

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Jeanes Hospital</b>		<b>D</b> Employer identification number <b>23-2826045</b>
	Doing Business As		<b>E</b> Telephone number <b>215-728-3306</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>159,178,299.</b>
	<b>3509 N Broad Street</b>		<b>936</b>
City or town, state or country, and ZIP + 4 <b>Philadelphia, PA 19140</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: <b>Gerald P. Oetzel</b> <b>same as C above</b>		<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>Activities &amp; Governance</b>	<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>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>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>6</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <b>1324</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>280</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>207,480.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>31,127.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>504,851.</b> <b>233,515.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>149,596,971.</b> <b>152,563,905.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>680,678.</b> <b>703,023.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>4,034,061.</b> <b>5,305,657.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>154,816,561.</b> <b>158,806,100.</b>
	<b>Expenses</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>72,371,528.</b> <b>72,657,319.</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>33,116.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>77,144,577.</b> <b>98,847,316.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>153,516,105.</b> <b>177,677,135.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,300,456.</b> <b>-18,871,035.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>132,376,365.</b> <b>131,003,470.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>83,765,765.</b> <b>92,443,079.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>48,610,600.</b> <b>38,560,391.</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>Gerald P. Oetzel</i>	Date <b>5/10/12</b>
	Gerald P. Oetzel, Chief Financial Officer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Jeanes Hospital's mission statement, as approved by its board of directors and executiveship 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 17,016,787. including grants of \$ ) (Revenue \$ 16,450,386.) 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

4b (Code: ) (Expenses \$ 11,690,108. including grants of \$ ) (Revenue \$ 13,248,614.) 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 \$ 10,426,461. including grants of \$ ) (Revenue \$ 9,901,438.) 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 \$ 115953041. including grants of \$ 6,172,500.) (Revenue \$ 112963467.)

4e Total program service expenses 155,086,397.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
4 <b>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> .....		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	<input checked="" type="checkbox"/>	

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-column (1a-14b), Yes, and No. Contains questions 1a through 14b regarding IRS filings and tax compliance.

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

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

**Section A. Governing Body and Management**

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

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

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

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Gerald P. Oetzel - 215-728-3306  
3509 N Broad Street, No. 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 to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
Joseph Evans Chair	5.00	X					0.	0.	0.	
Linda J. Grass President & CEO	50.00	X		X			294,568.	0.	10,299.	
Francis Devlin Director	5.00	X					0.	0.	0.	
R. Thomas Unkefer Director	5.00	X					0.	0.	0.	
Martin Ogletree Director	5.00	X					0.	0.	0.	
David G. Kraynik Director	5.00	X					0.	0.	0.	
Dr. Thomas L. Lewis Director	5.00	X					0.	0.	0.	
Beth C. Koob Secretary	5.00			X			0.	442,096.	52,551.	
Sharon J. Anderson Assistant Secretary	50.00			X			54,627.	0.	15,160.	
Betty McAdams Assistant Secretary	5.00			X			0.	90,085.	14,136.	
Gerald P. Oetzel Treasurer	50.00			X			221,155.	0.	25,739.	
Robert H. Lux Assistant Treasurer	5.00			X			0.	493,407.	53,320.	
Andrea McCoy CMO of Jeanes	50.00				X		231,801.	0.	25,522.	
Denise Frasca AHD - Patient Services - C	50.00				X		151,655.	0.	19,362.	
Richard Creech Physician	50.00				X		273,078.	0.	0.	
Stephanie Kao Medical Director of Business Health	50.00				X		192,675.	0.	10,411.	
Khang Pham Pharmacist	50.00				X		171,658.	0.	11,212.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
John Woodward Physician	50.00				X			164,998.	0.	17.
Frank Shipp AHD	50.00				X			149,726.	0.	13,631.
<b>1b Sub-total</b>								1,905,941.	1,025,588.	251,360.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,905,941.	1,025,588.	251,360.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **54**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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	9,707,723.
Temple University Hospital, 3509 N Broad Street, Room 936, Philadelphia, PA 19140	Faculty support, lab	3,531,613.
Siemens Medical Solutions USA P O Box 7777 W3580, Philadelphia, PA 19175	IT equipment service maintenance	2,056,348.
Temple Physicians, Inc., 3509 N Broad Street, Room 936, Philadelphia, PA 19140	Related organization services	1,563,616.
Fox Chase Anesthesiology Associates, P.C. 7600 Central Avenue, Philadelphia, PA 19111	Anesthesiology	1,426,548.

