

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable:	C Name of organization The American Oncologic Hospital	D Employer identification number 23-1352156
<input checked="" type="checkbox"/> Address change	Doing Business As Hosp Of The Fox Chase Cancer C	E Telephone number 215-728-3824
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 N Broad St Rm 936	
<input type="checkbox"/> Initial return	City, town, or post office, state, and ZIP code Philadelphia, PA 19140	G Gross receipts \$ 256,462,687.
<input type="checkbox"/> Terminated	F Name and address of principal officer: Anthony Diasio same as C above	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ www.fccc.edu		L Year of formation: 1904 M State of legal domicile: PA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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.		
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	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1577
6	Total number of volunteers (estimate if necessary)	6	363
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,439,134.	7,776,982.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,319,102.	245,892,688.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	360,341.	537,103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,088.	819,634.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	246,382,665.	255,026,407.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	17,058,648.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	73,370,644.	96,018,407.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 190,900.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	150,286,669.	119,843,088.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	223,657,313.	232,920,143.
19 Revenue less expenses. Subtract line 18 from line 12	22,725,352.	22,106,264.	
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)	211,101,813.	148,518,570.
	22 Net assets or fund balances. Subtract line 21 from line 20	173,883,940.	120,680,903.
		37,217,873.	27,837,667.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Anthony Diasio</i>	Date <i>May 12, 2014</i>
	Type or print name and title Anthony Diasio, Chief Financial Officer	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶	Date
	Firm's address ▶	Check if self-employed <input type="checkbox"/>
		PTIN
		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 to any question 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.

4a (Code:) (Expenses \$ 156,845,893. including grants of \$) (Revenue \$ 246,674,758.) Healthcare professionals at the American Oncologic Hospital focus on developing and participating in clinical trials to broaden our knowledge of cancer treatments.

4b (Code:) (Expenses \$ 29,239,087. including grants of \$) (Revenue \$) The mission of the Nursing department is to ease the burden of human cancer by providing compassionate, expert, holistic nursing care to adult cancer patients and their families.

4c (Code:) (Expenses \$ 12,476,232. 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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 198,561,212.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 990, Form 720, and Form 702.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
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, or 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 in Schedule O		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11a	X	
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a		X
15a		X
b	X	
15b	X	
16a		X
b		
16b		

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 (or 1024 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 in Schedule O)
- 19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **Anthony Diasio - 215-728-3824**
333 Cottman Avenue, Philadelphia, PA 19111

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lewis Gould Chair	2.00 7.00	X		X				0.	0.	0.
(2) Margot Keith Vice Chair	1.00 3.00	X		X				0.	0.	0.
(3) Ronald Donatucci Director	1.00 5.00	X						0.	0.	0.
(4) Lewis Katz Director	1.00 5.00	X						0.	0.	0.
(5) Solomon Luo MD Director	2.00 7.00	X						0.	0.	0.
(6) Christopher McNichol Director	3.00 3.00	X						0.	0.	0.
(7) Joseph Evans Director	2.00 5.00	X						0.	0.	0.
(8) Edward Glickman Director	2.00 5.00	X						0.	0.	0.
(9) Lon Greenberg Director	2.00 6.00	X						0.	0.	0.
(10) Thomas Hofmann Director	2.00 3.00	X						0.	0.	0.
(11) David Marshall Director	2.00 5.00	X						0.	0.	0.
(12) Dr. John Daly Director	2.00 48.00	X						0.	737,193.	51,372.
(13) Dr. Donald Morel Director	2.00 3.00	X						0.	0.	0.
(14) Daniel Polett Director	2.00 5.00	X						0.	0.	0.
(15) Dr. Thomas Shenk Director	2.00 3.00	X						0.	0.	0.
(16) Verdi DiSesa MD President & CEO	2.00 48.00			X				0.	820,873.	44,901.
(17) Beth Koob Secretary	2.00 48.00			X				0.	528,081.	88,175.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Betty McAdams Asst Secretary	1.00 49.00			X				0.	80,588.	22,822.
(19) Carmel Vahey Asst Secretary	47.00 3.00			X				53,817.	0.	18,113.
(20) Judith Bachman COO & Asst Treasurer	47.00 3.00			X				0.	0.	12,525.
(21) Anthony Diasio Asst Treasurer	44.00 6.00			X				260,791.	0.	35,816.
(22) Robert Lux Asst Treasurer	1.00 49.00			X				0.	604,747.	129,704.
(23) Richard Fisher MD President & CEO	45.00 5.00			X				0.	0.	0.
(24) Michael Seiden MD President & CEO	45.00 5.00			X				602,974.	0.	26,971.
(25) Thomas Albanesi Treasurer	44.00 6.00			X				419,783.	0.	47,740.
(26) Joanne Hambleton SrVP Clinical Systems	47.00 3.00				X			263,643.	0.	21,524.
1b Sub-total								1,601,008.	2,771,482.	499,663.
c Total from continuation sheets to Part VII, Section A								1,759,157.	1,276,965.	460,751.
d Total (add lines 1b and 1c)								3,360,165.	4,048,447.	960,414.

