

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Jeanes Hospital</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3509 N Broad Street 936</b> City or town, state or province, country, and ZIP or foreign postal code <b>Philadelphia, PA 19140</b> <b>F</b> Name and address of principal officer: <b>Raymond Lefton</b> same as C above	<b>D</b> Employer identification number <b>23-2826045</b>  <b>E</b> Telephone number <b>215-728-3306</b>  <b>G</b> Gross receipts \$ <b>171,226,384.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>www.jeanes.com</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To maintain and enhance the quality of life for individuals in the communities we serve.</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>1064</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>132</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>25,161.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>39,617.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>4,177,351.</b>	<b>9,619,306.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>155,854,348.</b>	<b>155,964,181.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,109,773.</b>	<b>894,132.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>19,674.</b>	<b>18,122.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>161,161,146.</b>	<b>166,495,741.</b>
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,116,000.</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>77,239,799.</b>	<b>77,369,011.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>95,829.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>82,393,214.</b>	<b>84,405,509.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>160,749,013.</b>	<b>162,830,520.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>412,133.</b>	<b>3,665,221.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>87,297,847.</b>	<b>86,120,792.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>101,069,825.</b>	<b>90,522,565.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>-13,771,978.</b>	<b>-4,401,773.</b>

**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.

<b>Sign Here</b>	Signature of officer: <i>Ray Lefton</i> <b>Raymond Lefton, CFO &amp; Treasurer</b> Type or print name and title	Date	<b>4/29/19</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶	Firm's EIN ▶	
		Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Jeanes Hospital's mission statement, as approved by its board of directors and executives is:

In furtherance of the mission of Temple University Health System, the mission of Jeanes Hospital is to maintain and enhance the quality of

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

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

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

4a (Code: ) (Expenses \$ 10,333,019. including grants of \$ ) (Revenue \$ 11,306,267.)

The Cardiovascular program at Jeanes Hospital provides healthcare services aimed at preventing, diagnosing, and treating cardiovascular diseases.

Cardiovascular diseases are the leading cause of death in the United States. The services provided by Jeanes Hospital target the full range of conditions related to the heart and vascular system, including congestive heart failure, hypertension, and narrowing of the arteries and peripheral disease. The services are provided to both inpatients and outpatients.

Cardiovascular services at Jeanes Hospital span the continuum of heart care. Included are open heart surgery, diagnostic and interventional cardiac catheterization, electrophysiology studies, stress testing,

4b (Code: ) (Expenses \$ 6,880,820. including grants of \$ ) (Revenue \$ 7,842,338.)

Gastroenterology/Digestive Disease. Jeanes Hospital gives patients the most advanced, safest and proven medical and surgical treatments primarily focused on the gastrointestinal tract. The services offered by Jeanes Hospital under this specialty are: surgical weight loss, colorectal surgery, nutritional counseling, and gastroenterology and hepatology services aimed at treating patients with disorders of the esophagus, liver, gall bladder and stomach. Services are provided to both inpatients and outpatients.

4c (Code: ) (Expenses \$ 8,597,182. including grants of \$ ) (Revenue \$ 8,823,008.)

Pulmonary. Jeanes Hospital provides comprehensive pulmonary complex medical and rehabilitation programs for patients with acute and chronic pulmonary conditions. Services provided range from inpatient ventilation management and weaning, to outpatient pulmonary rehabilitation delivered by an interdisciplinary team of highly trained and board certified pulmonologists, respiratory therapists and nurses.

4d Other program services (Describe in Schedule O.) (Expenses \$ 126,724,248. including grants of \$ 1,056,000.) (Revenue \$ 127,992,567.)

4e Total program service expenses 152,535,269.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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	
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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, address, and telephone number of the person who possesses the organization's books and records: **Ray Lefton - 215-707-7766**  
**3509 N. Broad St. Rm 936, Philadelphia, PA 19140**

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

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

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

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

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

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) Robert H. LeFever Chair	3.00 9.00	X		X				0.	0.	0.
(2) Francis Devlin Vice Chair	2.00 0.00	X		X				0.	0.	0.
(3) Dr. Larry Kaiser Director	2.00 50.00	X						0.	1,895,887.	23,217.
(4) Charles Lockyer, Jr. Director	2.00 5.00	X						0.	0.	0.
(5) Dr. Martin Ogletree Director	2.00 1.00	X						0.	0.	0.
(6) David Kraynik Director	2.00 0.00	X						0.	0.	0.
(7) Lewis Gould Director	2.00 13.50	X						0.	0.	0.
(8) Dr. Michael Mittelman Director	2.00 0.00	X						0.	0.	0.
(9) Eleanor Reinhardt Director	2.00 5.00	X						0.	0.	0.
(10) Beth Koob Secretary	2.00 48.00			X				0.	640,596.	82,237.
(11) Anne Rudloff Asst Secretary	50.00 0.00			X				71,927.	0.	31,587.
(12) Charna Wright Asst Secretary	2.00 48.00			X				0.	75,327.	18,125.
(13) Ray Lefton Treasurer	50.00 0.00			X				264,952.	0.	37,205.
(14) Robert Lux Asst Treasurer	2.00 48.00			X				0.	714,523.	81,847.
(15) Lisa Corbin Asst Treasurer	2.00 48.00			X				0.	213,044.	50,849.
(16) Dr. Marc Hurowitz President & CEO	30.00 20.00			X				0.	536,297.	38,990.
(17) Rebecca Armbruster Chief Medical Officer	50.00 0.00				X			358,697.	0.	39,862.