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a	1,127.				
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d	133,608.				
	e	Government grants (contributions) .....	1e	88,666.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	10,114.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....		233,515.				
Program Service Revenue	2 a	Net patient service re	Business Code 622110	147620575.	147450049.	170,526.		
	b	Rental income	532000	4,069,323.	4,069,323.			
	c	Snack shop income	722210	472,937.	472,937.			
	d	Cafeteria income	722210	316,767.	316,767.			
	e	Service revenue	622110	81,071.	80,871.	200.		
	f	All other program service revenue .....	517000	3,232.	3,232.			
	g	<b>Total.</b> Add lines 2a-2f .....		152563905.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		282,475.			282,475.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	68,250.				
		Less: rental expenses .....	(ii) Personal	5,968.				
		Rental income or (loss) .....		62,282.				
		<b>Net rental income or (loss)</b> .....		62,282.				62,282.
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	786,779.				
		Less: cost or other basis and sales expenses .....	(ii) Other	366,231.				
		Gain or (loss) .....		420,548.				
		<b>Net gain or (loss)</b> .....		420,548.				420,548.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		Less: direct expenses .....	b					
		<b>Net income or (loss) from fundraising events</b> .....						
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
Less: direct expenses .....		b						
<b>Net income or (loss) from gaming activities</b> .....								
10 a	Gross sales of inventory, less returns and allowances .....	a						
	Less: cost of goods sold .....	b						
	<b>Net income or (loss) from sales of inventory</b> .....							
Miscellaneous Revenue			Business Code					
11 a	Income from other invs	523000	5,243,375.		36,754.	5206621.		
	b							
	c							
	d All other revenue .....	900099						
e	<b>Total.</b> Add lines 11a-11d .....		5,243,375.					
12	<b>Total revenue.</b> See instructions. ....		158806100.	152393179.	207,480.	5971926.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	6,172,500.	6,172,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,168,748.	741,274.	427,474.	
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 .....	56,441,574.	50,739,308.	5,702,266.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	2,548,407.	2,168,668.	379,739.	
9 Other employee benefits .....	8,343,774.	7,122,152.	1,221,622.	
10 Payroll taxes .....	4,154,816.	3,556,044.	598,772.	
11 Fees for services (non-employees):				
a Management .....	7,553,255.	1,461,029.	6,059,110.	33,116.
b Legal .....	195,256.		195,256.	
c Accounting .....	-31,786.		-31,786.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	20,748,486.	15,632,137.	5,116,349.	
12 Advertising and promotion .....	1,835.	782.	1,053.	
13 Office expenses .....	27,420,956.	26,955,157.	465,799.	
14 Information technology .....	51,562.		51,562.	
15 Royalties .....				
16 Occupancy .....	1,432,018.	1,211,014.	221,004.	
17 Travel .....	59,670.	56,935.	2,735.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	9,801.	9,482.	319.	
20 Interest .....	2,437,224.	2,064,899.	372,325.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	6,967,190.	5,984,876.	982,314.	
23 Insurance .....	15,798,199.	15,638,185.	160,014.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Medicare recapture writ .....	6,000,000.	6,000,000.		
b Taxes .....	4,812,180.	4,803,302.	8,878.	
c Bad Debt .....	3,123,000.	3,123,000.		
d Equipment Repair/Mainte .....	2,010,092.	1,371,607.	638,485.	
e Other/Misc .....	258,378.	274,046.	-15,668.	
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f	177,677,135.	155,086,397.	22,557,622.	33,116.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	4,124,610.	2 2,625,652.
	3	Pledges and grants receivable, net .....		3
	4	Accounts receivable, net .....	27,140,884.	4 22,064,335.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	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 instructions) .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....	3,761,302.	8 3,343,796.
	9	Prepaid expenses and deferred charges .....	1,152,512.	9 1,287,220.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 148,375,921.	
	b	Less: accumulated depreciation .....	10b 115,799,768.	10c 32,576,153.
	11	Investments - publicly traded securities .....	18,392,449.	11 19,710,823.
	12	Investments - other securities. See Part IV, line 11 .....	25,821,002.	12 28,525,626.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	18,623,348.	15 20,869,865.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	132,376,365.	16 131,003,470.	
Liabilities	17	Accounts payable and accrued expenses .....	37,819,511.	17 46,034,537.
	18	Grants payable .....		18
	19	Deferred revenue .....	51,558.	19 60,500.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	143,204.	21 162,903.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....	968,305.	24 696,797.
	25	Other liabilities. Complete Part X of Schedule D .....	44,783,187.	25 45,488,342.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	83,765,765.	26 92,443,079.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets .....	34,637,761.	27 22,394,315.
	28	Temporarily restricted net assets .....	271,930.	28 384,563.
	29	Permanently restricted net assets .....	13,700,909.	29 15,781,513.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	48,610,600.	33 38,560,391.	
34	<b>Total liabilities and net assets/fund balances</b> .....	132,376,365.	34 131,003,470.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,806,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,677,135.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,871,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,610,600.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,820,826.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,560,391.