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 **111**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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, 2450 W. Hunting Park Avenue, Philadelphia, PA Jeanes Hospital	Professional Service	6,660,698.
7600 Central Avenue, Philadelphia, PA 19111	Professional Service	6,338,794.
Temple University Hospital, 3509 N. Broad Street, Philadelphia, PA 19140	Professional Service	2,699,124.
Harmelin Media, 525 Righters Ferry Road, Bala Cynwyd, PA 19004	Professional Service	2,084,437.
Siemens Medical Solutions P.O. Box 7777 W3580, Philadelphia, PA 19175	Professional Service	1,798,827.

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 **43**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,455,863.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,321,119.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			7,776,982.			
Program Service Revenue	2 a <u>Net Patient Service Revenue</u>	Business Code	622110	242,882,590.	242,882,590.		
	b <u>Government Plan Revenue</u>	622110	1,935,296.	1,935,296.			
	c <u>AOH Physician Revenue</u>	622110	824,425.	824,425.			
	d <u>Jeanes Revenue</u>	622110	186,157.	186,157.			
	e <u>Patient TV Revenue</u>	622110	64,220.	64,220.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			245,892,688.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			537,103.		537,103.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	21,772.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		21,772.			
	d Net rental income or (loss)			21,772.		21,772.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	1,452,072.					
	b Less: direct expenses	b	1,436,280.				
	c Net income or (loss) from fundraising events			15,792.		15,792.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>Miscellaneous Revenue</u>		900099	782,070.	782,070.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			782,070.				
12 Total revenue. See instructions.			255,026,407.	246,674,758.	0.	574,667.	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21	17,058,648.	17,058,648.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,327,993.	1,373,472.	1,954,521.	
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	70,085,219.	57,561,789.	12,523,430.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,989,085.	14,974,321.	2,014,764.	
10 Payroll taxes	5,616,110.	4,508,547.	1,107,563.	
11 Fees for services (non-employees):				
a Management			310,654.	
b Legal	310,654.			
c Accounting	522,062.		522,062.	
d Lobbying	23,308.		23,308.	
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.)	30,166,452.	25,672,405.	4,303,147.	190,900.
12 Advertising and promotion	2,481,636.	1,153.	2,480,483.	
13 Office expenses	830,823.	390,406.	440,417.	
14 Information technology	618,083.	169,912.	448,171.	
15 Royalties				
16 Occupancy	6,309,724.	4,195,364.	2,114,360.	
17 Travel	304,120.	176,678.	127,442.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,898.	20,979.	43,919.	
20 Interest	5,589,583.		5,589,583.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,556,521.	6,429,410.	127,111.	
23 Insurance	159,722.	149,696.	10,026.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Drugs	46,689,887.	46,667,884.	22,003.	
b Medical/Surgical & Admi	13,161,021.	13,155,954.	5,067.	
c Equipment Rentals	4,121,941.	4,121,941.		
d PA Quality Assessment T	1,932,653.	1,932,653.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	232,920,143.	198,561,212.	34,168,031.	190,900.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,882,050.	1	5,250,895.
	2	Savings and temporary cash investments	92,960.	2	
	3	Pledges and grants receivable, net		3	1,043,000.
	4	Accounts receivable, net	33,038,791.	4	67,203,934.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,659,197.	8	3,649,253.
	9	Prepaid expenses and deferred charges	4,675,803.	9	1,571,044.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,788,678.		
	b	Less: accumulated depreciation	10b 6,424,960.	10c	41,363,718.
	11	Investments - publicly traded securities	1,000,645.	11	633,387.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	15,648,049.	13	0.
	14	Intangible assets		14	14,248,889.
	15	Other assets. See Part IV, line 11	12,794,966.	15	13,554,450.
16	Total assets. Add lines 1 through 15 (must equal line 34)	211,101,813.	16	148,518,570.	
Liabilities	17	Accounts payable and accrued expenses	30,252,182.	17	29,129,722.
	18	Grants payable		18	54,785.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	93,210,767.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,334,464.	23	4,995,047.
	24	Unsecured notes and loans payable to unrelated third parties	13,114,017.	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	18,972,510.	25	86,501,349.
	26	Total liabilities. Add lines 17 through 25	173,883,940.	26	120,680,903.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	35,155,038.	27	16,251,324.
	28	Temporarily restricted net assets	296,691.	28	4,083,164.
	29	Permanently restricted net assets	1,766,144.	29	7,503,179.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	37,217,873.	33	27,837,667.
	34	Total liabilities and net assets/fund balances	211,101,813.	34	148,518,570.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	255,026,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	232,920,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,106,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,217,873.
5	Net unrealized gains (losses) on investments	5	279,338.
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 in Schedule O)	9	-31,765,808.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,837,667.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2011 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test - 2012.** 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 ►