**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) Denise Frasca AHD - Patient Services	50.00 0.00				X			207,373.	0.	33,240.
(19) Stephanie Kao Medical Director	50.00 0.00				X			221,021.	0.	24,347.
(20) Beverly Sherbondy AVP - Human Resources	50.00 0.00				X			200,620.	0.	31,875.
(21) Mary Fricker Director of Risk Management	50.00 0.00				X			157,574.	0.	829.
(22) Lisa Donnelly Business Development	50.00 0.00				X			165,817.	0.	7,814.
(23) G Brown Miller Clinical Pharmacy Manager	50.00 0.00				X			148,004.	0.	24,936.
<b>1b Sub-total</b>								1,795,985.	4,075,674.	526,960.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,795,985.	4,075,674.	526,960.

**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 **105**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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, 3509 N. Broad Street, Room 936, Philadelphia, PA	Related organization services	8,410,631.
Temple Physicians, Inc., 3509 N. Broad Street, Room 936, Philadelphia, PA 19140	Related organization services	7,172,029.
Temple University of the Commonwealth System, 300 Sullivan Hall, 1330 W. Berks Street, Philadelphia, PA	Related organization services	3,857,433.
Temple University Hospital, 3509 N. Broad Street, Room 936, Philadelphia, PA 19140	Faculty support, lab	2,883,675.
Cerner Health Services Inc. P.O. Box 959167, St. Louis, MI 63195	Information technology services	2,363,125.

**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 **23**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	9,119,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	482,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,806.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		9,619,306.				
	<b>Program Service Revenue</b>	<b>2 a</b> Net patient svc revenue	<b>Business Code</b> 622110	148,801,019.	148,776,105.	24,914.	
<b>b</b> Rental income		532000	5,513,334.	5,513,334.			
<b>c</b> Service revenue		622110	610,136.	610,136.			
<b>d</b> Snack shop income		722210	598,231.	598,231.			
<b>e</b> Cafeteria income		722210	298,667.	298,667.			
<b>f</b> All other program service revenue		517000	142,794.	142,794.			
<b>g Total.</b> Add lines 2a-2f			155,964,181.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		930,350.			930,350.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	17,875.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	17,875.				
	<b>d</b> Net rental income or (loss)		17,875.			17,875.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	4,694,425.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	4,730,643.				
		<b>c</b> Gain or (loss)	-36,218.				
	<b>d</b> Net gain or (loss)		-36,218.			-36,218.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Gain from other invsts	523000	247.		247.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		247.					
<b>12 Total revenue.</b> See instructions.		166,495,741.	155,939,267.	25,161.	912,007.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,056,000.	1,056,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,414,883.		1,414,883.	
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	57,987,854.	55,059,837.	2,928,017.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,993,434.	3,774,928.	218,506.	
9 Other employee benefits	9,642,972.	9,022,386.	620,586.	
10 Payroll taxes	4,329,868.	4,022,880.	306,988.	
11 Fees for services (non-employees):				
a Management	1,565,129.		1,469,300.	95,829.
b Legal	415,539.		415,539.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,933.		20,933.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	30,366,837.	29,399,776.	967,061.	
12 Advertising and promotion	392,687.	348,398.	44,289.	
13 Office expenses	26,819,890.	26,248,799.	571,091.	
14 Information technology	4,870,894.	4,544,750.	326,144.	
15 Royalties				
16 Occupancy	1,362,315.	1,204,320.	157,995.	
17 Travel	46,667.	46,302.	365.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,844.	12,809.	2,035.	
20 Interest	3,553,582.	3,377,992.	175,590.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,422,659.	4,422,659.		
23 Insurance	402,142.	95,896.	306,246.	
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 <b>Tax assessment expense</b>	6,647,589.	6,647,589.		
b <b>Equipment rental and ma</b>	3,395,593.	3,097,894.	297,699.	
c				
d				
e All other expenses	108,209.	152,054.	-43,845.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>162,830,520.</b>	<b>152,535,269.</b>	<b>10,199,422.</b>	<b>95,829.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,677,679.	<b>2</b>	3,846,730.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	24,075,675.	<b>4</b>	24,458,568.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,397,136.	<b>8</b>	3,670,628.
	<b>9</b> Prepaid expenses and deferred charges .....	1,822,922.	<b>9</b>	1,711,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 137,979,288.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 114,955,192.	25,103,606.	<b>10c</b> 23,024,096.
	<b>11</b> Investments - publicly traded securities .....	3,855,389.	<b>11</b>	3,723,060.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	913,952.	<b>12</b>	397,929.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	24,451,488.	<b>15</b>	25,288,781.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	87,297,847.	<b>16</b>	86,120,792.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	40,904,534.	<b>17</b>	32,068,057.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	4,756,207.	<b>24</b>	3,833,619.
	<b>25</b> 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 .....	55,409,084.	<b>25</b>	54,620,889.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	101,069,825.	<b>26</b>	90,522,565.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-33,118,070.	<b>27</b>	-24,713,786.
	<b>28</b> Temporarily restricted net assets .....	390,701.	<b>28</b>	473,500.
	<b>29</b> Permanently restricted net assets .....	18,955,391.	<b>29</b>	19,838,513.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	-13,771,978.	<b>33</b>	-4,401,773.
	<b>34</b> Total liabilities and net assets/fund balances .....	87,297,847.	<b>34</b>	86,120,792.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	166,495,741.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	162,830,520.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,665,221.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-13,771,978.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-42,507.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	5,747,491.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-4,401,773.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	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>b</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			
<b>c</b>	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.			
<b>3a</b>	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>b</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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization: **Jeanes Hospital** Employer identification number: **23-2826045**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization **Jeanes Hospital** Employer identification number **23-2826045**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,957,185.	17,495,409.	18,260,568.	18,304,371.	16,296,031.
b Contributions					
c Net investment earnings, gains, and losses	1,556,838.	2,227,523.	-765,159.	93,044.	2,150,537.
d Grants or scholarships					
e Other expenditures for facilities and programs	673,131.	765,747.		136,847.	142,197.
f Administrative expenses					
g End of year balance	19,840,892.	18,957,185.	17,495,409.	18,260,568.	18,304,371.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	12,775.			12,775.
b Buildings		86,484,573.	70,473,208.	16,011,365.
c Leasehold improvements		830,894.	533,065.	297,829.
d Equipment		48,879,552.	42,352,156.	6,527,396.
e Other		1,771,494.	1,596,763.	174,731.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,024,096.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Jeanes Physicians' Office Building Partnership	1,000,464.
(2) Self-Insurance Asset - Professional Liability	2,778,543.
(3) Self-Insurance Asset - Workers' Compensation	810,001.
(4) Assets Limited As To Use - Other, General	54,519.
(5) Assets Limited As To Use - Temporarily Restricted Funds	575,962.
(6) Assets Limited As To Use - Permanently Restricted Funds	75,000.
(7) Assets Held in Trust - Anna T. Jeanes Trust	17,256,014.
(8) Assets Held in Trust - Maude E.M. Boggs Trust	2,242,890.
(9) Assets Held in Trust - Edith Scot Paschall Trust	237,855.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	25,288,781.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Long-term debt, inter-company	48,721,057.
(3) Due to affiliated companies	5,899,832.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	54,620,889.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.**