**Part XII Financial Statements and Reporting**

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

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

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>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 stop here .....	<input type="checkbox"/>					

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2010.</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 stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>33 1/3% support test - 2009.</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 stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</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 stop here. Explain in Part IV 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 - 2009.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.) .....						
<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 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate contributions, grants, and value at end of year, and questions about donor property and grant fund usage.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
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?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,783,220.	12,963,338.	16,733,256.		
b Contributions					
c Net investment earnings, gains, and losses	2,801,550.	1,646,133.	-2,840,933.		
d Grants or scholarships					
e Other expenditures for facilities and programs	720,719.	826,251.	928,985.		
f Administrative expenses					
g End of year balance	15,864,051.	13,783,220.	12,963,338.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  100.00 %
  - c Term endowment  .00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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	1,694,470.	90,073,834.	72,285,549.	19,482,755.
c Leasehold improvements		262,808.	13,436.	249,372.
d Equipment		50,775,807.	40,837,317.	9,938,490.
e Other		5,556,227.	2,663,466.	2,892,761.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				32,576,153.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) TIFF AbsoluteRtrnPool II	7,930,831.	End-of-Year Market Value
(B) P2 Capital Fund Ltd	1,926,125.	End-of-Year Market Value
(C) GMO Forestry Fund 6b, LP	56,204.	End-of-Year Market Value
(D) Pvt Advisors DO Fund, LP	657,928.	End-of-Year Market Value
(E) PvtAdv SmCoBO Fund II LP	1,944,879.	End-of-Year Market Value
(F) Peak Select Partners, LP	1,444,450.	End-of-Year Market Value
(G) Sanderson Int'lValueFund	6,176,254.	End-of-Year Market Value
(H) FCOI II Holdings, LP	3,573,267.	End-of-Year Market Value
(I) Forester Partners, LP	3,643,203.	End-of-Year Market Value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>28,525,626.</b>	

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

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

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

(a) Description	(b) Book value
(1) Jeanes Physicians' Office Building Partnership	936,509.
(2) Self insurance asset TU malpractice	1,659,945.
(3) Self insurance asset TU Workers' Compensation	1,994,512.
(4) Assets Limited As To Use -- Other, General	175,928.
(5) Assets Limited As To Use -- Temporarily Restricted Funds	295,441.
(6) Assets Limited As To Use -- Permanently Restricted Funds	75,000.
(7) Assets Held in Trust -- Anna T. Jeanes Trust	13,615,821.
(8) Assets Held in Trust -- Maude E.M. Boggs Trust	1,827,744.
(9) Assets Held in Trust -- Edith Scot Paschall Trust	232,764.
(10) Assets Held in Trust -- John E. Holcomb Trust	29,684.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>20,869,865.</b>