b **33 1/3% support test - 2011.** 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 ►

17a **10% -facts-and-circumstances test - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

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 ►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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

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

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

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	23,308.	34,211.												
c	Total lobbying expenditures (add lines 1a and 1b)	23,308.	34,211.												
d	Other exempt purpose expenditures	215,831,484.	289,128,719.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	215,854,792.	289,162,930.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	50,284.	61,948.	47,718.	34,211.	194,161.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-a - Affiliated Group Attachment

The American Oncologic Hospital Inc. - EIN 23-1352156

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$23,000

Part IV Supplemental Information (continued)

The Institute for Cancer Research - EIN 23-6296135

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$10,903

Fox Chase Cancer Center Medical Group - EIN 45-4540585

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$0

Fox Chase Network - EIN 23-2467337

3509 N Broad Street - Philadelphia, PA 19140

Expenses \$0

Schedule C - Part II-A Line 1

Management has direct contact with Legislators, their staff and Government officials to advocate the Hospital's position on key issues affecting the hospital. Frequently, these contacts are made to educate the appropriate representative or official on the implications of specific policy/legislation on the industry in general and/or implications to Fox Chase. At the federal level, during FY 2013 the Hospital advocated for increased medicare reimbursement under the cancer center rules and advocated for increased research funding for the NIH and NCI. Management also provided input on various issues including health care reform and important issues such as drug shortages legislation. Additionally, to assist the Fox Chase entities obtain needed funding for cutting edge technologies and resources used by the scientific and clinical faculty, the hospital affiliate submitted federal grants through the appropriate mechanisms. At the state level, management advocated for the sustained

