2021
JUN 29
SCANNED

	Form	990-T		empt Organi (and p	roxy tax	cune	der section 6	033((e)) 190(ا ۾	ОМВ	No 1545-0687
		•	For cale	ndar year 2018 or other to	ax year begin	ning _	07/01 , 2018, at	nd end	ing 06/30, 20 <u>1</u>	<u>9</u> .	G	20 18
	€ Denorte	ment of the Treasury					nstructions and the				<i>C</i> .	
		Revenue Service	▶ Do	not enter SSN numbers							Open to 501(c)(3	Public Inspection for Organizations Only
	AX	Check box if		Name of organization (ne changed and see ins			Emplo	yer identi	fication number
		address changed							DEOENVE		vees' trust, s	see instructions)
	B Exer	mpt under section		ARIA HEALTH					RECEIVED)	-	
		501(C)03_)	Print	Number, street, and roor	n or suite no. I	faPO	box see instructions	اررا	2	3-09	\$96940)
		_	or	Hamber, street, and look	ii oi saile iio i		DOX, OCC WICKGONONIA	50	JUL 2 7 2020			
	\vdash	408(e) 220(e)	Type	1101 MARKET	CTDCCT	CIIT	ጥሮ 2004	5	JUL 2 1 4021	(See n	structions)	
	\vdash	408A530(a)					-	ĻL		9	≚	
		529(a)		City or town, state or pre			IP or loreign postal cod	ľ	OGDEN, U	T176		
		k value of all assets		PHILADELPHIA	-			<u> </u>	1 3	61/S	901	
		·		up exemption number (` _,	<u>-</u>						
				ck organization type				501(c) trust40)1(a)	trust	Other trust
	H En	ter the number of	the orga	nızatıon's unrelated trad	les or busine	sses	▶ <u>1</u>		Describe the	only	(or first)	unrelated
	tra	de or business her	e ▶ _A'	TCH 1			If onl	ly one	, complete Parts I-V. I	f more	e than one	e, describe the
	firs	t in the blank spa	ce at the	end of the previous se	entence, coi	mplete	Parts I and II, compl	lete a S	Schedule M for each a	ddıtıor	nal	
	tra	de or business, the	en compl	ete Parts III-V								
	I Du	ring the tax year.	was the	corporation a subsidial	ry in an affili	ated g	roup or a parent-subs	sidiary	controlled group?		▶	X Yes No
	. If "	Yes " enter the na	me and	identifying number of t	he parent co	moratio	on. ▶ ATCH	2 ΄	•			
				NALD C. KELLE			Te	elepho	ne number ▶ (215	503	3-8344	
				or Business Incom			(A) Income		(B) Expenses		T	(C) Net
,				369,069.			(A) INGGINE		(2) 229011000		<u> </u>	(0)
							369,0	169				
		Less returns and allowa			c Balance		309,0	009.			1	
				ule A, line 7)		2	260 (260	<u> </u>		 	/360,060
		•		2 from line 1c		3	369,0	169.			ļ	369,069.
	4a	Capital gain net ii	ncome (a	ittach Schedule D)		4a						<u></u>
	b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Fo	m 4797)	4b						
	С	Capital loss dedu	ction for t	trusts		4c					<u> </u>	
	5	•				5				$\overline{\hspace{1em}}$		
i			oss) from a partnership or an S corporation (attach statement)									
	7					7					1	
i	8		elated debt-financed income (Schedule E)					 				
l		-							 / 		<u> </u>	
	9			1(c)(7), (9), or (17) organization		10			 		1	
	10	•	-	ncome (Schedule I)				$\overline{}$			 	
				tule J)		11					 	
	12			ctions; attach schedule)		12	660	0.60	ļ		 	360 060
	13	Total. Combine lii	nes 3 thr	ough 12	<u></u>	13	369,0	009.	1-1-1			369,069.
	Par	Deduction	ns Not	Taken Elsewhere	(See insti	ructio	ons for limitation	s on	deductions) (Exc	ept 1	or cont	ributions,
				be directly connec							,	
		•	-	directors, and trustees (•	- / -				14	ļ	<u></u>
	15	Salaries and wage	es		/	.				15		
	16	Repairs and main	tenance		<i>/</i>					16		664,822.
	17									17		
				(see instructions)	_					18		
										19		
				See instructions for limit						20		
				4562)			1				 	
										226	1	
				on Schedule A and els					· · · · · · · · · · · · · · · · · · ·	22b	ļ	
										23	<u> </u>	-
	24			compensation plans .						24	ļ	
	25	,		s						25		
	26	Excess exempt ex	penses (Schedule I)						26	ļ	
	27			ichedule J)						27		·
	28	Other deductions	(attach s	schedule)					. ATCH. 3.	28		277,791.
		,		es 14 through 28						29		942,613.
		,		ole income before ne						30		-573,544.
	31 /	/		ig loss arising in tax ye	-					31	1	1
	32/		•	e income Subtract line	-	-	-	•		32	†	-573,544.
	For P			e income Subtract line			· · · · · · · · · · · · · · · · · · ·	• • •		J,∠		om 990-T (2018)
	8X2740	199940KZ U60	10	,	· -					a	iO [PAGE
		ゴ・ゴロバロ ひりし	, ,							- 1	Į~	- 4700