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Long-term debt, inter-company	40,113,394.
(3) Estimated retroactive adjustment,	
(4) third party payers	2,081,691.
(5) Due to affiliated companies	3,293,257.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>45,488,342.</b>

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, line 2b: Jeanes Physicians' Office Building Partnership

established with Jeanes Hospital an escrowed vacancy reserve fund to secure partnership obligations under a reimbursement and indemnification agreement.

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

**Part XIV** Supplemental Information *(continued)*

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

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **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	X	
<b>b</b> If "Yes," was it a written policy?	X	
<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) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<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.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
	(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 Worksheets 1 and 2)		3,562	2956807.	0.	2956807.	1.69%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)		13,020	22312305.	16169909.	6142396.	3.52%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		16,582	25269112.	16169909.	9099203.	5.21%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			104,390.	0.	104,390.	.06%
<b>f</b> Health professions education (from Worksheet 5)			1122042.	402,410.	719,632.	.41%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j Total.</b> Other Benefits			1226432.	402,410.	824,022.	.47%
<b>k Total.</b> Add lines 7d and 7j		16,582	26495544.	16572319.	9923225.	5.68%

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 6 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, etc.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2 Enter the amount of the organization's bad debt expense (at cost) 3,123,000.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy 375,000.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 32,878,733.

6 Enter Medicare allowable costs of care relating to payments on line 5 37,022,909.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) -4,144,176.

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, [X] Cost to charge ratio, Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

b 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

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, measured by total revenue per facility, from largest to smallest)

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

Name and address

1 Jeanes Hospital
7600 Central Avenue
Philadelphia, PA 19111-2442

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe). Row 1: X, X, X, X, X, X, 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 listed in Part V, Section A)

Name of Hospital Facility: Jeanes Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		Yes	No
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply): a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)		X
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply): a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply): a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in its community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %	X	

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

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
11 Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance? .....	X	
13 Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....	X	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

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

**Policy Relating to Emergency Medical Care**

	Yes	No
<p><b>18</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate the reasons why (check all that apply):</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</p> <p>d <input type="checkbox"/> Other (describe in Part VI)</p>	X	

**Charges for Medical Care**

<p><b>19</b> Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):</p> <p>a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility</p> <p>b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility</p> <p>c <input type="checkbox"/> The hospital facility used the Medicare rate for those services</p> <p>d <input checked="" type="checkbox"/> Other (describe in Part VI)</p>		
<p><b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....</p> <p>If "Yes," explain in Part VI.</p>		X
<p><b>21</b> Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....</p> <p>If "Yes," explain in Part VI.</p>		X



**Part VI** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c: N/A

Part I, Line 7: 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 I, Line 7, Column (f): The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 3123000.

**Part VI** Supplemental Information

Part II: Jeanes Hospital engaged in a number of community building activities during the fiscal year. These activities included the following:

Blood Drives. Jeanes Hospital worked closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. Jeanes helped collect 154 pints of blood. Related net expense: \$16,185.

Other Activities. Related net expense: \$823. These activities included:

- Food collection for Memorial Presbyterian Church of Fox Chase's emergency food pantry effort;
- School supplies collection, in cooperation with Memorial Presbyterian Church of Fox Chase;
- Provision of educational materials at the Annual National Night Out with the Fox Chase Town Watch;
- Children's books collection for Fair Hill Neighborhood Schools;
- Participation in Cheltenham/Rockledge Rotary Club's rose sale for the benefit of the Rotary's Polio Plus program;
- Participation in Farrell Elementary School's "Fun in the Sun" with summer safety education;
- Sponsorship of Delaware Valley Stroke Council's 2011 Strides for Stroke Walk/Run;
- Encouragement and facilitation of Holiday Gift Giving:
  - Toys collection in support of the U.S.M.C.'s Toys for Tots program;
  - Collections of food, toys and other gifts on behalf of the Feast of Justice Food Cupboard at St. John's Lutheran Church;
  - Gifts collection for families from local church communities;

**Part VI** Supplemental Information

Gifts collection for residents of the Philadelphia Protestant Home;

Gifts collection for needy children, in support of the Salvation

Army's Angel Tags Program;

Collections of clothing and other gifts for children of the

Presbyterian Children's Village.