Part IV Supplemental Information (continued)

use of Tobacco Funds to support the various cancer programs in the Commonwealth. This funding is central to the programs conducted by the Fox Chase in cancer research, prevention, screenings and treatment. Management also met with various state representatives to obtain funding for capital and operating programs under the various appropriations mechanisms to support economic development opportunities.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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 are a 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 programs
- 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" to 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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,386,286.	8,903,362.	3,720,512.	1,606,575.	4,562,324.
b Contributions	1,340,308.	1,414,080.	4,340,629.	2,056,274.	11,336.
c Net investment earnings, gains, and losses	26,589.	1,329.	842,221.	63,620.	-922,600.
d Grants or scholarships	0.	2,539.	0.	5,957.	0.
e Other expenditures for facilities and programs	316,394.	7,929,946.	0.	0.	2,004,485.
f Administrative expenses	0.	0.	0.	0.	0.
g End of year balance	3,436,789.	2,386,286.	8,903,362.	3,720,512.	1,646,575.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 44.70 %
- c Temporarily restricted endowment 55.30 %

The percentages in 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	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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		5,083,000.		5,083,000.
b Buildings		18,460,896.	758,345.	17,702,551.
c Leasehold improvements		4,716,800.	834,325.	3,882,475.
d Equipment		16,964,298.	4,832,290.	12,132,008.
e Other		2,563,684.		2,563,684.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 41,363,718.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Wells Fargo Collateral	3,925,000.
(2) Board of Associates - Bank Accounts	832,713.
(3) Temporarily Restricted Cash - PNC	1,892,239.
(4) Della Penna - Haverford Trust	1,167,129.
(5) ACE Bond Collateral	403,680.
(6) Permanently Restricted Cash - PNC	343,711.
(7) Beneficial Interest in FCCC Foundation	4,729,630.
(8) Security Deposits	85,874.
(9) Other Assets	174,474.
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,554,450.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Post Retirement Benefits	3,025,595.
(3) Other Liabilities	5,157,188.
(4) Worker's Compensation	2,337,473.
(5) Intercompany Debt	75,981,093.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	86,501,349.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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

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 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

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

Complete this part to 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 V Line 1b: This amount includes the transfer of endowed funds from a former related organization.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		April in Venice (event type)	Monte Carlo Night (event type)	11 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	230,307.	49,620.	1,172,145.	1,452,072.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	230,307.	49,620.	1,172,145.	1,452,072.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	28,015.	8,609.	1,399,656.	1,436,280.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(1,436,280)
	11	Net income summary. Combine line 3, column (d), and line 10				15,792.

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

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

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:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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?		
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?	X	

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)			422,000.	0.	422,000.	.18%
b Medicaid (from Worksheet 3, column a)			8,847,000.	5,616,000.	3,231,000.	1.39%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total Financial Assistance and Means-Tested Government Programs			9,269,000.	5,616,000.	3,653,000.	1.57%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			29,055.		29,055.	.01%
f Health professions education (from Worksheet 5)			6,869,000.	1,314,000.	5,555,000.	2.38%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			6,898,055.	1,314,000.	5,584,055.	2.39%
k Total Add lines 7d and 7j			16,167,055.	6,930,000.	9,237,055.	3.96%

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 facility reporting group The American Oncologic Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9	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 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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		X
5 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		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a 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 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, 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) The American Oncologic Hospital

Financial Assistance Policy

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy 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 policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

15	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 actions the hospital facility may take upon non-payment?	X	
16	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **The American Oncologic Hospital**

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?	21	X
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22	X
If "Yes," explain in Part VI.		

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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: The community health needs assessment (CHNA) was
completed in December of 2012 with input from primary and secondary data
including U.S. Census, Pennsylvania Department of Health vital statistics,

Part VI Supplemental Information

Claritas Inc., and tumor registry data from Fox Chase Cancer Center (FCCC). See Part V, Section B for further information.

Part I, Line 7: The net community benefit expense was \$5,584,055.

Part II: The net community building expense was \$993,000. See Part VI, Line 5 for description of the organization's community building activities and how they promote the health of the communities served.

Part III, Line 4: There is no footnote specific to bad debt at this time.

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

Part III, Line 8: In 2012, the cost of providing services to the Medicare population was \$4,649,000 (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: Yes, the organization's written collection policy contains provisions on the collection practices to be followed for

Part VI Supplemental Information

patients who are known to qualify for charity care or financial assistance.