Fo	rm !	990-T _e (20	18)						+	age Z
F	ar	t JB	Total Unrelated Business Taxable Income							
33	3	Total of	f unrelated business taxable income computed from all unrelated	trades	s or businesses (see				
•			ons)				337	-5	573,5	544.
34	1	Amounts	s paid for disallowed fringes)	34			
35			on for net operating loss arising in tax years beginning before							
٠.	•		ons),				35			
20			unrelated business taxable income before specific deduction. Subtra				1			
36	•		33 and 34				36	_ c	573,	544.
						~	3/7			000.
37		•	deduction (Generally \$1,000, but see line 37 instructions for exceptions)			~	3/		·	
38			d business taxable income. Subtract line 37 from line 36. If line 3			, ,		_ [-72 (5 A A
١_			e smaller of zero or line 36	• • •		11	<u> 38 </u>		573,	344.
	ar		Tax Computation				· · · ·			
39	3	Organiz	ations Taxable as Corporations. Multiply line 38 by 21% (0 21)				39			
40)	Trusts	Taxable at Trust Rates. See instructions for tax compu	tation	Income tax	on				
		the amo	unt on line 38 from: Tax rate schedule or Schedule D (Form 1	041).		▶	40			
41	1		x. See instructions							
42		Alternati	ve minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·				42			
43			Noncompliant Facility Income. See instructions							
			dd lines 41, 42, and 43 to line 39 or 40, whichever applies							
			Tax and Payments				1 ** 1			
				AES	. [T			
4:			tax credit (corporations attach Form 1118, trusts attach Form 1116)				1 1			
			edits (see instructions)				- 1			
	С	General	business credit Attach Form 3800 (see instructions)	45C	·		-			
	d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)	45d	J.]		-{-~- }			
	е		edits. Add lines 45a through 45d				45e			
46	5		line 45e from line 44				46			
47	7		es Check if from Form 4255 Form 8611 Form 8697 Form 88							
48	3	Total tax	c. Add lines 46 and 47 (see instructions)				48			0.
49	9		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line							
50) a		ts A 2017 overpayment credited to 2018							
			timated tax payments				7			
			osited with Form 8868				1			
			organizations Tax paid or withheld at source (see instructions)				1			
			withholding (see instructions)				1 1			
	-	Candid for	or small employer health insurance premiums (attach Form 8941)	SOF			1			
	Ť			301		-	1			
	g		edits, adjustments, and payments Form 2439		.l					
			orm 4136 Other Total ▶				- <u>-</u> -			
51	1	Total pa	yments. Add lines 50a through 50g	• • •		``				
52	2	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached		▶	Ш	52	 		
53	3	Tax due.	. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .			▶	53			
54	4	Overpay	ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	overpa	aid	. ▶	54			
Ĵ 59	3°	Enter the	amount of line 54 you want		Refunde	d 🕨	55			
, –		t VI	Statements Regarding Certain Activities and Other Info	orm	ation (see instru	ction	าร)			
56			time during the 2018 calendar year, did the organization have an ii					authority	Yes	No
			financial account (bank, secunties, or other) in a foreign country?							
			Form 114, Report of Foreign Bank and Financial Accounts. If "Yes							
		here ▶	Total Try, Nopole of Cologn Bank and Children Thomas Total	, .					-	x .
_	_					<i></i>			-	X
57	1	_	he tax year, did the organization receive a distribution from, or was it the gra	intor (or, or transferor to, a	TOFE	eign trusi	ır		
	_		see instructions for other forms the organization may have to file							,
<u>58</u>	8		e amount of tax-exempt interest received or accrued during the tax year > \$		and almostate and the		host of	u kanudada-	and had	of it is
_		l tru	der penalties of pegury, I declare that I have examined this return, including accompanying so e, correct, and complete Declaration of preparer (other than texpayer) is based on all information of wh			ine	nest of W	y knowledge	and bel	ı ∪ ī, II IS
	igr) N				м	ay the	IRS discuss	this r	return
Н	er			- CF	O/CAO	_ w	th the	preparer sh	now <u>n</u>	
_		Sig	gnature of officer Date Title			(S	ee instructi	ons)? X Ye	es	No
_			Print/Type preparer's name Preparer's signature		Date	Chec	;k∐ıf	PTIN		_
	aid		SCOTT J MARIANI		7/10/2020	self-	employed	P006		
	•	arer	Firm's name ► WITHUMSMITH+BROWN, PC					22-202		
U	se	Only	Firm's address TWO LOGAN SQUARE, SUITE 2001, PHILADELPHIA,	PA	19103-2726			15-546-		

Form **990-T** (2018)

