

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 Doing business as Hosp of the Fox Chase Cancer Center Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 N Broad St Rm 936 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	D Employer identification number 23-1352156 E Telephone number 215-707-6686 G Gross receipts \$ 346,943,437. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
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		
J Website: www.foxchase.org		
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

	1 Briefly describe the organization's mission or most significant activities: To prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1557
	6 Total number of volunteers (estimate if necessary)	6	380
	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
9 Program service revenue (Part VIII, line 2g)		47,647,526.	90,497,082.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		226,910,757.	234,921,528.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,978,491.	3,001,760.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		875,886.	973,320.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		272,455,678.	329,393,690.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,164,493.	39,414,221.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,861,103.	115,624,604.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,050,181.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,015,653.	140,224,079.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	281,041,249.	295,262,904.	
19 Revenue less expenses. Subtract line 18 from line 12	-8,585,571.	34,130,786.	
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)	178,448,371.	198,736,695.
	22 Net assets or fund balances. Subtract line 21 from line 20	156,402,989.	141,864,467.
		22,045,382.	56,872,228.

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	Date 5/9/2024
	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 address	Firm's EIN Phone no.

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 \$ 193,732,690. including grants of \$ 39,414,221.) (Revenue \$ 238,407,712.) 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 \$ 35,357,829. 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 \$ 13,272,187. 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 242,362,706.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 1a 15 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.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13		
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	
b	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:		
a	The governing body?	X	
b	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
b	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	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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
b	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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.	1,714,324.	33,367.
(2) Dr. Robert Uzzo President & CEO	1.00 49.00			X				0.	1,344,951.	60,588.
(3) Amy Goldberg Director	1.00 49.00	X						0.	1,087,500.	40,945.
(4) John Ryan Assistant Secretary	1.00 49.00			X				0.	726,123.	44,812.
(5) Chang Ma Vice Chair Rad Onc	50.00 0.00					X		453,504.	0.	30,509.
(6) Robert Price Assoc Professor	50.00 0.00					X		362,826.	0.	56,249.
(7) Anna Liza Rodgriguez Chief Nursing Officer	50.00 0.00					X		357,169.	0.	47,080.
(8) Lili Chen Assoc Professor	50.00 0.00					X		309,133.	0.	54,082.
(9) Lu Wang Professor	50.00 0.00					X		296,927.	0.	55,117.
(10) Michael DiFranco Assistant Treasurer	1.00 49.00			X				0.	313,586.	31,332.
(11) Jerome Maddox Secretary	1.00 49.00			X				0.	262,555.	26,883.
(12) Jarred Matchett Treasurer & CFO	46.00 4.00			X				120,232.	0.	11,496.
(13) Charna Wright Assistant Secretary (until 10/20/22)	1.00 49.00			X				0.	89,226.	19,576.
(14) Tausha Saunders Assistant Secretary (from 10/20/22)	1.00 49.00			X				0.	72,616.	4,194.
(15) Lewis Gould Director/Chair	1.00 12.50	X		X				0.	0.	0.
(16) Christopher McNichol Director/Vice Chair	1.00 8.00	X		X				0.	0.	0.
(17) Tina Pidgeon Director	1.00 4.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Dr. Solomon Luo Director	1.00 13.50	X						0.	0.	0.
(19) Edward Glickman Director	1.00 6.00	X						0.	0.	0.
(20) Thomas Hofmann Director	1.00 6.00	X						0.	0.	0.
(21) David Marshall Director	1.00 4.00	X						0.	0.	0.
(22) Dr. Donald Morel Director	1.00 4.00	X						0.	0.	0.
(23) William Federici Director	1.00 4.00	X						0.	0.	0.
(24) Sandra Harmon-Weiss Director	1.00 8.00	X						0.	0.	0.
(25) Leon O. Moulder Director	1.00 4.00	X						0.	0.	0.
(26) Chip W. Marshall, III Director	1.00 10.00	X						0.	0.	0.
1b Subtotal								1,899,791.	5,610,881.	516,230.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,899,791.	5,610,881.	516,230.