Part III, Line 4: The ratio of cost to charge method is used in determining the amounts reported on lines 2 and 3. The amounts on lines 2 and 3 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 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 a response to efforts to improve the health and quality of life of people living in the community, Jeanes Hospital provided \$4,144,176 in unreimbursed services to patients enrolled in Medicare programs. Jeanes Hospital believes that the Medicare shortfall of \$4,144,176 should be treated as a community benefit since it has a clear mission to serving and improving the health status of the elderly. Today, approximately 70% of all patients treated at Jeanes Hospital are over the age of 65 and if Jeanes should cease to exist, this shortfall would have to be absorbed by another hospital provider in the Jeanes community. In addition, Jeanes Hospital is designated as a Medicare Disproportionate Share Hospital (DSH). DSH hospitals are "safety net"



**Part VI** Supplemental Information

hospitals because they serve predominantly low-income communities and have a substantial number of Medicare patients that also qualify for Medicaid coverage. The associated costs with providing care to these patients are frequently not covered by government sponsored programs.

Part III, Line 9b: Jeanes Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If an account does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class log. The account will be forwarded to the collection agency for additional collection effort.

Part V, Line 19D:

Jeanes Hospital used a multiple of two times the base Medicaid rate.

Part VI, Line 2: In assessing community needs, Jeanes Hospital uses comprehensive sets of internal and external data sources. Externally, we rely largely on health data compiled by federal, state, city and community-based health organizations, including the following:

Community health assessment survey results from the Public Health Management Corporation (PHMC), including data on chronic health conditions, adult asthma, arthritis, diabetes, blood pressure,

**Part VI** Supplemental Information

cholesterol, mental health, smoking, adult obesity, exercise,  
colonoscopies and PAP exams, mammograms and clinical breast exams;  
Disease rate data from the United States Center for Disease Control;

Market data and quality assessments from the Pennsylvania Health  
Care Cost Containment Council (PHC4);

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, and the Taking Philadelphia's Temperature report;

Medpar data from the Centers for Medicare and Medicaid Services  
(CMS);

Care Science Quality Manager from Premier;

Other data from the Pennsylvania Department of Health, Delaware  
Valley Healthcare Council, etc.

Internally, we rely on the following sources:

Collaboration of Medical School and Hospital leadership;

Consensus discussion with key clinical providers;

Performance Improvement, Risk Management and Patient Safety outcomes;

Historic, service line specific utilization data;

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

In addition to data sources, we have assembled a community advisory board  
for the past two decades that reflects the needs and opinions of our  
service area. That board meets quarterly and they are used on an ad-hoc  
basis to represent the community we serve. Also, Jeanes Hospital launched

**Part VI** Supplemental Information

a new "speakers' bureau" seminar series, which gives us the opportunity to survey hundreds of neighbors regarding health topics they are most interested in.

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, CHIP, and Adult Basic.

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 Temple University Health System's Charity Care/Self Pay program to determine their eligibility for free or reduced cost care.

Temple's Charity Care/Self Pay discounting 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

**Part VI** Supplemental Information

in obtaining supplemental coverage as well as prescription drug benefits.

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

Posters in plain view at inpatient, outpatient and emergency registration areas and billing offices;

Patient discharge summaries, billing invoices and vendor collection notices;

Hospital website.

Part VI, Line 4: Jeanes Hospital's service area consists of the following zip codes: 19027, 19111, 19115, 19116, 19120, 19124, 19135, 19136, 19149 and 19152. This is an area with a high percentage of poor and undereducated population.