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

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

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

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

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

**Part XIII Supplemental Information.**

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

Part V, line 4

Use of the endowments will vary depending on the nature of the restrictions imposed by the donors. If an endowment is restricted as to purpose, the organization will use the endowment for the permitted purpose. If the endowment is restricted as to time, the organization draws income but accumulates principal.





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **Jeanes Hospital** Employer identification number **23-2826045**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public?		

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			1,884,243.		1,884,243.	1.16%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			43,182,369.	35,899,815.	7,282,554.	4.47%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			45,066,612.	35,899,815.	9,166,797.	5.63%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	54	25,245	186,004.	15,500.	170,504.	.10%
<b>f</b> Health professions education (from Worksheet 5) .....			1,502,550.	683,122.	819,428.	.50%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....	54	25,245	1,688,554.	698,622.	989,932.	.60%
<b>k Total.</b> Add lines 7d and 7j .....	54	25,245	46,755,166.	36,598,437.	10,156,729.	6.23%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table with 3 columns: Question, Yes, No. Question 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Question 2: Enter the amount of the organization's bad debt expense. Question 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Question 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table with 3 columns: Question, Yes, No. Question 5: Enter total revenue received from Medicare (including DSH and IME). Question 6: Enter Medicare allowable costs of care relating to payments on line 5. Question 7: Subtract line 6 from line 5. This is the surplus (or shortfall). Question 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system, Cost to charge ratio, Other.

Section C. Collection Practices

Table with 3 columns: Question, Yes, No. Question 9a: Did the organization have a written debt collection policy during the tax year? Question 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<u>1</u> <b>Jeanes Hospital</b>	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>7600 Central Avenue</u>										
<u>Philadelphia, PA 19111-2442</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		Home health care	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Jeanes Hospital

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>http://www.jeanes.com/content/community_h</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>http://www.jeanes.com/content/community_health_infor</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Jeanes Hospital

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Jeanes Hospital

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group Jeanes Hospital

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



**Part V Facility Information** (continued)

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

**Jeanes Hospital:**

Part V, Section B, Line 5: In conducting its CHNA, Jeanes Hospital took into account input from representatives of the community served by its facility, including those with special knowledge or expertise in public health. Our processes, as well as the persons with whom Jeanes Hospital consulted are set forth on pages 13 to 15, as well as Appendix A of Jeanes CHNA of 2016, which is posted in plain view on the hospital's website at [https://www.jeanes.com/content/community\\_health\\_information.htm](https://www.jeanes.com/content/community_health_information.htm).

As noted in the CHNA, Jeanes Hospital held a community stakeholder meeting at its facility. Its CHNA also included feedback obtained in four external community CHNA community meetings that were conducted by the Public Health Management Corporation on behalf of Jeanes Hospital and other Philadelphia area hospital providers.

**Jeanes Hospital:**

Part V, Section B, Line 11: Jeanes is addressing many of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service provided by our hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Department continues to provide services for our patients and families, and is partnering with community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's

**Part V Facility Information** *(continued)*

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

website at

[https://www.jeanes.com/content/community\\_health\\_information.htm](https://www.jeanes.com/content/community_health_information.htm). Our approach to unmet needs is explained in Section 7 of that report.

Jeanes Hospital

Part V, line 16a, FAP website:

[https://www.jeanes.com/content/financialassistance\\_charitycare.htm](https://www.jeanes.com/content/financialassistance_charitycare.htm)

Jeanes Hospital

Part V, line 16b, FAP Application website:

[https://www.jeanes.com/content/financialassistance\\_charitycare.htm](https://www.jeanes.com/content/financialassistance_charitycare.htm)

Jeanes Hospital

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

[https://www.jeanes.com/content/financialassistance\\_charitycare.htm](https://www.jeanes.com/content/financialassistance_charitycare.htm)

Jeanes Hospital:

Part V, Section B, Line 20e: Jeanes Hospital did not take any of the actions listed in line 19.