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 321

	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
Temple University Health System 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	18,198,682.
FCC Medical Group Inc 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	10,401,811.
The Institute For Cancer Research 3509 N Broad Street, Philadelphia, PA 19140	Professional Service	9,669,952.
Harmelin Media Inc, 525 Righters Ferry Road, Bala Cynwyd, PA 19004	Professional Service	1,369,514.
Society Hill Anesthesia Consultants, 301 S. 8th Street Suite 2L, Philadelphia, PA	Professional Service	872,660.

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 18

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	1,927,092.				
	d Related organizations	1d	83,281,462.				
	e Government grants (contributions)	1e	4,521,327.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	767,201.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			90,497,082.			
Program Service Revenue	2 a Net Patient Service Re	Business Code					
		621110	227,227,917.	227,227,917.			
	b TUH and Jeanes BMT Rev	621110	4,130,644.	4,130,644.			
	c Government Plan Revenue	621110	2,306,123.	2,306,123.			
	d Food Revenue	621110	874,578.	874,578.			
	e Patient TV & Gift Shop	621110	381,534.	381,534.			
	f All other program service revenue	621110	732.	732.			
g Total. Add lines 2a-2f			234,921,528.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-261,693.	-261,693.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	92,814.			
			(ii) Personal				
		b Less: rental expenses ...	6b	0.			
	c Rental income or (loss)	6c	92,814.				
	d Net rental income or (loss)			92,814.		92,814.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	20,483,619.			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	17,220,166.			
	c Gain or (loss)	7c	3,263,453.				
	d Net gain or (loss)			3,263,453.		3,263,453.	
	8 a Gross income from fundraising events (not including \$ 1,927,092. of contributions reported on line 1c). See Part IV, line 18	8a		725,663.			
				329,581.			
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events			396,082.		396,082.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous Revenue	Business Code					
		900099	484,424.	484,424.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			484,424.				
12 Total revenue. See instructions			329,393,690.	235,144,259.	0.	3,752,349.	

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 ...	39,414,221.	39,414,221.		
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	1,026,874.	1,026,874.		
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	89,614,764.	80,661,272.	8,953,492.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,438,144.	4,867,194.	570,950.	
9 Other employee benefits	12,329,530.	11,014,058.	1,315,472.	
10 Payroll taxes	7,215,292.	6,425,486.	789,806.	
11 Fees for services (nonemployees):				
a Management	3,404,977.		3,404,977.	
b Legal	255,793.		255,793.	
c Accounting				
d Lobbying				
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.)	58,450,756.	49,435,108.	7,060,733.	1,954,915.
12 Advertising and promotion	4,290,391.	45,649.	4,244,742.	
13 Office expenses	4,259,431.	3,424,963.	751,449.	83,019.
14 Information technology	861,614.	313,610.	548,004.	
15 Royalties				
16 Occupancy	12,084,944.		12,084,944.	
17 Travel	418,484.	231,713.	186,439.	332.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	140,199.	100,878.	39,321.	
20 Interest	2,364,512.	23,262.	2,341,250.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,769,353.	29,387.	5,739,966.	
23 Insurance	2,868,108.	455,270.	2,412,838.	
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	24,946,743.	24,946,743.		
b Drugs	18,451,743.	18,387,837.	63,906.	
c Equipment Rentals	1,429,206.	1,429,206.		
d _____				
e All other expenses _____	227,825.	129,975.	85,935.	11,915.
25 Total functional expenses. Add lines 1 through 24e	295,262,904.	242,362,706.	50,850,017.	2,050,181.
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 <input type="checkbox"/> 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	15,793,010.	1	4,284,898.
	2 Savings and temporary cash investments	63,663.	2	82,292.
	3 Pledges and grants receivable, net	1,569,503.	3	1,100,590.
	4 Accounts receivable, net	39,167,100.	4	55,123,462.
	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	4,105,654.	8	3,734,640.
	9 Prepaid expenses and deferred charges	1,749,793.	9	1,828,445.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,435,786.		
	b Less: accumulated depreciation	10b 51,221,989.		
	11 Investments - publicly traded securities	42,785,215.	10c	52,213,797.
	12 Investments - other securities. See Part IV, line 11	44,795,332.	11	47,790,207.
	13 Investments - program-related. See Part IV, line 11	7,315,092.	12	6,728,609.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	29,387.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,074,622.	15	25,849,755.	
	178,448,371.	16	198,736,695.	
Liabilities	17 Accounts payable and accrued expenses	19,774,736.	17	16,118,682.
	18 Grants payable	845,117.	18	778,916.
	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	1,240,303.	23	1,806,062.
	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	134,542,833.	25	123,160,807.
	26 Total liabilities. Add lines 17 through 25	156,402,989.	26	141,864,467.
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	4,034,204.	27	37,756,380.
	28 Net assets with donor restrictions	18,011,178.	28	19,115,848.
	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	22,045,382.	32	56,872,228.
33 Total liabilities and net assets/fund balances	178,448,371.	33	198,736,695.	

