

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The American Oncologic Hospital		D Employer identification number 23-1352156
	Doing business as Hosp of the Fox Chase Cancer Center		E Telephone number 215-707-6686
	Number and street (or P.O. box if mail is not delivered to street address) 3509 N Broad St	Room/suite Rm 936	G Gross receipts \$ 271,212,182.
	City or town, state or province, country, and ZIP or foreign postal code Philadelphia, PA 19140		
	F Name and address of principal officer: Michael DiFranco 3509 N Broad St, Philadelphia, PA 19140		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
J Website: www.foxchase.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1904	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1505
	6 Total number of volunteers (estimate if necessary)	6	294
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,441,315.	45,487,538.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	402,134,018.	214,442,021.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,694,035.	6,389,221.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	158,743.	1,077,569.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	415,428,111.	267,396,349.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	31,871,639.	30,304,755.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	125,714,441.	112,610,479.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,479,231.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	279,746,861.	119,368,846.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	437,332,941.	262,284,080.
19 Revenue less expenses. Subtract line 18 from line 12	-21,904,830.	5,112,269.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	209,044,246.	214,267,027.
	22 Net assets or fund balances. Subtract line 21 from line 20	181,493,147.	179,798,401.
		27,551,099.	34,468,626.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Michael DiFranco</i>	Date <u>5-16-2022</u>			
	Michael DiFranco, Assistant Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: To prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering prevention, and compassionate care.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 163,419,385. including grants of \$ 30,304,755.) (Revenue \$ 221,450,948.) Healthcare professionals at the American Oncologic Hospital focus on developing and participating in clinical trials to broaden our knowledge of cancer treatments. Our multidisciplinary staff provides a coordinated approach to treatment to best meet the needs of each patient. Specialists at the American Oncologic Hospital are recognized nationally and internationally in all areas of cancer care.

4b (Code:) (Expenses \$ 28,313,595. including grants of \$) (Revenue \$) The mission of the Nursing department is to prevail over cancer by providing patient and family centered, quality, safe, compassionate, expert, holistic, evidence-based nursing care to adult oncology patients and their families.

4c (Code:) (Expenses \$ 14,278,122. including grants of \$) (Revenue \$) At the American Oncologic Hospital, we believe that cancer care goes beyond medical diagnosis and treatment. For patients and their families we offer an array of support services, including complete care, nutrition support services, pain management, palliative care, pastoral care, social work services, support groups and medical records.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 206,011,102.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Michael DiFranco - 215-707-6686**
3509 N Broad St, Rm 936, Philadelphia, PA 19140

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Young Director	1.00 49.00	X					0.	1,186,425.	23,741.	
(2) Dr. Richard I. Fisher President & CEO	16.00 34.00			X			0.	922,250.	28,294.	
(3) Dr. John Daly Director	1.00 49.00	X					0.	773,333.	51,574.	
(4) Beth Koob Secretary	1.00 49.00			X			0.	641,921.	84,331.	
(5) James L. Helstrom, M.D. Chief Medical Officer (from 10/28/20)	1.00 49.00			X			0.	417,350.	50,759.	
(6) Chang Ma Vice Chair Rad Onc	50.00 0.00					X	440,888.	0.	23,909.	
(7) Judith Bachman COO & Asst Treasurer (until 10/28/20)	1.00 49.00			X			0.	373,013.	33,695.	
(8) Robert Price Assoc Professor	50.00 0.00					X	352,043.	0.	49,510.	
(9) Kurt Schwinghammer VP, Res & Devel Alliance	50.00 0.00					X	343,896.	0.	52,195.	
(10) Lili Chen Assoc Professor	50.00 0.00					X	300,461.	0.	47,589.	
(11) Ray Lynch Treasurer & CFO	20.00 30.00			X			303,992.	0.	42,417.	
(12) Lu Wang Assoc Professor	50.00 0.00					X	284,072.	0.	48,894.	
(13) Michael DiFranco Assistant Treasurer (from 10/28/20)	1.00 49.00			X			0.	250,189.	31,090.	
(14) Carmel Vahey Asst Secretary (until 10/28/20)	46.00 4.00			X			77,104.	0.	30,519.	
(15) Charna Wright Asst Secretary	1.00 49.00			X			0.	83,542.	19,543.	
(16) Lewis Gould Director/Chair	1.00 12.50	X		X			0.	0.	0.	
(17) Margot Keith Director/Vice Chair (until 10/28/20)	1.00 4.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ronald Donatucci Director (until 11/4/20)	1.00 12.00	X						0.	0.	0.
(19) Dr. Solomon Luo Director	1.00 13.50	X						0.	0.	0.
(20) Christopher McNichol Director	1.00 8.00	X						0.	0.	0.
(21) Edward Glickman Director	1.00 6.00	X						0.	0.	0.
(22) Thomas Hofmann Director	1.00 6.00	X						0.	0.	0.
(23) David Marshall Director	1.00 4.00	X						0.	0.	0.
(24) Dr. Donald Morel Director	1.00 4.00	X						0.	0.	0.
(25) Dr. Donna Skerrett Director (until 10/14/20)	1.00 3.00	X						0.	0.	0.
(26) William Federici Director	1.00 4.00	X						0.	0.	0.
1b Subtotal								2,102,456.	4,648,023.	618,060.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,102,456.	4,648,023.	618,060.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 279

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FCCC Medical Group Inc 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	9,812,456.
The Institute For Cancer Research 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	9,105,693.
Temple University Health System 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	5,781,787.
Harmelin Media Inc, 525 Righters Ferry Road, Bala Cynwyd, PA 19004	Professional Service	3,284,319.
Society Hill Anesthesia Consultants, 301 S. 8th Street Suite 2L, Philadelphia, PA	Professional Service	902,868.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 27