Part VI, Line 2: QUESTION 2 - The community health needs assessment (CHNA) was completed in December of 2012 with input from primary and secondary data including U.S. Census, Pennsylvania Department of Health vital statistics, Claritas Inc., and tumor registry data from Fox Chase Cancer Center (FCCC). The target area included in the CHNA is the primary service area for the institution and comprises 87 zip codes in Bucks, Montgomery and Philadelphia counties with a total population of 1,857,000. In addition to the quantitative data utilized for the CHNA, additional community input was derived from three meetings with our Community Advisory Council (CAC) members and the Southeastern Pennsylvania Household Health Survey with questions based on validated instruments such as the National Center for Health Statistics (NCHS) for the National Health Interview Survey (NHIS), The Behavioral Risk Factor Surveillance System (BRFSS), The California Women's Health Survey, The Social Capital Community Benchmark Survey (Kennedy School of Government, Harvard University) and The Survey on Childhood Obesity (Kaiser Family Foundation/San Jose Mercury News). In total, 4,354 interviews were conducted with adults from the targeted region.

The final CHNA is available to the public via the organizations website <http://fccc.edu/information/Community-Health/FCCC-CHNA-April-2013.pdf>. Additional dissemination of its findings have been presented to the Board of Directors, senior leadership, CAC members and to multiple entities within FCCC including: American College of Surgeons (ACoS) Commission on Cancer, Cancer Committee, Cancer Prevention and Cancer Control (Behavioral

Part VI Supplemental Information

Research team) and staff from the Office of Health Communications and Health Disparities, the primary education and outreach arm for the institution.

The CNHA 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 has been developed to address the needs which include lack of knowledge regarding cancer, access to care, specifically screening, complexity of the healthcare system, obesity which has been associated with increasing the risk of certain cancers, cultural and language needs to address the evolving changes in the community population. During the reporting period, the CHNA was completed, an implementation plan has been developed and approved by the Board of Directors and teams have been tasked with implementing specific tasks and/or projects to address the identified needs. Additionally, the plan has been posted to the FCCC website <http://fccc.edu/information/Community-Health/FCCC-Implementation-Strategy->

Part VI, Line 3: QUESTION 3 - Fox Chase Cancer Center's mission is to prevail over cancer. Activities include basic, clinical and prevention research; detection and treatment of cancer; and community outreach programs. Consistent with this mission, the AOH will consider the inability of its patients to meet the financial burden of cancer care that may arise during treatment. The AOH is committed to treating patients who experience financial difficulties with the same dignity and care extended to all other patients.

Part VI Supplemental Information

Procedure: When a patient calls in to schedule an appointment, the new patient office will notify patient financial services (PFS) of anyone who is either a) not insured b) participates in a health plan that AOH does not accept or is out of network or c) communicates a concern regarding the ability to meet financial obligation. All such patients will be contacted by a financial counselor. No financial assistance will be extended to a patient until a plan of treatment has been established.

External community screening is provided via the mobile screening unit. This vehicle is outfitted with state-of-the-art breast cancer screening equipment equal in quality to the equipment on-site. During 2013, we provided breast and skin cancer screenings to 3,845 persons in community settings (CBO, FBO, business/corporations, academic institutions). Through the Office of Health Communications and Health Disparities we have secured external funding via grants (i.e. PA Healthy Women Program (PAHWP), foundations) and other fundraising activity to off-set and/or cover associated costs to screening and diagnostic testing for the uninsured. PAHWP currently provides AOH with 240 slots to be allocated as following: 120 for women 40-49 and 120 for women 50-64.

Procedure: At time of screening, a patient who presents as uninsured will be provided with an application for the Pennsylvania Healthy Women Program (breast and cervical cancer screening program). If the eligibility criteria are met, all screening costs are covered. If further diagnosis is required, PAHW will also provide coverage. Should a cancer diagnosis be discovered, AOH prepares and submits a Medicaid application. Reimbursement for treatment will be retroactive. Should the patient not be eligible for Medicaid, AOH will work with Patient Financial Services for financial counseling.