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	329,393,690.
2	Total expenses (must equal Part IX, column (A), line 25)	2	295,262,904.
3	Revenue less expenses. Subtract line 2 from line 1	3	34,130,786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,045,382.
5	Net unrealized gains (losses) on investments	5	523,840.
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	172,220.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,872,228.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on 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>		
1		
2		
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>		
b Did the activities described on 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>		
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>		
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>		
2a		
2b		
3a		
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).		

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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>
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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-.

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

Schedule C (Form 990) 2022

LHA

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)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.		3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures	30,000.	27,810.	1,910.		59,720.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.		750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
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)).

	(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 expenditures 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 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

2022

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 regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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	9,958,761.	6,999,437.	5,526,124.	6,243,362.	4,702,244.
b Contributions	3,846,714.	4,604,720.	1,115,935.	1,170,481.	2,345,199.
c Net investment earnings, gains, and losses	453,596.	-918,213.	1,064,230.	-7,844.	72,343.
d Grants or scholarships					
e Other expenditures for facilities and programs	922,962.	765,169.	826,940.	1,932,026.	919,764.
f Administrative expenses	-68,622.	-37,986.	-120,088.	52,153.	-43,340.
g End of year balance	13,404,732.	9,958,761.	6,999,437.	5,526,124.	6,243,362.

- 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 37.5000%
 - c Term endowment 62.5000%
- 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?
- 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		28,899,560.	8,578,389.	20,321,171.
c Leasehold improvements		4,050,570.	3,730,835.	319,735.
d Equipment		62,862,404.	38,758,453.	24,103,951.
e Other		4,229,724.	154,312.	4,075,412.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,213,797.

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	83,485.
(2) Beneficial Interest in FCCC Foundation	5,970,544.
(3) Board of Associates - Bank Accounts	325,965.
(4) Charitable Gift Annuity Reserve	381,158.
(5) Other Assets	3,424,621.
(6) Permanently Restricted Cash - PNC	5,030,286.
(7) Temporarily Restricted Cash - PNC	8,374,447.
(8) Welfare Benefit Trust	150,795.
(9) Wells Fargo Collateral	234,362.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,849,755.

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) Workers' Compensation	3,083,928.
(3) Post Retirement Benefits	2,149,717.
(4) Payer Advances (Medicare & HPP)	5,463,493.
(5) Other Liabilities	7,293,480.
(6) Due to Affiliates	105,170,189.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	123,160,807.