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	65,403.				
	d Related organizations	1d	35,739,411.				
	e Government grants (contributions)	1e	8,757,811.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	924,913.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			45,487,538.			
Program Service Revenue	2 a Net Patient Service Re	Business Code					
		621110	209,251,274.	209,251,274.			
	b TUH BMT Revenue	621110	2,506,538.	2,506,538.			
	c Government Plan Revenue	621110	2,419,859.	2,419,859.			
	d Patient TV & Gift Shop	621110	135,523.	135,523.			
	e Jeanes Revenue	621110	108,210.	108,210.			
	f All other program service revenue	621110	20,617.	20,617.			
g Total. Add lines 2a-2f			214,442,021.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,363,045.	6,363,045.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	92,814.				
		(ii) Personal					
		6b Less: rental expenses	0.				
	6c Rental income or (loss)	92,814.					
	d Net rental income or (loss)		92,814.			92,814.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,750,840.				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	3,724,664.				
	7c Gain or (loss)	26,176.					
	d Net gain or (loss)		26,176.			26,176.	
8 a Gross income from fundraising events (not including \$ 65,403. of contributions reported on line 1c). See Part IV, line 18		430,042.					
	8b Less: direct expenses	91,169.					
	c Net income or (loss) from fundraising events		338,873.			338,873.	
9 a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a Miscellaneous Revenue	Business Code					
		900099	645,882.	645,882.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			645,882.				
12 Total revenue. See instructions			267,396,349.	221,450,948.	0.	457,863.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	30,304,755.	30,304,755.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	466,665.		466,665.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	88,084,227.	72,636,155.	15,448,072.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,770,443.	3,932,514.	837,929.	
9 Other employee benefits	12,705,846.	10,875,604.	1,830,242.	
10 Payroll taxes	6,583,298.	5,400,120.	1,183,178.	
11 Fees for services (nonemployees):				
a Management	1,221,492.		1,221,492.	
b Legal	209,777.	3,060.	206,717.	
c Accounting				
d Lobbying	19,173.		19,173.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	40,061,878.	31,877,027.	6,921,794.	1,263,057.
12 Advertising and promotion	3,985,047.	251,119.	3,733,928.	
13 Office expenses	3,550,024.	2,508,267.	1,041,752.	5.
14 Information technology	3,288,914.	1,026,486.	2,262,428.	
15 Royalties				
16 Occupancy	10,226,458.		10,226,458.	
17 Travel	101,015.	47,987.	53,028.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,696.	23,455.	12,241.	
20 Interest	3,933,700.		3,933,700.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,533,375.	43,861.	4,489,514.	
23 Insurance	803,061.	217,657.	585,404.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical/Surgical & Admi	22,726,754.	22,726,754.		
b Drugs	22,129,287.	22,100,037.	29,250.	
c Equipment Rentals	1,736,484.	1,689,641.	46,843.	
d _____				
e All other expenses _____	806,711.	346,603.	243,939.	216,169.
25 Total functional expenses. Add lines 1 through 24e	262,284,080.	206,011,102.	54,793,747.	1,479,231.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	88,853,312.	1	60,488,765.
	2 Savings and temporary cash investments	2,800,978.	2	1,986,795.
	3 Pledges and grants receivable, net	2,341,787.	3	2,089,831.
	4 Accounts receivable, net	41,917,256.	4	28,380,589.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,263,418.	8	3,302,635.
	9 Prepaid expenses and deferred charges	2,415,656.	9	1,638,098.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,751,598.		
	b Less: accumulated depreciation	10b 42,378,398.		
	11 Investments - publicly traded securities	15,807,282.	11	50,147,460.
	12 Investments - other securities. See Part IV, line 11	3,821,095.	12	5,835,407.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	123,115.	14	73,248.
	15 Other assets. See Part IV, line 11	16,619,428.	15	22,950,999.
16 Total assets. Add lines 1 through 15 (must equal line 33)	209,044,246.	16	214,267,027.	
Liabilities	17 Accounts payable and accrued expenses	42,854,871.	17	45,132,209.
	18 Grants payable	393,665.	18	527,730.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,900,061.	23	9,936,095.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	127,344,550.	25	124,202,367.
	26 Total liabilities. Add lines 17 through 25	181,493,147.	26	179,798,401.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,244,443.	27	16,677,813.
	28 Net assets with donor restrictions	16,306,656.	28	17,790,813.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,551,099.	32	34,468,626.
33 Total liabilities and net assets/fund balances	209,044,246.	33	214,267,027.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	267,396,349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	262,284,080.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,112,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,551,099.
5	Net unrealized gains (losses) on investments	5	1,593,706.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	211,552.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,468,626.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Alma R. Jacobs John F. Walsh Associates, LLC Blue Bell West, Suite 317 Blue Bell, PA 19422-1742	\$ 288,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Estate of Helen Hendrickson Mary E. Scout, Executor 7 Stonycroft Ct Medford, NJ 08055-9317	\$ 203,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Hearst Foundations 300 W 57th St FL 26 New York, NY 10019-3741	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	John Binswanger 4006 Foxhound Dr Lafayette Hl, PA 19444-1014	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Estate of Christina M. McNally c/o Ann G. DiPietro 904 Penn Valley Rd Media, PA 19063-1652	\$ 76,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Nancy Switzer 8841 Warm Granite Dr Columbia, MD 21045-5946	\$ 55,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Friends of the Hospital of Fox Chase Cancer Center Fox Chase Cancer Center 333 Cottman Ave Philadelphia, PA 19111-2497	\$ 50,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	William Sautter 455 Boxwood Rd Bryn Mawr, PA 19010-1255	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Elliott-Lewis Corporation 2900 Black Lake Pl Philadelphia, PA 19154-1018	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Estate of Yvonne Eldridge Columbus Life Insurance Co 400 E 4th St Cincinnati, OH 45202-3302	\$ 46,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Estate of Jean E. Schlegel c/o Bonnie G. Ostrofsky, Esq 1417 Bethlehem Pike Flourtown, PA 19031-1904	\$ 43,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Edwin M. Lavino Foundation BNY Mellon Wealth Management 1735 Market St Ste 193-0324 Philadelphia, PA 19103-7501	\$ 42,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Rockefeller Philanthropy Advisors 6 W 48th St FL 10 New York, NY 10036-1802	\$ 39,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Estate of Morton B. Parmet c/o James R. Wishchuk, JD 2310 Walbert Ave Ste 103 Allentown, PA 18104-1360	\$ 33,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Margaret Zuccotti 1 Harbor Lights Way York, ME 03909-5093	\$ 25,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Louis Della Penna 15 Bridlewood Dr New Hope, PA 18938-9668	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Joseph & Mary Faulkner Family Foundation 348 Vanroden Cir Huntingdon Valley, PA 19006-7972	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Clare Porac 463 Elkwood Dr Coraopolis, PA 15108-3272	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Marlyn Fein Chapter c/o Penny Fisher 800 Cottman Ave Apt 429 Philadelphia, PA 19111-3072	\$ 19,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Ride Hard Breathe Easy 1119 Coventry Rd Cheltenham, PA 19012-1003	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Trust of Alice C. Bassett c/o Melissa Derby PNC Institutional Asset Management Pittsburgh, PA 15212-5359	\$ 13,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Walter Henry Freygang Foundation 2794 Forest View Dr Akron, OH 44333-2785	\$ 12,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Michael Cohen 903 Morgan Rd Rydal, PA 19046-3028	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Bonnie Haldeman 7 Stonebridge Crossing Rd Newtown, PA 18940-2739	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Martin Conlon 511 Clermont Ct Doylestown, PA 18902-9476	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	The TJX Foundation, Inc. P.O. Box 505000 Louisville, KY 40233-5000	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Estate of Ann B. Wilcox c/o Hilary Fuelleborn Esquire Luskus & Fuelleborn P.C. Jenkintown, PA 19046-2711	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Marjorie Stanek 441 Hickory Rd Huntingdon Valley, PA 19006-7809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Peter Kreindler 23783 Emerson Point Rd St Michaels, MD 21663-2409	\$ 9,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Norristown Bocce League Attn: Mr. David Fusco PO Box 336 Norristown, PA 19404-0336	\$ 8,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Estate of Lois Ann Oakes c/o Steven A. Litz Esquire 4744 Hamilton Blvd Allentown, PA 18103-6022	\$ 7,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Joan Foley 986 Cloverly Rd Berwyn, PA 19312-1055	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Ellen Araten PO Box 89 Gwynedd Vly, PA 19437-0089	\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	C. F. Martin & Co. 510 Sycamore St PO Box 329 Nazareth, PA 18064	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Capital City Cancer Classic NJ 210 Fountayne Ln Lawrence Township, NJ 08648-2677	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Benjamin F. DeLong Trust c/o Victoria A. Stotz Wells Fargo, Wealth Management Winston-Salem, NC 27101-4047	\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	The Philadelphia Foundation 1835 Market St Ste 2410 Philadelphia, PA 19103-2909	\$ 5,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Estate of Ethel A. McCollaum c/o William Blake Wells Fargo Wealth Management Austin, TX 78704	\$ 5,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Incyte Corporation 1801 Augustine Cut Off Wilmington, DE 19803-4404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Christina Chu 403 Linden Street Moorestown, NJ 08057-3017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Armand Liffman 101 Fonthill Dr Apt A-1 Doylestown, PA 18901-3918	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Peter and Alice Kreindler Charitable Gift Fund 23783 Emerson Point Rd St Michaels, MD 21663-2409	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Frederick Feldman 195 Lucia Ct Apt 24D Jupiter, FL 33478-5470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	The Meranze Family Fund 914 Sorrel Ln Bryn Mawr, PA 19010-1927	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Janet Engstrom Normandy Estates 618 Farmhouse Cir Blue Bell, PA 19422-4296	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Robert Uzzo 713 Daventry Way Ambler, PA 19002-2305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Donald Morel 155 E Oakland Ave Doylestown, PA 18901-4610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Morris S. and Florence H. Bender Foundation, Inc. 12 Lantern Ln Media, PA 19063-4608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Karen Flynn 205 Rising Hill Ln Chester Sprgs, PA 19425-9538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	GlaxoSmithKline Philadelphia Navy Yard 5 Crescent Drive Philadelphia, PA 19112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Philip Lippincott 4613 Lenape Ln Lafayette Hill, PA 19444-1026	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	The Institute for Cancer Research 3509 N. Broad Street Philadelphia, PA 19111-2434	\$ 261,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Fox Chase Cancer Center Foundation 333 Cottman Avenue Philadelphia, PA 19111-2434	\$ 358,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Temple University Health System, Inc 3509 N. Broad Street Philadelphia, PA 19111-2434	\$ 35,120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	U.S. Department of Health and Human Services 200 Independence Ave, S.W. Washington, DC 20201	\$ 8,757,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">The American Oncologic Hospital</p>	Employer identification number <p style="text-align: center;">23-1352156</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	19,173.	27,810.												
c	Total lobbying expenditures (add lines 1a and 1b)	19,173.	27,810.												
d	Other exempt purpose expenditures	262,284,080.	425,415,804.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	262,303,253.	425,443,614.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	24,000.	30,000.	30,000.	27,810.	111,810.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-a-Affiliated Group Attachment