**A. Population and Population Growth**

The total population in Jeanes' service area has slightly increased over the past decade and is projected to increase by 1.2% from 2011 to 2016. In contrast, the total U.S population has grown over the past decade, and is projected to grow by 4.0% over the next five years.

**B. Age Distribution**

Approximately 24% of the total population within Jeanes' service area is under the age of 18, consistent with the national average. 24.1% of the Jeanes service area population is age 18-34, 4.3% higher than the national average of 23.1%. 37.7% of the Jeanes service area population is age 35-64, 4.1% lower than the national average. 14.3% of the Jeanes service area population is over 65 years old, which is 7.4% higher than the

**Part VI** Supplemental Information

national average of 13.3%.

The average age of the Jeanes service area is projected to increase slightly over the next five years. Under 18 population is projected to increase by 3.2% from 2011 to 2016. The 65 and over population is projected to increase from 63,234 in 2011 to 67,139 in 2016, a projected increase of 6.2%.

**C. Education Level**

In 2011, the population in the Jeanes service area consisted of 56.5% with high school education or less, a rate approximately 28% higher than the national average of 44%. The Jeanes service area population consists of 43.5% with education beyond high school, approximately 22% lower than the national average of 56%.

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

In the city of Philadelphia, 10.6% of the total population were unemployed in 2011, approximately 34% higher than the state unemployment rate of 7.9% and 18% higher than the national unemployment rate of 8.9%.

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

**Household Income**

Approximately 60% of households in the Jeanes service area earn less than \$50,000 per year, approximately 18% greater than the national average of 50.3%. 40% of Jeanes service area households earn over \$50,000 per year, which is approximately 19% lower than the national average of 49.7%.

**E. Population Below Federal Poverty Level**

**Part VI** Supplemental Information

There are 5 out of the total 10 zip codes within the Jeanes service area that the percentage of population living under the Federal poverty level is greater than the national level of 15.1%.

**F. Race/Ethnicity**

In Jeanes' service area, 57.1% of the total population is White, approximately 11% lower than the national level of 64.2%. Black are the second largest population in Jeanes' service area, comprising 17.3% of the population, compared to the national average of 12.1%. The percentage of Hispanics is consistent with the nation level of 16.1%. Asian & Pacific is approximately 7% of the total population, 54.4% greater than the national average of 4.6%.

**G. Payer Mix in 2010**

Approximately 69% of people in the Jeanes service area are covered by either Medicaid or Medicare; 32% for Medicaid and 37% for Medicare. This represents approximately twice the national average of 15.9% for Medicaid, and over two times of the national level of 14.5% for Medicare.

Part VI, Line 5: 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, sexual preference or ability

**Part VI** Supplemental Information

to pay; make safety and continuous quality improvement a primary endeavor; promote the basic values of our Quaker heritage, to include kindness, equality and peace; 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:

Free educational opportunities for the community;

An arrangement with a diabetes education organization to offer on-campus education;

Quality programs that produce safer health care provisions, evidenced by:

Safety discussions first on every agenda

Center of Excellence status in Bariatric surgery

100% compliance with stroke core measures

Compliance with "National Patient Safety Goals"

Measurable reductions in:

Clostridium Difficile

Central line associated blood stream infections

**Part VI** Supplemental Information

Pressure ulcers

Use of restraints

Expense management and supply chain initiatives helping maintain vigilance in cost containment, including waste stream monitoring

Conducting a periodic health needs assessment survey and a bi-annual consumer awareness survey

Maintaining a rigorous home health program despite economic hardship

Construction of a quarter-mile walking trail for employee and community wellness, with a growing "workplace wellness" initiative for employees, volunteers and doctors.