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)	9 (total number)		
Revenue	1	Gross receipts	2,441,242.	96,690.	114,823.	2,652,755.
	2	Less: Contributions	1,796,305.	61,787.	69,000.	1,927,092.
	3	Gross income (line 1 minus line 2)	644,937.	34,903.	45,823.	725,663.
Direct Expenses	4	Cash prizes	0.	0.		
	5	Noncash prizes	4,439.	0.		4,439.
	6	Rent/facility costs	0.	0.		
	7	Food and beverages	123,238.	1,487.		124,725.
	8	Entertainment	10,472.	3,137.		13,609.
	9	Other direct expenses	172,100.	14,708.		186,808.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				329,581.
11	Net income summary. Subtract line 10 from line 3, column (d)				396,082.	

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 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

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	X	
b If "Yes," was it a written policy?	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: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
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: <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 _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

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)			177,000.		177,000.	.06%
b Medicaid (from Worksheet 3, column a)			20,793,000.	10,839,000.	9,954,000.	3.37%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			20,970,000.	10,839,000.	10,131,000.	3.43%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	232	9,223	1,305,943.	113,883.	1,192,060.	.40%
f Health professions education (from Worksheet 5)	5	313	9,286,000.	1,801,000.	7,485,000.	2.54%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			38,111,600.		38,111,600.	12.91%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	36	100	118,800.		118,800.	.04%
j Total. Other Benefits	273	9,636	48,822,343.	1,914,883.	46,907,460.	15.89%
k Total. Add lines 7d and 7j	273	9,636	69,792,343.	12,753,883.	57,038,460.	19.32%

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 22</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
6b 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 22</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
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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? If "Yes," explain in Section C.	23	X
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? If "Yes," explain in Section C.	24	X

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: FCCC completed a community health needs

assessment (CHNA) in 2022 as part of a regional CHNA with other hospitals

and health systems in Southeastern Pennsylvania. Data was collected from

local, state, and federal sources including the U.S. Census, Pennsylvania

Department of Health Vital Statistics City of Philadelphia Department of

Health, and tumor registry data from Fox Chase Cancer Center (FCCC). The

target area included in the CHNA is the primary service area for 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.

institution and comprises 80 zip codes in Bucks, Montgomery and

Philadelphia counties, with a total current population of approximately

2,208,752.

In addition to the quantitative data utilized for the CHNA, additional

community input was derived from 26 virtual focus group-style "community

conversations" held to gather input from residents of geographic

communities across all five counties and 21 virtual focus group

discussions centered on "spotlight" topics conducted with community

organization and local government agency representatives. Topics covered

included behavioral health, chronic disease, food insecurity, housing and

homelessness, older adults and care, racism and discrimination in health

care, substance use, and violence.

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, the

primary education and outreach arm for the institution.

Group A-Facility 1 -- 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 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 entire cancer continuum from prevention to survivorship. An implementation plan was developed based on the 2022 CHNA to focus on four priority areas to address the immediate community's health issues and care needs. The areas include (1) enhance cancer care access; (2) lower burden of chronic disease (3) address racial, ethnic, and other healthcare disparities and (4) increase behavioral health support. The CHNA was completed in 2022 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 formed to implement specific tasks and/or projects to address the four priority areas and each priority area has an executive sponsor leading the implementation of these tasks.

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

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.

non-English speaking patients. These services include on-site medical interpreters, language phones, remote video units and amplifiers for our 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 liver cancer 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 the REOnline web-based library (foxchase.org/REOnline) of cancer-support materials to provide access to bilingual materials, free of charge. There are over 1000 resources on REOnline and materials are available in multiple languages. To further augment our ability to reach our Hispanic/LatinX population our Community Outreach Facebook page posts Spanish-language content twice a month.

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.

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

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

Access to care: increase access screening and research- There is an unmet

need in the service area for screenings, preventive care, and access to

research. FCCC brings cancer screening to the community via the community

cancer screening program, including the mobile screening unit (MSU).

Recognized as a best practice to reducing structural barriers, the MSU

brings breast cancer screening to the community. In FY23, we conducted 94

screening events and reached 1,208 women with breast cancer screenings

through the community cancer screening program. 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 FY23, our community

navigator worked with 112 patients to assist them with their appointments

and navigate them through their services. One patient screened through the

community cancer screening program was diagnosed with breast cancer this

year. These patients were assigned a nurse navigator to support ongoing

needs i.e., scheduling, testing and overall coordination of clinical care.