The American Oncologic Hospital Inc. - EIN 23-1352156

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$19,173

The Institute for Cancer Research - EIN 23-6296135

3509 N Broad Street - Philadelphia, PA 19140

Part IV Supplemental Information *(continued)*

Expenses \$6,866

Fox Chase Cancer Center Medical Group - EIN 45-4540585

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$1,771

Fox Chase Network - EIN 23-2467337

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$0

Within the affiliated group, the American Oncologic Hospital and the Institute for Cancer Research are electing charities under Form 5768. The Fox Chase Cancer Center Medical Group and Fox Chase Network are not electing charities.

Schedule C - Part II-A Line 1

Management has direct contact with Legislators, their staff and Government officials to advocate the Hospital's position on key issues affecting the hospital. Frequently, these contacts are made to educate the appropriate representative or official on the implications of specific policy/legislation on the industry in general and/or implications to Fox Chase. At the federal level, during FY 2021 the Hospital advocated for increased Medicare reimbursement under the cancer center rules and advocated for increased research funding for the NIH and NCI. Management also provided input on various issues including health care reform and important issues such as drug shortages legislation. Additionally, to assist the Fox Chase entities in obtaining needed funding for cutting edge technologies and resources used by the scientific and clinical faculty, the hospital affiliate submitted federal grants through the appropriate mechanisms. At the state level, management advocated for the sustained use of Tobacco Funds to support the various cancer programs in the Commonwealth. This funding is central to the programs conducted by Fox

Part IV Supplemental Information *(continued)*

Chase in cancer research, prevention, screenings and treatment. Management

also met with various state representatives to obtain funding for capital

and operating programs under the various appropriations mechanisms to

support economic development opportunities.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: The American Oncologic Hospital; Employer identification number: 23-1352156

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,526,124.	6,243,362.	4,702,244.	4,386,805.	6,313,210.
b Contributions	1,115,935.	1,170,481.	2,345,199.	989,126.	1,178,565.
c Net investment earnings, gains, and losses	1,064,230.	-7,844.	72,343.	141,821.	204,475.
d Grants or scholarships					
e Other expenditures for facilities and programs	826,940.	1,932,026.	919,764.	805,354.	3,313,555.
f Administrative expenses	-120,088.	52,153.	-43,340.	10,154.	4,110.
g End of year balance	6,999,437.	5,526,124.	6,243,362.	4,702,244.	4,386,805.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 73.9000 %
 - c** Term endowment 26.1000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,393,528.		3,393,528.
b Buildings		24,154,765.	6,329,955.	17,824,810.
c Leasehold improvements		4,050,570.	3,359,312.	691,258.
d Equipment		46,348,583.	31,726,365.	14,622,218.
e Other		1,804,152.	962,766.	841,386.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,373,200.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACE Bond Collateral	148,798.
(2) Beneficial Interest in FCCC Foundation	7,171,622.
(3) Board of Associates - Bank Accounts	103,913.
(4) Bryn Mawr Trust	2,255,285.
(5) Charitable Gift Annuity Reserve	129,955.
(6) Other Assets	3,931,043.
(7) Permanently Restricted Cash - PNC	5,169,195.
(8) Temporarily Restricted Cash - PNC	1,830,242.
(9) Welfare Benefit Trust	206,085.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,950,999.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Post Retirement Benefits	1,749,411.
(3) Other Liabilities	6,282,631.
(4) Workers' Compensation	2,106,433.
(5) Intercompany Loan Payable TUHS	65,255,477.
(6) Payer Advances (Medicare & HPP)	48,808,415.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	124,202,367.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4:

The American Oncologic Hospital periodically receives endowment gifts from

individuals and other entities that provide a steady stream of income to

the respective purpose to which the donor intended. This typically would

be to support patient care programs and patient care activities at the

hospital.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		In Vino Vita (event type)	Paws for the Cause (event type)	5 (total number)	
Revenue	1 Gross receipts	354,650.	131,003.	9,792.	495,445.
	2 Less: Contributions	39,935.	23,676.	1,792.	65,403.
	3 Gross income (line 1 minus line 2)	314,715.	107,327.	8,000.	430,042.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,640.	1,523.		3,163.
	6 Rent/facility costs	396.			396.
	7 Food and beverages	28,343.			28,343.
	8 Entertainment	30,000.	8,700.		38,700.
	9 Other direct expenses	10,180.	9,109.	1,278.	20,567.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				91,169.
11 Net income summary. Subtract line 10 from line 3, column (d)				338,873.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			79,000.		79,000.	.03%
b Medicaid (from Worksheet 3, column a)			18,713,000.	9,177,000.	9,536,000.	3.64%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			18,792,000.	9,177,000.	9,615,000.	3.67%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	140	3,876	891,000.	122,000.	769,000.	.29%
f Health professions education (from Worksheet 5)	3	7	9,317,000.	1,400,000.	7,917,000.	3.02%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			26,335,995.		26,335,995.	10.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	100	2,500.		2,500.	.00%
j Total. Other Benefits	146	3,983	36,546,495.	1,522,000.	35,024,495.	13.35%
k Total. Add lines 7d and 7j	146	3,983	55,338,495.	10,699,000.	44,639,495.	17.02%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group The American Oncologic Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>foxchase.org/community/community-health</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>www.foxchase.org/community/community-health</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group The American Oncologic Hospital

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group The American Oncologic Hospital

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group The American Oncologic Hospital

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

The American Oncologic Hospital

Part V, line 16a, FAP website:

<https://www.foxchase.org/patients/insurance-financial/financial-assistance->

The American Oncologic Hospital

Part V, line 16b, FAP Application website:

<https://www.foxchase.org/patients/insurance-financial/financial-assistance->

The American Oncologic Hospital

Part V, line 16c, FAP Plain Language Summary website:

<https://www.foxchase.org/patients/insurance-financial/financial-assistance->

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: The American Oncologic Hospital

- Facility 2: The American Oncologic Hospital

- Facility 3: The American Oncologic Hospital

Group A-Facility 1 -- The American Oncologic Hospital

Part V, Section B, line 5: Fox Chase Cancer Center (FCCC) completed a

community health needs assessment (CHNA) in FY19 with input from primary

and secondary data including U.S. Census, Pennsylvania Department of

Health Vital Statistics, Claritas Inc., City of Philadelphia Department of

Health, and tumor registry data from FCCC. The target area included in the

CHNA is the primary service area for the institution and comprises 84 zip

codes in Bucks, Montgomery and Philadelphia counties, with a total current

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

population of approximately 1,939,157.

In addition to the quantitative data utilized for the CHNA, additional community input was derived from focus groups with individuals living and/or working in the communities in the hospital's service area who could provide input on the needs assessment as community members, public health experts, and as leaders or persons with knowledge of underserved racial/ethnic minorities, low-income residents, and/or the chronically ill. Additionally, a survey was conducted with key informants to gather additional information.

Group A-Facility 1 -- The American Oncologic Hospital

Part V, Section B, line 7d: The final CHNA was shared externally with partner organizations and is available to the public via the organization's website <https://www.foxchase.org/community/community-health>. Additional dissemination of its findings has been presented to the Board of Directors, senior leadership, and to multiple entities within FCCC including: American College of Surgeons (ACoS) Commission on Cancer, Cancer Committee, Cancer Prevention and Cancer Control (Behavioral Research team) and staff from the Office of Community Outreach (OCO), the primary education and outreach arm for the institution.

Group A-Facility 1 -- The American Oncologic Hospital

Part V, Section B, line 11: The CHNA provided a broad overview of the needs of our community, however, as an NCI Comprehensive Cancer Center, our sole focus is cancer. Within the cancer control realm, we address the

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

entire cancer continuum from prevention to survivorship. An implementation

plan was developed based on the FY19 CHNA to focus on four priority areas

to address the immediate community's health issues and care needs. The

areas include (1) Access to care: mobile screening and education; (2)

Chronic disease: prevention, screening, smoking cessation, and worksite

wellness (3) Mental health: Caregiver resources and support and (4)

Substance use: education on responsible prescribing and use of opioids in

the uninformed surgical population. The CHNA was completed in FY19 and an

implementation plan was subsequently developed and approved by the Board

of Directors and is posted on the organization's website

<https://www.foxchase.org/community/community-health>. Teams were tasked with

implementing specific tasks and/or projects to address the four priority

areas and implementation of these tasks began in FY20.

Fox Chase Cancer Center (FCCC) is addressing the following unmet needs

identified in the FY19 Community Health Needs Assessments (CHNA):

Demographic Changes - the anticipated growth in older populations does not

present a challenge for Fox Chase. According to the 2019 Tumor Registry

data, 87% of our patient mix in the service area is between the ages of

50-99.

Language Needs - In preparation for the changing language needs, we have

embarked on a quality improvement plan for language services. We have

established institutional policies to address the languages needs of our

non-English speaking patients. These services include on-site medical

interpreters, language phones, remote video units and amplifiers for our

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

hard of hearing patients. Individual languages/dialects that address this

need are: Spanish, Russian, Mandarin, Cantonese and Vietnamese. Other

languages are available however; this speaks directly to the most utilized

languages according to our Cultural and Linguistic Services (CLS). The

other policy relates to the translations of vital patient documents and

other materials produced by Fox Chase. These documents are translated by a

Temple Health contracted and accredited translations vendor. The documents

once completed undergo an internal review by the CLS to ensure accuracy as

well as compliance with the National Standards for Culturally and

Linguistically Appropriate Services in Health Care and the Joint

Commission's Roadmap. We have also developed new bilingual cancer

education brochures that were developed and translated by a certified

medical interpreter. These include materials on quitting smoking in

Chinese, Spanish and Russian and a brochure on breast density in Spanish.

Additional bilingual educational materials, developed as part of our

previous assessment continue to be revised and available. To alleviate the

inability to disseminate paper materials during the COVID-19 pandemic, the

Lippincott Resource and Education Center created an online library of

cancer-support materials to provide access to bilingual materials, free of

charge. To further augment our ability to reach our Hispanic/LatinX

population in FY21, we expanded our Facebook posts to deliver

Spanish-language content.

Insurance Plans - FCCC accepts a variety of medical insurance including

Medicare, Medicaid and private insurers. Additional funding from state and

foundation grants enables us to offer cancer screening and treatment for

breast cancer. Financial counseling and triaging within our network

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

hospitals is available to persons who do not fall within these categories.