**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

**Part VI Supplemental Information**

Provide the following information.

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

Part I, Line 7:

Costing methodology

A ratio of cost to charges derived from Worksheet 2 was used in determining the amounts reported on Part I, lines 7a through 7d. The amounts are reported at cost and include both direct and indirect costs. Direct costs include salaries, employee benefits, supplies, and other costs that are directly attributable to the services. These direct costs would not exist if the service or program did not exist. Indirect costs are expenses not directly attributable to the service or programs but are included in the calculation of costs for total charity care and means-tested government programs. These costs include but are not limited to human resources, finance departments, insurance, support departments and overhead expenses.

Part III, Line 2:

Per the financials, accounts receivable are written off against the allowance for doubtful accounts (excluding patients who qualify for charity care) when management determines that payment is unlikely and the

**Part VI** Supplemental Information (Continuation)

Health System ceases collection efforts. The Health System does not report delinquent accounts to a credit bureau.

## Part III, Line 4:

The ratio of cost to charge method is used in determining the amount reported on line 2. The amount on line 2 is reported at cost and includes both direct and indirect costs. Direct costs include salaries, employee benefits, supplies, and other costs that are directly attributable to the service and that would not exist if the service or program did not exist. Indirect costs are costs not attributed to the services or programs that are included in the calculation of costs for community benefit. These costs include but are not limited to human resources, finance departments, insurance, support departments and overhead expenses.

## Part III, Line 8:

As part of its efforts to improve the health and quality of life of people living in the community, Jeanes Hospital provided \$1,881,950 in under-reimbursed services to patients enrolled in Medicare programs. Jeanes Hospital believes that the Medicare shortfall of \$1,881,950 should be treated as a community benefit since it has a clear mission to serving and improving the health status of the elderly. The \$1,881,950 shortfall is not included in the table on page 31 and if included the total financial assistance and community benefits provided at cost would increase from 6.23% to 7.39%. For the twelve months ended June 30, 2018, approximately 59% of all inpatients treated at Jeanes Hospital were over the age of 65. In addition, Jeanes Hospital is designated as a Medicare Disproportionate Share Hospital (DSH). DSH hospitals are "safety net" hospitals because they serve predominantly low-income communities and have

**Part VI** Supplemental Information (Continuation)

a substantial number of Medicare patients that also qualify for Supplemental Security Income (SSI). SSI is a government means-tested welfare program that provides cash assistance and health care coverage (i.e. Medicaid) to people with low income and limited assets who are either aged 65 or older, blind, or disabled. The most recent data available from CMS shows that 13.5% of inpatients treated Jeanes Hospital during fiscal year 2017 qualified for SSI. The costs associated with providing care to these patients are frequently not covered by government sponsored programs.

## Part III, Line 9b:

Jeanes Hospital's Billing and Collection policy contains provisions on the collection practices to be followed for all patients including patients who qualify for charity care/financial assistance. For uninsured patients Jeanes Hospital systematically discounts the charges to a uninsured fee schedule which is based on Medicare rates. Patients with income up to 400% of Federal Poverty Income Guidelines may qualify for charity care/financial assistance. If an account does not qualify for charity care or financial assistance, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. The account will be forwarded to a collection agency for additional collection efforts. In addition, Jeanes Hospital offers very patient friendly payment plans to accommodate a patient's situation.

## Part VI, Line 2:

Needs Assessment

**Part VI** Supplemental Information (Continuation)

In addition to the formal community needs assessment described in Part V Section B, Jeanes Hospital further assesses community health needs using comprehensive sets of internal and external data sources. Externally, we rely largely on health data compiled by federal, commonwealth, city and community based health organizations, including the following:

\*United States Center for Disease Control:

<https://www.cdc.gov/DataStatistics/>

\*Pennsylvania Department of Health

-<http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un>

\* Pennsylvania and County Health Profiles-

[http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County\\_Health\\_Profiles\\_2015.pdf](http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2015.pdf)

\*Pennsylvania Health Care Cost Containment Council (PHC4) -

<http://www.phc4.org/reports/utilization/inpatient/>

\*Pennsylvania Crime Reporting Data:

<http://ucr.psp.state.pa.us/UCR/ComMain.asp>

\*Philadelphia Department of Public Health, including the Philadelphia Vital Statistics Report, the Philadelphia Vital Statistics Report by Census Tract and Zip Code Report; the annual Health Center Service Area Report; the Maternal and Child Family Health Data Watch, the Report on Selected Maternal & Child Health Indicators for the City of Philadelphia,

**Part VI** Supplemental Information (Continuation)

1995-2005 and the Taking Philadelphia's Temperature report.

<http://www.phila.gov/health/Commissioner/DataResearch.html>

\*County Health rankings:

<http://www.countyhealthrankings.org/app/pennsylvania/2017/overview>

\*City Data: <http://www.city-data.com/>

\*Centers for Medicare and Medicaid Services (CMS) Medpar data.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/LimitedDataSets/MEDPARLDSHospitalNational.html>

\*Maternity Care Coalition -

<http://maternitycarecoalition.org/research/#publications-and-reports>

\* Vizient (University Healthcare Consortium) Clinical Database\*Current literature on evolving health care delivery issues and care delivery models.