23-0596940

Form 990-T (2018)	0 - 1								Pa	age 3
Schedule A - Cost of G	1 7 7	nter method	d of invento				1 6 1			
1 Inventory at beginning of y	· · · · · · · · · · · · · · · · · · ·					ar	6			
2 Purchases					•	ld. Subtract line				
3 Cost of labor	· · ·					ter here and in	1 _ 1			
4a Additional section 263A c	osts			•			7		· I	
(attach schedule)	4a					section 263A (w		PCC. 10	es	No
b Other costs (attach schedu						or acquired for			- -	. :
5 Total. Add lines 1 through				to the orga	inization?			<u> </u>		<u> </u>
Schedule C - Rent Income	e (From Real I	roperty a	nd Person	al Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent rece	ived or accru	ed]				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real apercentage of rent percentage of					exceeds	ceeds in columns 2(a) and 2(b) (attach schedule)				ne
(1)										
(2)										
(3)										
(4)										
Total		Total			•					
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deductio Enter here and on Part I, line 6, colur	page 1,	•		
Schedule E - Unrelated D			ee instruction	ons)			-			
1. Description of de			2. Gross ii	ncome from or o debt-financed		Deductions directly con debt-financ	ed proper	ty		
·			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)			<u> </u>							
(2)										
(3)										
(4)			<u></u>							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-finance (attach sch	able to i property	4 0	Column Sivided Olumn 5		income reportable n 2 x column 6)		llocable deduc in 6 x total of c 3(a) and 3(b))	olumn	ıs
(1)				%	•					
(2)				%		,				
(3)				%					•	
(4)			T	%						
						e and on page 1, e 7, column (A).		here and on , line 7, colun		
Totals	tions included in									

Page 4

Schedule F-Interest, Annu	ilues, Royalues			ontrolled Or			iuons (see	mstructi	0115)			
Name of controlled organization	2 Employer identification number			ated income instructions)	ncome 4. Total of specified inclu		ed included	of column 4 that is if in the controlling tion's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)							<u> </u>			L		
Nonexempt Controlled Organiz	zations					1 40 1	Dark of polymon	0.45-4-4	1 4	1. Doductions dimeth		
7. Taxable Income	8. Net unrelated in (loss) (see instruct		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)			<u>.</u>						ļ			
(3)	·.							-	-			
(4)						ļ	d columns 5 a		ļ <u>.</u>	dd columns 6 and 11		
Totals	come of a Sec	 tion 501((c)(7),	(9), or (17 3. Deduc	tions				Pa	if I, line 8, column (B) 5 Total deductions		
1 Description of income	2. Amount of	ıncome		directly cor (attach sch				schedule)		and set-asides (col 3 plus col 4)		
(1)			_		<u>-</u>	+			- +			
(2) (3)						+						
(4)						+						
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	her Th	an Advert	ising Ir	come	(see instru	ctions)		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. Expendirect connected production unrelated business in	ly d with on of ed	4. Net inconfrom unrelation business 2 minus collif a gain, cocols 5 three	led trade (column lumn 3) ompute	from IS no	ross income activity that of unrelated less income	ss income 6. Expenses attributable to column 5.		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				 								
(2)						· · · · · ·						
(3)				1								
(4)	-						•					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, Pline 10, co	art I,			<u> </u>			Enter here and on page 1, Part II, line 26			
Totals ▶ Schedule J- Advertising In	rome (see instri	ictions)						·				
Part I Income From Peri			onsol	idated Ras	eie -							
Pant III. Come From Fer	ouicais Report	eu on a c	OGIO	4. Adver						7. Excess readership		
1 Name of periodical	2 Gross advertising income	3. Dire advertising	Direct gain or (los		ol 3) If mpute		Circulation ncome	6. Read cos		costs (column 6 minus column 5, but not more than column 4)		
(1)												
(2)				1								
(3)				_			, , , , , , , , , , , , , , , , , , , ,			_		
(4)												
Totals (carry to Part II, line (5))										Form 990-T (2018		

Total. Enter here and on page 1, Part II, line 14.

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
. 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, Inne 11, col (A)	Enter here and on page 1, Part I, ine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1. Name		2. Title		3 Percent of time devoted to business	4 Compensatio unrelated	
(1)				%		
(2)				%		
(3)	,			%		

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION'S UNRELATED BUSINESS ACTIVITY PRIMARILY CONSISTS OF INCOME RELATED TO HOUSEKEEPING & MAINTENANCE FOR CERTAIN FOR-PROFIT AFFILIATES.

ARIA HEALTH

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

THOMAS JEFFERSON UNIVERSITY 23-1352651

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES

277,791.

PART II - LINE 28 - OTHER DEDUCTIONS

277,791.

Aria Health FEID: 23-0596940 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 06/30/2013	413,155
Net operating loss generated 06/30/2014	309,367
Net operating loss generated 06/30/2015	263,886
Net operating loss generated 06/30/2016	439,930
Net operating loss generated 06/30/2017	347,977
Net operating loss generated 06/30/2018	735,081
Net operating loss generated 06/30/2019	573,544
Net operating loss available for June 30, 2020	3,082,940