Access to care: mobile screening and education- There is an unmet need in

the service area for screenings, preventive care, and education. Through

our community Speakers Bureau, the OCO provides participants with

evidence-based information on risk factors, symptoms, screening

guidelines, and treatment options for breast, cervical, colorectal, liver,

lung, ovarian, prostate, and skin cancers. In FY21, OCO reached 876 people

through these education sessions and an additional 200 people through

large events such as health fairs and informational tables. To further

complement our education programs, the OCO brings cancer screening to the

community via its mobile screening unit (MSU). Recognized as a best

practice to reducing structural barriers, the OCO brings breast cancer

screening to the community. In FY21, we reached 765 women with breast

cancer screenings. Individuals requiring language services were provided

with a certified medical interpreter at no cost to the patient.

Individuals identified with abnormal findings that require follow-up are

supported with navigation services including transportation to and from

FCCC at no cost to the patient. In addition to the language and

transportation services provided to patients in-need; our community

navigator greets MSU patients requiring follow-up care and remains with

them as they receive services. During FY21, our community navigator worked

with 73 patients to assist them with their appointments and navigate them

through their services. Patients diagnosed with cancer are assigned a

nurse navigator to support ongoing needs i.e., scheduling, testing and

overall coordination of clinical care.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Chronic disease: prevention, screening, smoking cessation, and worksite

wellness 22% of adults in the service area smoke cigarettes, which is

significantly higher than the state rate of 18%. Fox Chase Cancer Center

offers smoking cessation assistance to all patients using tobacco products

through the Tobacco Treatment Program. Participants in this program

receive counseling along with the use of pharmacotherapy (nicotine

replacement therapy and/or other medications). This fiscal year, Fox

Chase's Tobacco Treatment program has continued to expand, with the

assistance of our local partners, to members of the community. The

Community Tobacco Treatment Program has been held virtually and includes

education and pharmacotherapy counseling. This program is open to

community members that are interested in quitting tobacco. To eliminate

barriers to participation and to increase access, the 5-week program is

offered at no cost to participants. The program was held two times in FY

2021.

FCCC also established a worksite wellness program to ensure employees are

able to access all age-appropriate cancer screenings. FCCC employs

approximately 2,400 people and about 53% of employees live in the defined

target community for our CHNA. During this fiscal year, 435 employees

received breast cancer screening, 17 employees received colorectal cancer

screening, and 3 employees received lung cancer screening.

Mental health: Caregiver resources and support- The Community Health Needs

Assessment (CHNA) identified caregiver needs and burnout as a mental

health issue in our community. In response to this identified need, we

established a Caregiver Network modeled after our Patient to Patient

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Network, this program is a telephone-based support program that connects

trained caregivers to new caregivers. The program launched in February

2020 to provide caregiver support. Since its launch, sixteen volunteers

were trained and continue to be matched with new caregivers.

Substance use: education on responsible prescribing and use of opioids in

the uninformed surgical population. The goal of the initiative is to

ensure compliance to the prescribing guidelines at 90% or higher and

decrease the percentage of medication refills ordered following the

initial prescription. FCCC assembled a multidisciplinary Opioid

Stewardship Committee that was able to successfully complete many aspects

of the program, while some are still on-going. The Opioid Initiative

Summary monthly dashboard has been in place since Sept 2019 and monitors

compliance of screening patients, compliance to the recommended dosages,

and refills prescribed and has been able to track a reduction in opioids

prescribed. The patient education video was temporarily halted, but is

resuming use by allowing patients to view the video on their own devices.

Views and survey responses are being tracked on a monthly basis. The

opioid education insert and American Cancer Society booklets are available

for inpatients and outpatients in the surgery department. The Prescription

Drug Monitoring Program (PDMP) context has been created in EPIC and the

Pre-Anesthesia Testing (PAT) staff has been documenting a patient's opioid

exposure at the time of the PAT appointment in their EPIC note since June

2019. A safe disposal box for any excess medication has been installed in

our outpatient pharmacy.

Group A-Facility 2 -- The American Oncologic Hospital

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 2 -- The American Oncologic Hospital

Part V, Section B, line 7d: Refer to Facility 1 description.

Group A-Facility 2 -- The American Oncologic Hospital

Part V, Section B, line 11: Refer to Facility 1 description.

Group A-Facility 3 -- The American Oncologic Hospital

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 3 -- The American Oncologic Hospital

Part V, Section B, line 7d: Refer to Facility 1 description.

Group A-Facility 3 -- The American Oncologic Hospital

Part V, Section B, line 11: Refer to Facility 1 description.

Community Health Promotion

Unmet Needs and Identification Process - The unmet healthcare needs for

this service area were identified and prioritized by comparing the

health status, access to care, health behaviors, and utilization of

services for residents of the service area to results for the county

and state and the Healthy People 2020 goals for the nation. In

addition, for Household Health Survey measures, tests of significance

were conducted to identify and prioritize unmet needs. Input from the

community meeting participants was also used to further identify and

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

prioritize unmet needs, local problems with access to care, and

populations with special health care needs. As a specialty hospital

that focuses on cancer, FCCC does not specifically provide community or

patient services that address some chronic conditions, such as obesity.

However, our health educators have incorporated information regarding

the importance of maintaining a healthy weight and the negative impact

of obesity on cancer along with general information regarding a

balanced diet and exercise guidelines via our Community Speakers

Bureau.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Not applicable. The American Oncologic Hospital does use Federal Poverty

Guidelines.

The Hospital provides patient care services without charge, or at amounts

less than established rates, to patients who meet the criteria of its

charity care policy. Criteria for consideration under the charity care

policy is based primarily on family income and worth, but also recognizes

other circumstances where undue financial hardships exist. The Hospital

maintains records to identify and monitor the level of charity care it

provides. Because collection of amounts determined to qualify as charity

care are not pursued, patient service revenues are reduced by such

amounts. The Hospital also provides services and supplies below cost to

patients covered by government insurance programs, including the Medicare

and Medicaid programs.

Part I, Line 6a:

A community health needs assessment (CHNA) was completed in 2019 with

Part VI Supplemental Information (Continuation)

input from primary and secondary data including U.S. Census, Pennsylvania Department of Health vital statistics, Claritas Inc., and tumor registry data from Fox Chase Cancer Center (FCCC). The target area included in the most recent CHNA is the primary service area for the institution and comprises 84 zip codes in Bucks, Montgomery and Philadelphia counties with a total population of 1,939,157. See Part V, Section B for further information.

Part I, Line 7:

As set forth in the Fox Chase Cancer Center Emergency Care, Charity Care and Financial Assistance Policy, it is the policy of Fox Chase Cancer Center to provide all necessary urgent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Fox Chase Cancer Center that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances is in effect to ensure maximum collections. All patients have the option to apply for the Fox Chase Cancer Center Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist Fox Chase Cancer Center in qualifying them for financial assistance.