Participation in the Southeast Pennsylvania Collaborative Opportunities to Advance Community Health (COACH) initiative in partnership with the U.S. Department of Health & Human Services, Philadelphia Department of Health and the Healthcare Improvement Foundation.

Internally, we rely on the following sources:

\*Collaboration of Medical School and Hospital leadership



**Part VI** Supplemental Information (Continuation)

\*Consensus discussion with key clinical providers and community service organizations

\*Performance Improvement, Risk Management and Patient Safety outcomes.

\*Feedback from community members of our board of directors and routine interaction with neighborhood community organizations.

\*Historic, service line specific utilization data

\*Organizational community risk assessments (Infection Control, Environment of Care, Emergency Management, Fire Safety Management, Disaster Response).

Feedback from our various Patient and Family Advisory Councils (PFAC), including the separate Temple Physicians, Inc. PFACs connected with six separate practice locations in our community.

\*In addition to data sources, we also work closely with local government offices and not-for-profit community-based health and social services organizations and actively participate in local, regional and commonwealth level workgroups to address specific needs of vulnerable populations.

Jeanes Hospital maintains strong relationships with area community Health Centers, including the City of Philadelphia Department of Human Services, including its Health Centers and many Federally Qualified Health Centers (FQHCs). These partnerships enable Jeanes Hospital to coordinate care delivery in both the inpatient and outpatient settings.

**Part VI** Supplemental Information (Continuation)

TUH also maintains a close relationship with City of Philadelphia Health Department, its District Health Centers and the Police and Fire Departments.

Part VI, Line 3:

The Financial Counselors assigned to Jeanes Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP. Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application process. Medicaid applications are submitted by Jeanes Hospital on the patients' behalf and tracked until final determination. Patients who do not qualify for government-funded programs are screened for Jeanes Hospital's Emergency Care, Charity Care, and Financial Assistance Policy to determine their eligibility for free or reduced cost care.

Emergency Care, Charity Care, and Financial Assistance Policy is not restricted to Emergency Department patients, but is available to inpatients and outpatients as well. Patients who contact the Hospital's Business Office concerning bills they have received that they cannot afford to pay are also screened for Charity Care eligibility. The Financial Counseling Staff at Jeanes Hospital also offers assistance in obtaining supplemental coverage as well as prescription drug benefits.

Patients are informed of our financial services, and directed on how to access these services, through the following means: Posters in plain view

**Part VI** Supplemental Information (Continuation)

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

Part VI, Line 4:

Jeanes Hospital Service Area

Community Profile

Jeanes Hospital's primary services area is comprised of 9 zip codes: 19111; 19115; 19116; 19120; 19124; 19134; 19135; 19149; and 19152. These are the zip codes from which about 70% of our patients seen on an inpatient and observation basis reside. These zip codes roughly correspond to the City of Philadelphia's Lower Northeast, Central Northeast, and North Delaware Planning Districts as set forth in the 2017 Community Health Assessment for Philadelphia, PA prepared by the Department of Public Health. The Jeanes' service area demographics range from the affluent to those in chronic poverty.

A. Population and Population Growth

The Jeanes' Service Area population includes about 450,000 residents and is expected to continue to grow at about 1.4% over the next 5-year period, which nearly matches the City of Philadelphia's rate.

B. Age Distribution

The Jeanes' age distribution is slightly more youthful, but overall as young as the City of Philadelphia, which are both more than the Commonwealth of Pennsylvania and the Nation.

**Part VI** Supplemental Information (Continuation)**C. Education Level**

Jeanes' population with an education beyond high school is lower than the City of Philadelphia, Commonwealth of Pennsylvania, and the Nation.

**D. Unemployment and Household Income****Unemployment**

Unemployment figures have returned to their prerecession levels; however, Philadelphia's unemployment rate has remained higher than the surrounding suburban counties, Commonwealth, or Nation.

(Source: Bureau of Labor Statistics, US Department of Labor; Pennsylvania Department of Labor)

**Household Income**

Jeanes' Household Income for those with Over \$50,000 is lower than the City of Philadelphia, Commonwealth of Pennsylvania, and the Nation.

**E. Population Below Federal Poverty Level**

The overall Jeanes area percentage of the population living under the Federal Poverty Level is nearly the same as the City, and approximately two times the Commonwealth & Nation's. Only three Zip Codes within Jeanes' service area compare favorably with the Nation's rate. Three Zip Codes within Jeanes' service area: 19120, 19124, 19134 exceed the City rate and are also in the TUH overlap area which is an identified area of chronic poverty.

**F. Race/Ethnicity**

The Jeanes' area has no majority racial or ethnic group, but does have a larger ratio of Hispanics than then the City of Philadelphia, Commonwealth

**Part VI** Supplemental Information (Continuation)

of Pennsylvania and the Nation. The Jeanes area has a higher percentage of Hispanic and Asian Non-Hispanic than the City of Philadelphia. The race/ethnicity distribution based on 2018 Claritas data was 35% White Non-Hispanic, 26% Black, 26% Hispanic, 10% Asian / Pacific Island and 3% All Other.

**G. Payer Mix**

Approximately 50% of persons in the Jeanes service area are covered by either Medicaid or Medicare. This is expected to remain consistent over the next 5 years, but the ratio of Medicaid to Medicare will change.

Jeanes area aligns closely with the City of Philadelphia's coverage. The Medicaid Payer Mix for the Jeanes Hospital Service Area was 40.7% in calendar year 2017, which is significantly higher than the City of Philadelphia and the Commonwealth's.