In addition, FCCC has expanded its clinical trial portfolio at Temple

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.

University Hospital (TUH) to increase access to research opportunities.

Several new studies have been activated, the number of faculty has been expanded, and work has been done with the Office of Community Outreach and Engagement (OCOE) to increase awareness of trials. Also this year, FCCC worked with Temple University Health System (TUHS) to pilot a Colorectal Cancer Screening home-based Fecal Immunochemical Test (FIT) program with high-risk populations in North Philadelphia. These kits are a quick, easy, and innovative way for people to screen at home. The program was successful, with 75% of participants reporting their FIT test results.

Chronic disease: education and smoking cessation

Through our community Speakers Bureau, the OCOE 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 FY23, OCOE conducted bilingual outreach to 2,412 people through 65 sessions. Fox Chase was able to participate in an additional 54 outreach events this year and reached a 2,969 people with cancer information. These programs are designed to help patients become more active in their healthcare by gaining a stronger understanding of cancer, risk factors and screening guidelines.

Twenty-two percent 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). The tobacco treatment

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.

program has expanded. The number of unique patients receiving tobacco

treatment services increased to 848. There were a total of 1,804 visits

scheduled with the tobacco program. In addition, 30 patients enrolled in

the navigation program and 23 of them have had at least one visit. The

navigation program provides more in-depth tobacco treatment services and

referrals to additional resources. 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 4-week program is offered at no cost to participants.

The program was held once in FY23.

Eat Healthy, Be Active is a nutrition and physical activity program that

Fox Chase ran for adults. It promotes living healthy to reduce the risk of

obesity and chronic disease. The Eat Healthy, Be Active community

workshops are based on the Dietary Guidelines for Americans, 2015- 2020

and the Physical Activity Guidelines for Americans. Participants learn the

skills needed to make healthy eating and regular physical activity a part

of their lifestyle. Class content focused on identifying small changes to

incorporate into your daily lifestyle, as well as healthy substitutions to

make while you shop and cook. Participants learned the benefits of

physical activity as well as the difference between moderate aerobic

activity, vigorous aerobic activity, and muscle strengthening activity.

The program was run twice in FY23 and was offered once in English and once

in Spanish. There were 17 participants in the English language class and

26 total participants in the Spanish language class.

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

Racial, ethnic and other healthcare disparities

Racism was recognized as an ongoing public health crisis in need of collective attention during the 2022 Community Health Needs Assessment.

Communities of color expressed mistrust of healthcare providers arising

from health disparities and discriminatory treatment in healthcare

settings, which can lead to forgoing needed care. Equitable and

affirming healthcare was a concern for LGBTQ+ community members. In

response, the community requested a more diverse healthcare workforce

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.

with lived experience and increased diversity, equity, and inclusion

training programs in healthcare institutions. More culturally

concordant healthcare providers and resources to address language

barriers, including high quality oral and written language translation

resources were also requested. In FY23, there were 202,943 language

requests for translation services. Planning began for future cultural

competence, anti-racism, diversity awareness trainings. One training on

"Cancer Disparities: How does this inform DEIA at FCCC" was conducted

during this year with 37 attendees. Human resources also has several

trainings that are DEI related. In FY23, 1,023 instances of a DEI

course taken were reported, including Introduction to LGBTQ Patients,

Cultivating Cultural Competence and Inclusion, and the Temple

Experience.

Behavioral health support- The Community Health Needs Assessment (CHNA)

identified behavioral health as a top need exacerbated by the pandemic.