Fox Chase Cancer Center's cost to charge ratio for Part 1, lines 7a through 7d is derived by total expenses divided by the total gross charges.

Part VI Supplemental Information (Continuation)

The net community benefit expense was \$8,688,500 as reported on line 7j.

Part II, Community Building Activities:

Fox Chase Cancer Center engages in numerous community building activities throughout the year. One environmental improvement was the maintenance of a medicine disposal unit in the FCCC pharmacy. Most of the Community Building Activities focus on workforce development. They include partnerships with local colleges and universities, school based programs on health care careers, health career mentoring, and community programs that drive entry into health careers. Some examples of these programs are listed below.

WORKFORCE DEVELOPMENT

(1) TRIP Initiative Program: The Teen Research Internship Program (TRIP) is a rigorous lab-based course for high school students who are motivated to explore their interests in science, technology, engineering, art, and math (STEAM). The mission of the TRIP Initiative is to foster an enthusiasm for science by offering students a chance to do hypothesis-driven research and hands-on learning in a lab. The TRIP Initiative course is offered during the school year at William Tennent High School in Warminster and during the summer at Temple University in Philadelphia.

(2) FCCC Career Series: This annual series is aimed at educating high school and undergraduate students who are spending their summer at Fox Chase about many of the career paths employed here at the Center. Each session will feature two speakers, who will talk about their careers and

Part VI Supplemental Information (Continuation)

touch on what skills are necessary to be successful in their fields from

medical oncology to genetic counseling, postdoctoral research, and more.

(3) Roxborough High School Partnership: FCCC has worked with both staff

and students at this school. FCCC works with staff to strengthen the

content of the school's biotechnology programs by providing direction on

the curriculum, facilities, technology and equipment. FCCC staff also work

to engage biotechnology students in hands-on activities and provide

practical job experience. The population for this program is inner city

high school students and more than 90% of participants are

underrepresented minorities.

(4) William Tennent High School Student Design Lab Challenge: In this

ongoing program, FCCC staff meet with high school students and serve as

consultants and mentors to the students.

(5) Blessed Trinity School: Meet with students to discuss career paths in

healthcare and teach about the cell cycle.

(6) Immersion Science Program: This program trains high school students in

cancer research. Approximately 60% of the students are from the School

District of Philadelphia (Title 1, 100% free lunch), more than 70% are

female and more than 60% are minorities. Immersion Science Program is a

free educational program that reduced cultural barriers to health,

advances knowledge through education, and is focused on cancer research of

benefit to the public.

Part III, Line 2:

Part VI Supplemental Information (Continuation)

Effective July, 1, 2018, the Health System adopted a new revenue recognition accounting standard that resulted in significant changes to the methodology for reporting bad debt expense. Under the previous standard, estimates for amounts not expected to be collected based on historical experience were recorded within net patient service revenue and then recognized as bad debt expense. Under the new standard, estimates for unrealizable amounts are recognized as implicit price concessions that are a direct reduction to net patient service revenues. As a result, the amount of bad debt expense reported in the Health System's financial statements has been greatly reduced, despite the fact that overall collection rates have not changed.

Part III, Line 4:

There is no footnote specific to bad debt at this time.

This expense is related to services rendered for which payment is anticipated and credit is extended. These patients do not meet the established Charity Care policy and may therefore have the ability to pay. The cost method is determined based on the patient's liability for services rendered and is a community benefit because it is a cost of providing health care to the general public.

Part III, Line 8:

In 2021, the cost of providing services to the Medicare population was \$4,565,000 (Part III, Line 7) higher than revenue. Medicare allowable cost (Part III, Line 6) was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by FCCC provides a community benefit because it benefits a charitable class, the elderly.

Part VI Supplemental Information (Continuation)

Part III, Line 9b:

American Oncological Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If a patient does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that AOH provides free and/or reduced price care to persons who qualify, that AOH provides assistance in applying for and obtaining government funded insurance, and that patients can contact the Financial Services Department for assistance.

Part VI, Line 2:

The health care needs of the communities served are assessed using primary and secondary data and evidence-based resources such as those provided by the PA Department of Health, Center for Disease Control and Prevention, National Cancer Institute, American Cancer Society, Healthy People 2020, FCCC Tumor registry, PMHC and information provided to us by our community via focus group discussions.

Part VI, Line 3:

Financial Counselors assigned to American Oncologic Hospital screen all

Part VI Supplemental Information (Continuation)

uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP as well as coverage through the Health Insurance Marketplace. In addition, any current or prospective patient may seek information about and/or assistance in applying for Charity Care/Financial Assistance from the Financial Counselors.

Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application process. Medicaid applications are submitted by AOH on the patient's behalf and tracked until final determination. Patients who do not qualify for government-funded programs are screened for the American Oncologic Hospital Charity Care/ Financial Assistance program to determine their eligibility for free or reduced cost care. Patients who contact the Hospital's Business Office concerning bills they have received that they cannot afford to pay are also screened for Charity Care/Financial Assistance eligibility.

The Financial Counseling Staff at American Oncologic Hospital are CMS Certified Application Counselors and provide assistance in obtaining coverage through the Health Insurance Marketplace as well as in assisting patients in obtaining supplemental coverage and prescription drug benefits.

Patients are informed of American Oncologic Hospital's Financial Services, and direction on how to access these services, through the following means:

Part VI Supplemental Information (Continuation)

Posters in plain view at inpatient, outpatient and emergency registration areas and billing offices; Patient discharge summaries, billing invoices and vendor collection notices; and Hospital website.

Part VI, Line 4:

The 2019-2021 Community Health Needs Assessment (CHNA) focused on 84 zip codes in three counties which represents approximately 50% of the in-patient population we serve. The total population within this region is 1,939,157. Approximately 39% of the populations is 35-64 years old. The majority (58.9%) of persons self-identify as White followed by African American (20%), Hispanics (11.8%) and Asian (7%). The unemployment rate ranges from 3%-5% depending on the county and 57.6% have an education beyond high school. In the service area, 14% of the families have incomes below the federal poverty level and 39.4% of households have incomes under \$50,000. A significantly higher percentage of adults aged 18-64 in Philadelphia County report that they have no health insurance (14%), compared to the statewide percentage of 9% uninsured. Chronic disease (hypertension, asthma, obesity, diabetes and cancer) are major health issues. Additional details are provided in the CHNA - <https://www.foxchase.org/community/community-health>.

Part VI, Line 5:

Fox Chase Cancer Center organized or participated as a key partner in a number of community health improvement activities. These activities are free to the community, subsidized by Fox Chase Cancer Center, and are carried out for the sole purpose of improving community health. Community health improvement services (Part 1, lines 7e) includes several programs,

Part VI Supplemental Information (Continuation)

many of them operated by FCCC's Office of Community Outreach (OCO).