**Part VI, Line 5:****Promotion of Community Health**

Jeanes Hospital is a nonprofit corporation that strives to be the destination for all who need ambulatory, inpatient acute, surgical and home care in Northeast Philadelphia and surrounding areas, by combining the compassionate nature of a Quaker-founded community hospital with the advanced capabilities of an academic medical center. Jeanes Hospital achieves this by espousing the following ideals: Create an extraordinary experience for everyone who enters our facilities for any reason; provide equal access to care for patients without regard to race, creed, religion, color, national origin, sex or sexual preference; make safety and continuous quality improvement a primary endeavor; promote the basic values of our Quaker heritage, to include kindness, equality and peace;

**Part VI** Supplemental Information (Continuation)

combine the individual strengths of our hospital, medical staff, and health system; devote manpower and budgetary resources to provide health screenings, vaccinations and health education opportunities to our community; ensure that emotional, cultural and spiritual needs are met; provide a work environment that attracts, retains and develops the best employees; maintain a position of leadership in our community; value the wisdom of our board members, community and foundation liaisons, physician leaders and volunteers; use evidence-based research to understand the health needs of our community and respond accordingly, and espouse the core principles and stated values of the Temple University Health System. In addition to open medical staff, community board and reinvesting, Jeanes Hospital promotes the health of the community via its "Community Classroom" offering free interactive educational opportunities for the community; an arrangement with a diabetes education organization to offer on-campus education; a farm stand on its campus offering fresh healthy foods and nutrition information, numerous food and clothing drives, support groups, and free health screenings.

Under the leadership of its Chief Medical Officer, Jeanes developed and implemented comprehensive programs that address the dangers of obesity, engagement in health promotion activities, strengthen practices for culturally competent care, increase access to mental health resources, and improve management of chronic disease. Details of these plans can be viewed at: <https://www.jeanes.com/upload/docs/Jeanes/Jeanes%20CHNA%20Implementation%20Plan%202016.pdf>

In addition, Jeanes works with the Temple University Health System's team of 34 Financial Counselors, who are dedicated to helping uninsured and underinsured patients obtain medical coverage.

Jeanes Hospital has also formed its Patient Family Advisory Councils

**Part VI** Supplemental Information (Continuation)

(PFAC). The goal of this committee is to engage a diverse group of community stakeholders for the purpose of collaboration and information sharing founded dignity and respect. This group evaluates patient satisfaction and patient education and develops priorities for the purpose of action planning. See:

<https://www.jeanes.com/upload/docs/Jeanes/Jeanes%20Patient%20Advisory.pdf>

Part VI, Line 6:

Affiliated Health Care System

The mission of the Temple University Health System, Inc. is to provide access to the highest quality of health care in both the community and academic settings. In furtherance of the mission of Temple University Health System, the mission of Jeanes Hospital is to maintain and enhance the quality of life for individuals in the communities we serve. We emphasize the Quaker belief that in each person there resides a spirit that creates a common bond among us all. Jeanes' health care services include maintenance and enhancement of health, which quickens the spirit and enhances the vitality of our lives. The missions of other members of the Temple University Health System similarly advance its goals: Temple University Hospital 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 professionals and to support the highest quality research programs; Temple Health System Transport Team, Inc.'s mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; Temple Physicians, Inc.'s mission is to provide the highest quality of clinical care as well as to support the System's





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **Jeanes Hospital** Employer identification number **23-2826045**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Temple University Health System 3509 N. Broad Street, Room 936 Philadelphia, PA 19140	23-2825881	501(c)(3)	1,040,000.	0.	N/A	N/A	General Support

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

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2017)

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

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

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

Part I, Line 2

The over \$5,000 grant was made only for tax-exempt purposes to a related organization under common control. This grant is subject to review by the governing bodies and management of the related organizations.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization: **Jeanes Hospital** Employer identification number: **23-2826045**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dr. Larry Kaiser Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,691,687.	200,000.	4,200.	0.	23,217.	1,919,104.	0.
(2) Beth Koob Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	497,445.	62,250.	80,901.	50,233.	32,004.	722,833.	0.
(3) Ray Lefton Treasurer	(i)	244,952.	20,000.	0.	12,501.	24,704.	302,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Robert Lux Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	550,459.	135,830.	28,234.	51,702.	30,145.	796,370.	0.
(5) Lisa Corbin Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,443.	12,601.	0.	18,462.	32,387.	263,893.	0.
(6) Dr. Marc Hurowitz President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	498,297.	38,000.	0.	27,000.	11,990.	575,287.	0.
(7) Rebecca Armbruster Chief Medical Officer	(i)	331,497.	27,200.	0.	13,500.	26,362.	398,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Denise Frasca AHD - Patient Services	(i)	191,773.	15,600.	0.	19,731.	13,509.	240,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Stephanie Kao Medical Director	(i)	221,021.	0.	0.	22,126.	2,221.	245,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Beverly Sherbondy AVP - Human Resources	(i)	189,120.	11,500.	0.	8,671.	23,204.	232,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Mary Fricker Director of Risk Management	(i)	157,574.	0.	0.	0.	829.	158,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Lisa Donnelly Business Development	(i)	155,466.	0.	10,351.	6,996.	818.	173,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) G Brown Miller Clinical Pharmacy Manager	(i)	148,004.	0.	0.	15,047.	9,889.	172,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **Jeanes Hospital** Employer identification number **23-2826045**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Elizabeth LeFever	Daughter of Robert	19,879.	Part-time e		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Elizabeth LeFever

(b) Relationship Between Interested Person and Organization:  
Daughter of Robert LeFever

(d) Description of Transaction: Part-time employee of Jeanes Hospital

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

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

life for individuals in the communities we serve. We emphasize the Quaker belief that in each person there resides a spirit that creates a common bond among us all. Our health care services include maintenance and enhancement of health, which quickens the spirit and enhances the vitality of our lives.