Part VI Supplemental Information

Part VI, Line 4: QUESTION 4 - The majority of AOH patients reside in the target area identified in the CHNA (see needs assessment section for demographics and target region). A special emphasis has been given to a 12 zip code region referred to as Neighbors surrounding AOH. Education, screening and research programs enable AOH to create stronger partnerships with organizations and provide opportunities for these organizations to become involved in shaping future activities. Several individuals from these efforts have joined steering and advisory committees, advocating on behalf of the community.

Part VI, Line 5: QUESTION 5 - Through our Community Speakers Bureau program, we reached 5,001 individuals in calendar 2013. 48% of these individuals were educated in Spanish. A wide array of cancer topics is available, including: breast, cervical, colorectal, ovarian, prostate, lung and skin. All of the programs include general cancer information about the site, risk factors, screening guidelines, diagnosis and treatment. As part of our partnership development strategies, we have developed relationships with community-based organizations (CBO), faith-based organizations (FBO), business and academic institutions. These partnerships enable us to successfully fulfill our mandate to disseminate evidence-based information to increase the public's understanding of cancer, to promote prevention and lifestyle changes to reduce cancer risk and to support informed decision-making. Through our Resource and Education Center, staff provides patients, families and community members with access to free cancer information and resources that address the cancer continuum. Trained health educators assist persons seeking information increase their understanding of the cancer

Part VI Supplemental Information

diagnosis, resources to treatment, how to improve communications with the healthcare team, support services and survivorship. In total, the REC staff reached 3,845 persons in the reporting period.

Targeted media education campaigns focused on clinical trials were designed by the OHCHD health educators. The campaigns provided general information on clinical trials, the importance of participation and included culturally competent videos. This was a successful education campaign reaching 190 persons.

Cultural Competence and Language Services - As part of our implementation plan, our cultural competence team will assess the language services at FCCC. This will include data collection regarding language services, assessment of equipment, review of policies and procedures and staff development and training. In May 2013, FCCC participated in a system-wide cultural competence symposium to begin sharing information with staff regarding the federal mandates for Cultural and Linguistically Appropriate Services (CLAS Standards).

Community Support - Psychosocial support is provided to patients individually but also via monthly and/or quarterly support groups facilitated by social services and clinical staff. In total, there are nine groups. Monthly meetings include those for breast cancer, esophagectomy, head and neck cancer, laryngectomy, ostomy, and prostate cancer; an additional group is the Look Good Feel Better group co-facilitated with our community partner American Cancer Society. Quarterly meetings are provided for lymphedema and we also offer an 8-week bereavement support group.

Part VI Supplemental Information

Community Building - Through our Immersion Science High School Program, FCCC provided free education programming to diverse high school students from the target region. In total, 157 students from 47 Philadelphia school participated in the program. The Immersion Science program provides staged, comprehensive exposure of high school students to increase careers in science, and to provide direct instruction in basic lab practices and scientific thought. There is no cost to participate, and in fact, summer salaries were provided to students in the Phase 3 segment of the program. In total eight (8) students were paid; 3 were awarded half-time fellowships (\$1125) and 5 got full-time fellowships (\$2250).

Part VI, Line 6: American Oncologic Hospital is a part of Fox Chase Cancer Center, which is 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 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; Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the Temple Health System Transport Team, Inc. mission is to provide the highest level of critical

Part VI Supplemental Information

care transport services available in the mid-Atlantic region; and, Temple Physicians, Inc., (TPI) mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of the Temple University Health System. TPI is a network of about 110 community-based physicians, nurse practitioners, and physician assistants in about 48 practice sites, with a focus on family medicine, internal medicine, gynecology, and pediatrics. All Temple physicians accept patients covered by Medicaid.