(1) Community Cancer Screening program: In order to increase access to care, the Community Cancer Screening program provides breast cancer screening and treatment to medically underserved women within our service area. Low-income, uninsured or underinsured women screened on the Fox Chase Cancer Center (FCCC) Mobile Screening Unit (MSU) for breast cancer are covered under funds secured via state contract via the Pennsylvania Healthy Women Program (HWP), a federally funded program of CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Eligible women receive free or low cost mammograms and if diagnosed receive treatment. In the event of a cancer diagnosis or a high-risk finding, OCO will prepare and submit the application on behalf of the patient to the Healthy Women Program (HWP). HWP will forward the application to the appropriate Pennsylvania County Health Department. Once approved the patient receives instructions to enroll in a Medicaid plan. If needed, financial services can provide additional support. Additional funds secured through foundations such as Susan G. Komen enable us to provide screening and diagnostic services to medically underserved women in our service area. Should a woman be diagnosed, she would be transitioned to the HWP. In FY 2021, our Community Cancer Screening program reached a total of 756 individuals with breast cancer screening. We provided no-cost mammograms to 177 (23.4%) uninsured women.

(2) Community Speakers Bureau: OCO also brings cancer education to the community through our Community Speakers Bureau program. Community Health Educators provide free, bilingual (English and Spanish) cancer education programs to community organizations. In FY21, we reached a total of 876

Part VI Supplemental Information (Continuation)

persons with cancer education and information. We addressed a wide array of cancer topics including breast, cervical, colorectal, liver, lung, ovarian, prostate, and skin cancers. All of the programs provide an overview of the cancer, associated risk factors, updated screening guidelines, prevention strategies, and methods to diagnose and treat cancer. Materials used to support the program are written in "plain language" to address literacy issues also identified in the CHNA. An additional 200 people were reached through health fairs and other large community events.

(3) Tobacco Cessation Program: The CHNA illustrated a need for tobacco cessation, leading OCO to establish a community outreach tobacco cessation program at no cost to participants, to address the lung cancer burden in our region. In FY2021, we held two 5-week sessions and reached 7 people through this program.

(4) Employee Screening Program: FCCC also established a worksite wellness program to ensure employees are able to access all age appropriate cancer screenings. FCCC employs approximately 2,400 people and about 53% of employees live in the defined target community for our CHNA. A multi-disciplinary team built an employee portal to facilitate screening registration and provided lunch-and-learn education sessions. The team focused on breast, colorectal, and lung cancer. During this fiscal year, 435 employees received breast cancer screening, 17 employees received colorectal cancer screening, and 3 employees received lung cancer screening. We intend to continue this programmatic initiative in FY22, including adding gynecological screening to the initiative.

Part VI Supplemental Information (Continuation)

(5) Resource and Education Center (REC): The REC provided 1,063 patients, families, and community members with access to free cancer information and resources that address the cancer continuum. The REC also provided an additional 176 with education through free virtual seminars.

(6) Caregiver Network: The Community Health Needs Assessment (CHNA) identified caregiver needs and burnout as a mental health issue in our community. In response to this identified need, we established a Caregiver Network modeled after our Patient to Patient Network, this program is a telephone-based support program that connects trained caregivers to new caregivers. The program launched in February 2020 and sixteen volunteers were trained and continue to be matched with new caregivers.

(7) Health Care Support Services: FCCC conducts many programs to increase awareness and access to survivorship-oriented educational resources. These include survivor focused events on several cancer types (the Together Facing Cancer series) in addition to specific events for breast cancer survivors called Unite for Her. Additionally, FCCC offers support groups for various cancer types. Lastly, FCCC conducts research in the community that is focused on how to help community members to understand the role and importance of research. We also are interested in how best to reach people with health care information and how to help them become strong partners in their own health care.

Part VI, Line 6:

American Oncologic Hospital is a part of Fox Chase Cancer Center, which is a member of the Temple University Health System, Inc. (TUHS). Its mission is to prevail over cancer marshaling heart and mind in bold scientific

Part VI Supplemental Information (Continuation)

discovery, pioneering prevention, and compassionate care. The other
 entities that are a part of Fox Chase Cancer Center are the Institute for
 Cancer Research, Fox Chase Cancer Center Medical Group, and Fox Chase
 Network, Inc. All of these entities have the same mission as the American
 Oncologic Hospital. The missions of other members of the Temple University
 Health System similarly advance the health system's goals, as follows:

Temple University Hospital's mission to provide access to the highest
 quality of health care in both the community and academic setting and it
 supports Temple University and its Health Sciences Center academic
 programs by providing the clinical environment and service to support the
 highest quality teaching and training programs for health care students
 and professionals, and to support the highest quality research programs;

Temple University Health System's mission is to provide access to high
 quality health care to the community and academic setting; the Temple
 Health System Transport Team, Inc. mission is to provide the highest level
 of critical care transport services available in the mid-Atlantic region;

the Temple Physicians, Inc. (TPI) mission is to provide the highest
 quality of clinical care as well as to support the clinical,
 administrative and corporate activities of Temple University Health
 System; and the Temple Faculty Practice Plan, Inc. (TFPP) mission is to
 provide access to the highest quality of clinical care to the patients of
 North and Northeast Philadelphia and surrounding areas, and to support the
 clinical, administrative, and corporate activities of Temple University
 Health System while continuing to support the academic and research
 mission of Temple University's Lewis Katz School of Medicine.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization The American Oncologic Hospital Employer identification number 23-1352156

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Institute For Cancer Research 3509 N Broad Street Philadelphia, PA 19140	23-6296135	501 (c)(3)	0.	26,335,995.			Research
Temple University Health System, Inc - 3509 N Broad Street - Philadelphia, PA 19140	23-2825881	501 (c)(3)	0.	2,740,000.			Medical services
Fox Chase Network, Inc. 3509 N Broad Street Philadelphia, PA 19140	23-2467337	501 (c)(3)	0.	1,000,000.			Medical services
Fox Chase Cancer Center Medical Group - 3509 N Broad Street - Philadelphia, PA 19140	45-4540585	501 (c)(3)	0.	228,760.			Medical services

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The organization made grants for tax-exempt purposes only to related organizations under common control.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Michael Young Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,079,424.	107,001.	0.	12,825.	10,916.	1,210,166.	0.
(2) Dr. Richard I. Fisher President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,000.	59,500.	715,750.	12,914.	15,380.	950,544.	0.
(3) Dr. John Daly Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	773,333.	0.	0.	37,353.	14,221.	824,907.	0.
(4) Beth Koob Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	506,791.	51,881.	83,249.	52,759.	31,572.	726,252.	0.
(5) James L. Helstrom, M.D. Chief Medical Officer (from 10/28/20	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	397,350.	20,000.	0.	23,934.	26,825.	468,109.	0.
(6) Chang Ma Vice Chair Rad Onc	(i)	421,388.	0.	19,500.	23,900.	9.	464,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Judith Bachman COO & Asst Treasurer (until 10/28/20	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	373,013.	0.	0.	23,645.	10,050.	406,708.	0.
(8) Robert Price Assoc Professor	(i)	352,043.	0.	0.	23,962.	25,548.	401,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Kurt Schwinghammer VP, Res & Devel Alliance	(i)	330,928.	12,968.	0.	23,974.	28,221.	396,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Lili Chen Assoc Professor	(i)	300,461.	0.	0.	24,001.	23,588.	348,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Ray Lynch Treasurer & CFO	(i)	289,742.	14,250.	0.	13,757.	28,660.	346,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Lu Wang Assoc Professor	(i)	284,072.	0.	0.	24,022.	24,872.	332,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Michael DiFranco Assistant Treasurer (from 10/28/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,489.	14,700.	0.	0.	31,090.	281,279.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

First-class or charter travel is provided to executive members and faculty

under extenuating circumstances as determined by the applicable CFO. These

circumstances typically include health reasons and flight availability.