In response to this identified need, we expanded the Patient to Patient

Network (P2PN) and Caregiver Network, this program is a telephone-based

support program that connects trained patients/caregivers to new

patients/caregivers. In FY23, the P2PN and caregiver network expanded

to Temple University Hospital. There were 73 completed P2PN matches at

Fox Chase and 17 completed matches at Temple Hospital. There were also

20 volunteers trained at Fox Chase and 5 trained at Temple Hospital. In

FY23, there were 9 completed caregiver matches at FCCC and 1 at Temple

Hospital. There were 2 caregiver volunteers trained. Since the program

began, over 200 P2PN volunteers have been trained. In addition, there

were 276 participants in Fox Chase support groups and the Cognitive

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.

Behavioral Therapy (CBT) for Pain behavioral health therapy group and

the Music Wellness Program were launched this year.

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 2030 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

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

populations with special health care needs.

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 (for example, 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:

FCCC completed a community health needs assessment (CHNA) in 2022 as part

Part VI Supplemental Information (Continuation)

of a regional CHNA with other hospitals and health systems in Southeastern
 Pennsylvania. Data was collected from local, state, and federal sources
 including the U.S. Census, Pennsylvania Department of Health Vital
 Statistics City of Philadelphia Department of Health, and tumor registry
 data from Fox Chase Cancer Center (FCCC). The target area included in the
 CHNA is the primary service area for the institution and comprises 80 zip
 codes in Bucks, Montgomery and Philadelphia counties, with a total current
 population of approximately 2,208,752.

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

Part VI Supplemental Information (Continuation)

through 7d is derived by total expenses divided by the total gross

charges.

The net community benefit expense was \$46,907,460.43 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.

Fox Chase Cancer Center has also been involved in community health

improvement advocacy. This includes an active role in the Smokefree Philly

coalition to work towards reduced tobacco use in Philadelphia. Fox Chase

also worked with the American Lung Association to advocate for tobacco

control legislation at the state level. In addition, Fox Chase worked

collaboratively with the Pennsylvania Breast Cancer Coalition, to advocate

to Pennsylvania legislators to eliminate all costs associated (including

co-pays, deductibles and co-insurance) with breast MRIs, breast

ultrasounds and BRCA-related genetic testing and counseling for

Pennsylvanians at high risk insured under state law. The landmark,

life-saving legislation was signed into law on May 1, 2023.

The other 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.

Part VI Supplemental Information (Continuation)

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 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

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

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

(3) Gateway School Visit Cancer Research Discovery Day: The Discovery Day

entails a one-day visit to FCCC including a tour of the Center and a

meeting with graduate students and postdocs over lunch to discuss careers.

(4) Career Talks at schools: These career talks are with high school

students to promote and educate the community about STEM programs and

careers.

(5) Philadelphia STEM Equity Collective Workgroup: Designed to cultivate

Part VI Supplemental Information (Continuation)

STEM equity, access, and inclusion in STEM career pathways for Philadelphia students who are traditionally underrepresented in STEM occupations. The program is designed to specifically increase the number of Black, Latinx and women Philadelphia students going into STEM careers by 2030.

(6) University of Delaware-FCCC summer fellowship: The program is a continuing partnership between FCCC and the University of Delaware (UD), with the goal of providing UD students exposure to the diverse array of careers in science, medicine, and health care-related fields. The Discovery Day entails a one-day visit to FCCC including a tour of the Center and a meeting with graduate students and postdocs over lunch to discuss careers. Participants in this program are UD undergraduates from low socioeconomic status, underrepresented minorities, or first in college backgrounds.

(7) Student Design Lab/Beyond the Canvas: This program teaches students to use a design framework to promote problem solving and critical thinking. It also connects students to STEM professionals and mentors. The program is designed to equip students with translational skills while they work to solve real-world problems.

(8) Application feedback: This program promotes and educates the community about STEM programs and careers. It also helps students complete more competitive applications to STEM programs, colleges, and jobs.