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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Employer identification number
23-1352156

Name of the organization
The American Oncologic Hospital

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fox Chase Cancer Center Medical Group - 3509 N. Broad Street - Philadelphia, PA 19140	45-4540585		15,058,648.	0.			Medical Services
The Institute for Cancer Research 3509 N. Broad Street Philadelphia, PA 19140	23-6296135		2,000,000.	0.			Research

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
3 Enter total number of other organizations listed in the line 1 table **0.**

Schedule I (Form 990) (2012) The American Oncologic Hospital

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: The organization made grants for tax-exempt purposes only to related organizations under common control. The Board of Directors of the organization serves as the Board of Directors of the grantees.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2012

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" 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 (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	1b X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 X	
<p>3 Indicate which, if any, of the following the filing 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.</p> <p> <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 </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a X	
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported in 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</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2012

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dr. John Daly Director	(i) 0. (ii) 359,970.	0. 0.	0. 377,223.	0. 0.	0. 51,372.	0. 788,565.	0. 0.
(2) Verdi DiSesa MD President & CEO	(i) 0. (ii) 745,873.	0. 0.	0. 75,000.	0. 0.	0. 44,901.	0. 865,774.	0. 0.
(3) Beth Koob Secretary	(i) 0. (ii) 401,883.	0. 99,096.	0. 27,102.	0. 33,212.	0. 54,963.	0. 616,256.	0. 0.
(4) Anthony Diasio Asst Treasurer	(i) 225,791. (ii) 0.	35,000. 0.	0. 0.	8,605. 0.	27,211. 0.	296,607. 0.	0. 0.
(5) Robert Lux Asst Treasurer	(i) 0. (ii) 444,107.	0. 136,573.	0. 24,067.	0. 52,995.	0. 76,709.	0. 734,451.	0. 0.
(6) Michael Seiden MD President & CEO	(i) 582,100. (ii) 0.	0. 0.	20,874. 0.	0. 0.	26,971. 0.	629,945. 0.	0. 0.
(7) Thomas Albanesi Treasurer	(i) 366,008. (ii) 0.	35,000. 0.	18,775. 0.	9,616. 0.	38,124. 0.	467,523. 0.	0. 0.
(8) Joanne Hambleton SrVP Clinical Systems	(i) 238,261. (ii) 0.	25,000. 0.	382. 0.	9,531. 0.	11,993. 0.	285,167. 0.	0. 0.
(9) Gary Weyhmuller Chief Operating Officer	(i) 342,856. (ii) 0.	55,000. 0.	172. 0.	9,859. 0.	16,308. 0.	424,195. 0.	0. 0.
(10) Robert J Beck MD Chief Medical Officer	(i) 0. (ii) 383,255.	0. 75,000.	4,682. 0.	9,622. 0.	29,143. 0.	501,702. 0.	0. 0.
(11) Robert Uzzo MD Chair Surgical Oncology	(i) 0. (ii) 666,346.	0. 135,000.	12,682. 0.	10,000. 0.	38,704. 0.	862,732. 0.	0. 0.
(12) Chang Ma Vice Chair Rad Onc	(i) 344,731. (ii) 0.	600. 0.	55,102. 0.	22,000. 0.	64,481. 0.	486,914. 0.	0. 0.
(13) Robert Price Assoc Professor	(i) 261,354. (ii) 0.	6,400. 0.	9,644. 0.	12,890. 0.	52,627. 0.	342,915. 0.	0. 0.
(14) Lu Wang Assoc Professor	(i) 228,097. (ii) 0.	0. 0.	5,026. 0.	22,500. 0.	50,229. 0.	305,852. 0.	0. 0.
(15) Lili Chen Assoc Professor	(i) 220,976. (ii) 0.	0. 0.	5,951. 0.	22,500. 0.	33,057. 0.	282,484. 0.	0. 0.
(16) Jinsheng Li Assoc Professor	(i) 212,247. (ii) 0.	5,250. 0.	5,751. 0.	17,000. 0.	49,831. 0.	290,079. 0.	0. 0.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

Form 990, Part I, Doing Business As:

Hosp Of The Fox Chase Cancer Center

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

prevention, and compassionate care.