This benefit is not treated as taxable compensation since these exceptions

are outlined within the travel policy and documented under the accountable

plan rules.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

Form 990, Part I, Line 1, Description of Organization Mission:

prevention, and compassionate care.

Form 990, Part VI, Section A, line 1:

Pursuant to the organization's bylaws, the Executive Committee consists of

no less than five members of the Board, including the Chair, the Vice

Chair, and the chairs of the Standing Committees. The Executive Committee

is authorized to act for the Board between its regular meetings.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System, Inc.

The member has the power to appoint and remove the organization's Board of

Directors. The approval of the member is required for any of the following

actions by the organization, (a) any dissolution or liquidation, (b) any

merger, (c) any amendments to the articles of incorporation, (d) any

amendments to the bylaws regarding the member, the number of directors,

quorum or voting requirements, (e) the sale, pledge, lease (but only a

lease from the organization of substantially all of the organization's real

property), or other transfer of the assets of the organization other than

transactions occurring in the ordinary course of business, (f) any decision

resulting in the organization's ceasing to provide appropriate sites for

Temple University School of Medicine for cancer care services through the

organization, (g) any decision to merge with, acquire or enter into an

affiliation with a medical school other than Temple University's or a

medical school hospital other than Temple University Hospital, Inc., (h)

the deletion of any clinical programs that are needed for the accreditation

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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of Temple University School of Medicine, (i) the adoption of the organization's annual capital and operating budgets, (j) the issuance or assumption of any indebtedness in excess of five hundred thousand (\$500,000), and (k) the execution of any contract providing for the management of the organization.

Form 990, Part VI, Section A, line 7a:

Please refer to the response for question #6

Form 990, Part VI, Section A, line 7b:

Please refer to the response for question #6

Form 990, Part VI, Section B, line 11b:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board member is contacted and provided with the web address. A Board member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions.

Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each director and officer with copies of the Conflict of Interest Policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions are presented to the full Board of Directors. In addition to completing the

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annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board. All employees are subject to a conflict of interest policy that is monitored by the Office of the Secretary.

Form 990, Part VI, Section B, Line 15b:

There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section C, Line 19:

Explanation: The unaudited internal financial statements of Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter per the Health System's Continuing Disclosure Agreement through Digital Assurance Corp (DAC), the Municipal Services Reporting Board EMMA disclosure site and the Health System's financial web site. The annual audited financial statements are also released to the public in the same manner. To the extent required by applicable law, the organization makes its governing documents available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Corporate Charges:

Program service expenses 18,462,966.

Management and general expenses 4,778,269.

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Fundraising expenses 337,532.

Total expenses 23,578,767.

Professional Fees:

Program service expenses 9,503,595.

Management and general expenses 987,041.

Fundraising expenses 0.

Total expenses 10,490,636.

Purchased Services:

Program service expenses 3,910,466.

Management and general expenses 1,156,484.

Fundraising expenses 925,525.

Total expenses 5,992,475.

Total Other Fees on Form 990, Part IX, line 11g, Col A 40,061,878.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Welfare Benefit Trust 211,680.

Change in Post Retirement Liability 21,417.

Change in Asset Retirement Obligation -21,545.

Total to Form 990, Part XI, Line 9 211,552.

Form 990, Part XII, Line 2

No process changes noted from the prior year.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2020

Open to Public Inspection

Name of the organization The American Oncologic Hospital Employer identification number 23-1352156

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Temple University of the Commonwealth System of Higher Ed - 23-1365971, 1330 W Berks St, Philadelphia, PA 19122	Education	Pennsylvania	501c3	Line 2	N/A		X
Temple University Health System, Inc. - 23-2825881, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University of the Commonwealth		X
Temple University Hospital, Inc. - 23-2825878, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System		X
Temple Physicians Inc. - 23-2790607 3509 N Broad Street Room 936 Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part VII for Continuations

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Temple Health Transport Team, Inc. - 75-3084023, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System		X
Temple University Health System Foundation - 23-2916108, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital, Inc.		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital, Inc.		X
TUH - Jeanes Campus Auxiliary - 23-1917776 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 10	Temple University Hospital, Inc.		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street Room 936 Philadelphia, PA 19140	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital	X	
Fox Chase Cancer Ctr Medical Group - 45-4540585, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital	X	
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street Room 936 Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12b, II	American Oncologic Hospital	X	
Fox Chase Cancer Center Foundation - 23-2003072, 333 Cottman Avenue, Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 12d, III-O	N/A		X
Temple Faculty Practice, Plan, Inc. - 83-1002191, 3509 N Broad Street Room 936, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Institute for Cancer Research	J	3,577,925.	agreed upon alloc of exp incurre
(2) Institute for Cancer Research	K	4,822,610.	agreed upon alloc of exp incurre
(3) Institute for Cancer Research	L	6,074,700.	agreed upon alloc of exp incurre
(4) Institute for Cancer Research	M	9,105,693.	agreed upon alloc of exp incurre
(5) Institute for Cancer Research	N	2,055,686.	agreed upon alloc of exp incurre
(6) FCCC Medical Group Inc	J	573,588.	agreed upon alloc of exp incurre

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) FCCC Medical Group Inc	L	1,959,800.	agreed upon alloc of exp incurre
(8) FCCC Medical Group Inc	M	9,583,696.	agreed upon alloc of exp incurre
(9) FCCC Medical Group Inc	N	0.	agreed upon alloc of exp incurre
(10) FCCC Network	J	6,273.	agreed upon alloc of exp incurre
(11) Institute for Cancer Research	C	26,335,996.	Actual amount received
(12) Institute for Cancer Research	B	261,144.	Actual amount received
(13) FCCC Medical Group Inc	M	14,500,213.	Actual amount received
(14) FCCC Network	B	1,000,000.	Actual amount received
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Temple University Health System, Inc.

Direct Controlling Entity: Temple University of the Commonwealth System of

Higher Ed

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

TUHS Insurance Company, Ltd.

Direct Controlling Entity: Temple University Health System Inc