(9) Immersion Science Program: This program trains high school students in cancer research. Approximately 60% of the students are from the School

Part VI Supplemental Information (Continuation)

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:

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 VI Supplemental Information (Continuation)

Part III, Line 8:

In 2023, the cost of providing services to the Medicare population was \$5,614,000 (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 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

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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:

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 2023-2026 Community Health Needs Assessment (CHNA) focused on 80 zip codes in three counties which represents approximately 67% of the in-patient population we serve. The total population within this region is 2,208,752. Approximately 32.2% of the populations is 20-44 years old. The majority (58.5%) of persons self-identify as White followed by African American (21%), Hispanics (11.8%) and Asian (6.3%). A significantly higher percentage of residents in neighborhoods in our catchment area including Norristown, North Philadelphia-East and Lower Northeast Philadelphia report that they have no health insurance (13%, 10.7%, and 9.9% respectively), compared to the statewide percentage of 9% uninsured. In the neighborhoods of North Philadelphia West and East, 43.5% and 40.8% of residents live in poverty, Chronic disease (hypertension, asthma, obesity, diabetes and cancer) and mental health are major health issues. Additional details are provided in the CHNA - <https://www.foxchase.org/community/community-health>.

Part VI Supplemental Information (Continuation)

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, many of them operated by FCCC's Office of Community Outreach and Engagement (OCOE).

(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, OCOE 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 the Pennsylvania Department of Human Services enabled us to provide additional screening and diagnostic services to medically underserved women in our service area during FY23. Should a woman be

Part VI Supplemental Information (Continuation)

diagnosed, she would be transitioned to the HWP. In FY23, our Community

Cancer Screening program reached a total of 1,208 individuals with breast

cancer screening. We provided no-cost mammograms to 309 uninsured women

(25%).

(2) Community Speakers Bureau: OCOE 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 FY23, we reached a total of 2,412

persons with cancer education, interventions, 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 2,969 people were reached through health fairs and

other large community events.

(3) Tobacco Cessation Program: 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). The tobacco treatment program has expanded. The number

of unique patients receiving tobacco treatment services increased to 848.

There were a total of 1,804 visits scheduled with the tobacco program. In

addition, 30 patients enrolled in the navigation program and 23 of them

have had at least one visit. The navigation program provides more in-depth

Part VI Supplemental Information (Continuation)

tobacco treatment services and referrals to additional resources. 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 4-week program is

offered at no cost to participants. The program was held once in FY23.

(4) Resource and Education Center (REC): The REC provided 1,429 patients,

families, and community members with access to free cancer information and

resources that address the cancer continuum. The REC also provided an

additional 136 attendees with education through free virtual seminars.

(5) Behavioral health support: The Community Health Needs Assessment

(CHNA) identified behavioral health as a top need exacerbated by the

pandemic. In response to this identified need, we expanded the Patient to

Patient Network (P2PN) and Caregiver Network, this program is a

telephone-based support program that connects trained patients/caregivers

to new patients/caregivers. In FY23, the P2PN and caregiver network

expanded to Temple University Hospital. There were 73 completed P2PN

matches at Fox Chase and 17 completed matches at Temple Hospital. There

were also 20 volunteers trained at Fox Chase and 5 trained at Temple

Hospital. In FY23, there were 9 completed caregiver matches at FCCC and 1

at Temple Hospital. There were 2 caregiver volunteers trained.

(6) 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

Part VI Supplemental Information (Continuation)

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 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 systems 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; and the Temple Physicians, Inc., (TPI) mission is to provide the highest

Part VI Supplemental Information (Continuation)

quality of clinical care as well as to support the clinical,
administrative and corporate activities of Temple University Health
System; 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

2022

**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 noncash 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.	38,111,600.			Research
Temple University Health System, Inc - 3509 N Broad Street - Philadelphia, PA 19140	23-2825881	501 (c)(3)	0.	575,000.			Medical services
Fox Chase Network, Inc. 3509 N Broad Street Philadelphia, PA 19140	23-2467337	501 (c)(3)	0.	532,500.			Medical services
Fox Chase Cancer Center Medical Group - 3509 N Broad Street - Philadelphia, PA 19140	45-4540585	501 (c)(3)	0.	195,120.			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 0