Form 990, Part VI, Section A, line 1: Pursuant to the organization's

bylaws, the Executive Committee consists of no less than five members of

the Board, including the Chair, the Vice Chair, and the chairs of the

Standing Committees. The Executive Committee is authorized to act for the

Board between its regular meetings.

Form 990, Part VI, Section A, line 4: Significant amendments were made to

the organizations articles of incorporation and bylaws to effect its

affiliation with Temple University Health System, Inc on July 1, 2012.

Temple University Health System Inc became the sole member of the

organization.

Form 990, Part VI, Section A, line 6: The sole member of the organization

is Temple University Health System, Inc. Effective July 1, 2012, the member

has the power to appoint and remove the organizations 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

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

organization of substantially all of the organizations 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 organizations 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 of Temple University School of Medicine, (i) the adoption of the organizations 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.

The Audit and Compliance Committee and the Finance and Investment Committee of Temple University Health System, Inc became the organizations Audit and Compliance Committee and Finance and Investment Committee also. Upon dissolution, the organization's assets will be distributed to Temple University Health System, Inc. with the exception of land, which reverts back to the yearly meeting.

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

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Form 990, Part VI, Section B, line 11: 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 statement 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 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.

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: The Unaudited Internal Financial

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Statements of the 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 Systems Continuing Disclosure Agreement (Series of 2012 Bonds) through Digital Assurance Corp (DAC), the Municipal Services Reporting Board EMMA disclosure site and the Health Systems 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:

Service Contracts:

Program service expenses	4,089,678.
Management and general expenses	2,514,607.
Fundraising expenses	0.
Total expenses	6,604,285.

Corporate Charges:

Program service expenses	8,486,149.
Management and general expenses	-1,485,604.
Fundraising expenses	190,900.
Total expenses	7,191,445.

Other:

Program service expenses	13,096,578.
Management and general expenses	3,274,144.
Fundraising expenses	0.
Total expenses	16,370,722.

Name of the organization The American Oncologic Hospital	Employer identification number 23-1352156
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Total Other Fees on Form 990, Part IX, line 11g, Col A **30,166,452.**

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

Decrease/Increase in Post Retirement Plan Liability **290,433.**

Inherent Contribution **5,159,587.**

Purchase Accounting for Temple Acquisition **-37,215,828.**

Total to Form 990, Part XI, Line 9 **-31,765,808.**

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 Physicians Inc - 23-2790607 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System		X
Temple Health Transport Team, Inc - 75-3084023, 3509 N Broad Street 9th Flr, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System		X
Temple East, Inc - 23-2547305 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital		X
Temple University Health System Foundation - 23-2916108, 3509 N Broad Street 9th Flr, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital		X
Episcopal Hospital - 23-1365351 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital		X
Temple East Real Estate Inc - 20-1776524 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital		X
Jeanes Hospital Auxiliary - 23-1917776 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 9	Jeanes Hospital		X
American Oncologic Hospital - 23-1352156 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street 9th Flr 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 9th Flr, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital	X	
Fox Chase Network, Inc - 23-2467337 3509 N Broad Street 9th Flr Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11b, II	American Oncologic Hospital	X	
Fox Chase Cancer Ctr Select, Inc. - 02-0597423, 76 St. Paul Street, Burlington, VT 05401	Health Care	Pennsylvania	501c3	Line 11d, III-O	American Oncologic Hospital	X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 (f) 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Institute for Cancer Research	M	30,819.	Intercompany journal entries
(2) FCCC Medical Group Inc	M	312,037.	Intercompany journal entries
(3) Fox Chase Network Inc	M	737,164.	Intercompany journal entries
(4) Fox Chase Limited Inc	M	170,971.	Intercompany journal entries
(5)			
(6)			

Part VII Supplemental Information

Complete this part to 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, Inc

Direct Controlling Entity: Temple University Health System Inc