D	Debt-Financed Income (s	ee instructions)				
4. December of de	ht formal manada	2 Gross income from or allocable to debt-financed	Deductions directly connected with or allocable to debt-financed property			
1 Description of de	ent-imanced property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals		.				
Total dividends-received deduc						

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Form 990-T (2017)				HOSPITAL						773439 Page 4
Schedule F - Interest, Annu	uities, Royalties						ions (see	e instruction	ons)	
1 Name of controlled organization	2 Employer identification numb	er 3 N	let unre	elated income instructions)	4 Total	ons of specifie ents made	included	of column 4 t I in the contr tion's gross in	olling	6 Deductions directly connected with income in column 5
(1)							ļ			
(2)										
(3)							 			
Nonexempt Controlled Organi	zations						<u> </u>			
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific		ınclu:	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10
(1)		-		<u> </u>	_		<u> </u>			
(2)										
(3)										
(4)										
Totals					•	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	fd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G - Investment In	ncome of a Sec	tion 501(c)(7).	(9), or (17	Orga	nizatio	1 (see ins	tructions)		
1 Description of income	2 Amount of		<u> </u>	3 Deduc directly con (attach sch	tions nected		4 Se	at-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)		*,								
(3)										
(4)	Fator horo and		+							Enter here and on page 1,
	Enter here and Part I, line 9, c		ŀ							Part I, line 9, column (B)
Totals ▶										
Schedule I - Exploited Exe	empt Activity In	come, Oth	er Th	nan Adverti	sing In	come (see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directly connected production unrelated business in	y I with on of ed	4 Net incomfrom unrelation business 2 minus coli If a gain, cc cols 5 thro	ed tradé (column umn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								 		 -
(2)										
(3)		<u> </u>								
(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
Totals ▶ Schedule J - Advertising In	come (see instri	ictions)		<u> </u>						
Part I Income From Per			onso	lidated Bas	is					
raft income i form rei	Todicais Report	eu on a o	011301	lidated Das	,,,,					T
1 Name of periodical	2 Gross advertising income	3 Directions		4. Adverting an or (loss 2 minus con a gain, cor cols 5 thro	s) (col I 3) If npute		culation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										_ ։
(3)								<u> </u>		
(4)								ļ ——		<u> </u>
Totals (carry to Part II, line (5))										Form 990-T (2017)
										1 Jilli J J J - 1 (2017)

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, 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) ▶						

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				

Form 990-T (2017)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THOMAS JEFFERSON UNIVERSITY 23-1352651

ATTACHMENT 2

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

TAX PAID WITH ORIGINAL FORM 990-T FILING

45,792.

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

45,792.