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

Schedule I (Form 990) 2022

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

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) 2022

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 and/or 1099-NEC 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)	1,310,092.	379,500.	24,732.	15,250.	18,117.	1,747,691.	0.
(2) Dr. Robert Uzzo President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,199,071.	100,380.	45,500.	30,500.	30,088.	1,405,539.	0.
(3) Amy Goldberg Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	389,000.	25,000.	673,500.	33,035.	7,910.	1,128,445.	0.
(4) John Ryan Assistant Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	589,214.	128,775.	8,134.	12,634.	32,178.	770,935.	0.
(5) Chang Ma Vice Chair Rad Onc	(i)	433,004.	0.	20,500.	30,500.	9.	484,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Robert Price Assoc Professor	(i)	362,826.	0.	0.	30,499.	25,750.	419,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Anna Liza Rodgriguez Chief Nursing Officer	(i)	310,366.	46,803.	0.	13,725.	33,355.	404,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Lili Chen Assoc Professor	(i)	289,633.	0.	19,500.	30,500.	23,582.	363,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Lu Wang Professor	(i)	296,927.	0.	0.	29,942.	25,175.	352,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Michael DiFranco Assistant Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	249,789.	63,797.	0.	0.	31,332.	344,918.	0.
(11) Jerome Maddox Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	241,451.	10,000.	11,104.	10,774.	16,109.	289,438.	0.
	(i)							
	(ii)							
	(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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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 1a:

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) 2022

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

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

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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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 26,565,433.

Management and general expenses 4,663,767.

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Fundraising expenses 385,812.

Total expenses 31,615,012.

Professional Fees:

Program service expenses 15,623,895.

Management and general expenses 1,142,409.

Fundraising expenses 0.

Total expenses 16,766,304.

Purchased Services:

Program service expenses 7,245,780.

Management and general expenses 1,254,557.

Fundraising expenses 1,569,103.

Total expenses 10,069,440.

Total Other Fees on Form 990, Part IX, line 11g, Col A 58,450,756.

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

Change in Welfare Benefit Trust 67,789.

Change in Post Retirement Liability 104,431.

Total to Form 990, Part XI, Line 9 172,220.

**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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">The American Oncologic Hospital</p>	Employer identification number <p align="center">23-1352156</p>
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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) 2022

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
CHH Community Health - 88-3577015 8835 Germantown Ave Philadelphia, PA 19118	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUHS Insurance Company, Ltd. - 98-1203189 3509 N Broad Street Room 936 Philadelphia, PA 19140	Reinsurance	Bermuda	Temple University Health System						X
Fox Chase Ltd. - 23-2396731 3509 N Broad Street Room 936 Philadelphia, PA 19140	Health Care	PA	American Oncologic Hospital	C CORP			100%	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	B	38,111,600.	Actual amount paid
(2) FCCC Network	B	532,500.	Actual amount paid
(3) Institute for Cancer Research	C	112,405.	Actual amount received
(4) Institute for Cancer Research	J	5,820,054.	agreed upon alloc of exp incurre
(5) FCCC Network	J	4,865.	agreed upon alloc of exp incurre
(6) FCCC Medical Group Inc	J	879,442.	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) Institute for Cancer Research	K	7,120,678.	agreed upon alloc of exp incurre
(8) Institute for Cancer Research	L	2,191,005.	agreed upon alloc of exp incurre
(9) FCCC Medical Group Inc	L	1,108,263.	agreed upon alloc of exp incurre
(10) Institute for Cancer Research	M	9,669,952.	agreed upon alloc of exp incurre
(11) FCCC Medical Group Inc	M	17,077,253.	Actual amount paid
(12) FCCC Medical Group Inc	M	10,401,811.	agreed upon alloc of exp incurre
(13) Institute for Cancer Research	N	194,774.	agreed upon alloc of exp incurre
(14)			
(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