Form 990, Part III, Line 4a, Program Service Accomplishments:

cardiac and thoracic surgery, echocardiograms, EKGs, holter monitor tests and cardiopulmonary rehab. The hospital's vascular services provide both open and closed vascular procedures in surgery, cath lab and vascular lab. Jeanes Hospital is the recipient of the American Heart Association's Stroke Gold Plus Quality Achievement Award.

Form 990, Part III, Line 4d, Other Program Services:

In concert with cardiovascular, digestive and pulmonary services at Jeanes Hospital, a full continuum of additional services creates a comprehensive medical and surgical center for our community and its physicians. Services range from diagnostic to therapeutic, medical to surgical, and outpatient to critical care. Here is a roster of some of the more prominent services at Jeanes Hospital:

General Medicine consists of diagnosis, management and non-surgical treatment of disease processes. Emergency Services are available to the community 24 hours a day for patients who suffer illness or injury.



Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

We have a full range of ambulatory diagnostic testing, including laboratory services and radiology. Diagnostic imaging services include general X-ray, digital mammography, ultrasound, MRI, CT, interventional imaging and nuclear medicine. Advanced technology MRI and CT scanning are available at Jeanes Hospital for critical diagnoses.

Services, both medical and surgical, are available for disorders of the ears, nose, throat and eyes.

Women's health services at Jeanes Hospital include screening digital mammography, ultrasound services, breast surgery, and a compendium of gynecological surgical services.

Orthopedics at Jeanes Hospital ranges from conservative treatment to high acuity surgery. Surgery includes hand, foot and ankle and tertiary-level joint replacement procedures.

Neurosurgery services at Jeanes Hospital offers a full range of neurosurgical procedures including craniotomy and spinal surgery.

General surgery encompasses an array of interventional procedures for our patients, including oncologic, vascular, gastrointestinal, bariatric surgeries, etc. In step with surgical trends, Jeanes Hospital offers more and more minimally-invasive alternatives such as laparoscopic surgery.

Dermatology and plastic surgery are offered at Jeanes Hospital.

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

Anesthesiologists on the Jeanes Hospital medical staff offer a formal pain management program for chronic pain patients, including interventional procedures.

A hospitalist program was established at Jeanes Hospital, allowing physicians to rely on specially trained inpatient coverage while tending to their practices more efficiently.

Additional services include hematology, oncology, urology, nephrology, neurology, infectious disease, psychiatry and psychology, podiatry, rheumatology, and endocrinology.

#### Community Benefit Overview:

Jeanes Hospital takes great pride in the broad array of community services that we provide to our surrounding neighborhoods. Founded in 1928 by virtue of a bequest in the Will of Philadelphia Quaker leader Anna T. Jeanes, we continue her vision of serving as the destination for those who need ambulatory, inpatient, surgical, and home care in Northeast Philadelphia by combining the compassionate nature of a Quaker founded community hospital with the advanced capabilities of an academic medical center. Jeanes Hospital is firmly committed to advancing the health of people and quality of life in our communities. Below is a summary of some of the programs and activities operated in our FYE June 30, 2018 of which we are most proud.

Engaging with the Community. Jeanes reached nearly 25,000 seniors, adults, and children, providing free health education and screenings; support groups; stroke awareness, and other topics, and many other

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

outreach and community building activities.

**Promoting Wellness:** Jeanes is working beyond its hospital walls to address social determinants of health and improve the quality of living in our communities. Through our FARM STAND program, we work with the Jeanes Auxiliary and the Common Market to address the dangers of obesity by bringing a farmer's market to our campus, offering nutritional cooking demonstrations and offering locally grown fruits and vegetable to the community. We've become part of the "Good Food Healthy Hospitals" initiative, which asks hospitals to take the lead in offering healthier food options. We instituted "Wellness Wednesdays" to incorporate healthy produce into recipes for people to try/buy, having recipes and cooking tips available at the farm stand. Jeanes offers a safe, park-like WALKING TRAIL for community members to enjoy healthy outdoor exercise. We also host some of our community education sessions outdoors on this track, where cardiologists and other health professionals explain firsthand the need to stay fit and healthy. Similarly, we work with community organizations to improve the community's access to mental health resources.

**Food, Book, Clothing, and Toy Drive:** Reflecting the compassion of our Quaker heritage, Jeanes employees contributed food, new coats, toys and financial contributions to support low income families living in our communities. We partnered with Salvation Army, Feast of Justice, local food banks, churches and other community organizations on these initiatives.

**Blood Drives:** In partnership with the American Red Cross, Jeanes

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

collected about 100 productive pints of blood.

Health & Wellness Education: About 1,000 community members joined our Community Classroom series, which focused on drug addiction, gynecologic issues, diabetes, heart disease, eye care, hearing loss, orthopedics, stroke awareness, exercise, and other topics of interest to our community.

Investing in Health Professions Education: Jeanes helps provide the education and training necessary to develop a professional healthcare workforce to benefit the broader community.

Fostering Volunteerism: A majority of the members of Jeanes Hospital's Board of Directors is comprised of local volunteers who offer expertise and govern the organization without compensation. Similarly, members of Jeanes Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as members of their boards-of-directors and in partnership with their outreach services.

Reducing the Government Burden: In FYE June 30, 2018, Jeanes Hospital incurred more than \$9.1 million in charity care and under-reimbursed care expenses. In addition, Jeanes Hospital maintains strong affiliations with government and community organizations to help ensure access to care for our vulnerable population.

The below expenses and associated revenue relate to the above descriptions of the other program services that Jeanes offers to its

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

patients and the community.

Expenses \$ 126,724,248. incl grants of \$ 1,056,000. Revenue \$ 127,992,56

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

Pursuant to the organization's bylaws, the Executive Committee consists of no less than five members of the Board, including the Chair, the Vice Chair, and the chairs of the Standing Committees. The Executive Committee is authorized to act for the Board between its regular meetings.

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

The sole member of the organization is Temple University Health System, Inc. The member has the power to appoint and remove the organization's Board of Directors. The approval of the member is required for any of the following actions by the organization: (a) any dissolution or liquidation; (b) any merger; (c) any amendments to the articles of incorporation; (d) any amendments to the bylaws regarding the member, the number of directors, quorum or voting requirements; (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business; (f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive acute care services; (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 organization's annual capital and operating budgets; (j) the issuance or

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

assumption of any indebtedness in excess of five hundred thousand (\$500,000), and (k) the execution of any contract providing for the management of the organization.

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

Please refer to the response for question 6

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

Please refer to the response for question 6

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

After review by management and outside tax counsel, the 990 and 990-T (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 990-T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990-T within 2 weeks and contact the Chief Financial Officer about any questions.

In addition to the above process, the Audit Committee is provided a copy and the 990 and 990-T are reviewed at a regularly scheduled meeting.

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

The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
---	--

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.

All employees are subject to a conflicts of interest policy that is monitored by the Office of the Secretary.

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

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

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

Healthcare Professionals:

Name of the organization	Jeanes Hospital	Employer identification number	23-2826045
Program service expenses			9,424,998.
Management and general expenses			75,397.
Fundraising expenses			0.
Total expenses			9,500,395.
Professional Fees:			
Program service expenses			11,185,393.
Management and general expenses			47,984.
Fundraising expenses			0.
Total expenses			11,233,377.
Purchased Services:			
Program service expenses			1,790,455.
Management and general expenses			843,680.
Fundraising expenses			0.
Total expenses			2,634,135.
Corporate Charges:			
Program service expenses			6,998,930.
Management and general expenses			0.
Fundraising expenses			0.
Total expenses			6,998,930.
Total Other Fees on Form 990, Part IX, line 11g, Col A			30,366,837.
Form 990, Part XI, line 9, Changes in Net Assets:			
Adjustment to funded status of pension liability			4,864,370.
Change in value of Beneficial Interest Trusts			883,121.
Total to Form 990, Part XI, Line 9			5,747,491.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **Jeanes Hospital** Employer identification number **23-2826045**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Temple University of the Commonwealth System - 23-1365971, 300 Sullivan Hall 1330 W Berks St, Philadelphia, PA 19122	Education	Pennsylvania	501c3	Line 2	N/A		X
Temple University Health System, Inc. - 23-2825881, 3509 N Broad Street 9th Floor - TUCMC c/o Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University of the Commonwealth		X
Temple University Health System Foundation, Inc. - 23-2916108, 3509 N Broad Street 9th Floor - TUCMC c/o Legal, Philadelphia, PA	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital, Inc.		X
Temple University Hospital, Inc. - 23-2825878, 3509 N Broad Street 9th Floor - TUCMC c/o Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System, Inc.		X

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

Schedule R (Form 990) 2017

See Part VII for Continuations

**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
Jeanes Hospital Auxiliary - 23-1917776 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Jeanes Hospital	X	
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System, Inc.		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street 9th Floor - TUCMC c/o Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System, Inc.		X
Episcopal Hospital - 23-1365351 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital, Inc.		X
Anna T. Jeanes Foundation - 23-2203406 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 12d, III-O	N/A		X
American Oncologic Hospital - 23-1352156 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System, Inc.		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital		X
Fox Chase Cancer Center Medical Group - 45-4540585, 3509 N Broad Street 9th Floor - TUCMC c/o Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital		X
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street 9th Floor - TUCMC c/o Le Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12b, II	American Oncologic Hospital		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUHS Insurance Company, Ltd - 98-1203189 3509 N Broad Street 9th Floor - TUCMC c/o Leg Philadelphia, PA 19140	Reinsurance	Bermuda	Temple University Health System,						X
Fox Chase, Ltd. - 23-2396731 3509 N Broad Street 9th Floor - TUCMC c/o Leg Philadelphia, PA 19140	Health Care	PA	American Oncologic Hospital	C CORP					X

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....	X	
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>Jeanes Hospital Auxiliary</b>	C	60,000.	Cash received
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information.**

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

**Part II, Identification of Related Tax-Exempt Organizations:**

Name of Related Organization:

Temple University Health System, Inc.

Direct Controlling Entity: Temple University of the Commonwealth System

Name, Address, and EIN of Related Organization:

Temple University Health System Foundation, Inc.

EIN: 23-2916108

3509 N Broad Street 9th Floor - TUCMC c/o Legal

Philadelphia, PA 19140

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

Name of Related Organization:

TUHS Insurance Company, Ltd

Direct Controlling Entity: Temple University Health System, Inc.