Part VI, Line 6: 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 the 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; the 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, and Temple Physicians,



**Part VI** Supplemental Information

Inc.'s mission is to provide the highest quality of clinical care as well as to support the System's clinical, administrative, and corporate activities.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University Health System 3509 N. Broad Street, Room 936 Philadelphia, PA 19140	23-2825881	501(c)(3)	6,159,000.	0.	N/A.	N/A	General support

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.  
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).  
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Linda J. Grass	(i) 288,568.	0.	6,000.	3,920.	6,379.	304,867.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 373,523.	50,000.	18,573.	32,544.	20,007.	494,647.	0.
2 Beth C. Koob	(i) 210,147.	0.	11,008.	10,844.	14,895.	246,894.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 Gerald P. Oetzel	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 430,674.	50,000.	12,733.	32,544.	20,776.	546,727.	0.
4 Robert H. Lux	(i) 231,801.	0.	0.	10,774.	14,748.	257,323.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 Andrea McCoy	(i) 150,734.	0.	921.	7,760.	11,602.	171,017.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 Denise Frasca	(i) 273,078.	0.	0.	0.	0.	273,078.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 Richard Creech	(i) 192,675.	0.	0.	9,645.	766.	203,086.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 Stephanie Kao	(i) 169,858.	0.	1,800.	4,573.	6,639.	182,870.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 Khang Pham	(i) 164,998.	0.	0.	0.	17.	165,015.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 John Woodward	(i) 145,917.	0.	3,809.	0.	13,631.	163,357.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 Frank Shipp	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

SCHEDULE L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

▶ 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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No). Includes a row number '1'.

- 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No). Includes a Total row.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount and type 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
Krupsha, Michael	Brother to Sharon J	72,406.	Employee at		X
Lux, Kathleen	Daughter to Robert	28,892.	Employee at		X

**Part V Supplemental Information**

Complete this part to 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: Krupsha, Michael

(b) Relationship Between Interested Person and Organization:

Brother to Sharon J. Anderson, Asst Secretary of Jeanes Hospital

(c) Amount of Transaction \$ 72,406.

(d) Description of Transaction: Employee at Jeanes Hospital

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Lux, Kathleen

(b) Relationship Between Interested Person and Organization:

Daughter to Robert H. Lux, Asst Treasurer of Jeanes Hospital

(c) Amount of Transaction \$ 28,892.

(d) Description of Transaction: Employee at Jeanes Hospital

(e) Sharing of Organization Revenues? = No

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

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 catheterization, electrophysiology studies, stress testing, 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



Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

for patients who suffer illness or injury.

We have a full range of ambulatory diagnostic testing, including path lab services and radiology. Diagnostic imaging services include general X-ray, digital mammography, ultrasound, MRI, CT, interventional imaging and nuclear medicine. Advanced technology MRI, CT and PET 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 and diagnostic digital mammography, ultrasound services, breast surgery, fertility services and a compendium of gynecological surgical services.

Orthopaedics at Jeanes Hospital ranges from conservative treatment to high acuity surgery. Surgery includes tertiary-level joint replacement procedures and rehab, and spine procedures.

Neurosurgery services at Jeanes Hospital offers an alternative to orthopaedics for spine surgery patients.

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 both have a full-time presence at Jeanes Hospital.

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

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

tending to their practices more efficiently.

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

Expenses \$ 115,953,041. incl grants of \$ 6,172,500. Revenue \$ 112,963,46

Form 990, Part VI, Section A, line 4: The bylaws were amended effective October 21, 2010 to provide that the Board shall consist of not less than nine (9) and not more than thirteen (13) voting Directors.

Form 990, Part VI, Section A, line 6: The sole member of the organization is Temple University Health System, Inc.

Form 990, Part VI, Section A, line 7a: The member has the power to appoint and remove the organization's Board of Directors.

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

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization;

g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's;

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 assumption of any indebtedness in excess of Five Hundred Thousand Dollars (\$500,000), and

k) the execution of any contract providing for the management of the organization.

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

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

are then reviewed in summary format by a committee of the Board of Directors and any recommended actions 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 the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) 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.

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

## Form 990 Part VII, Column (B): Average hours per week

Certain directors and officers of the organization who are listed on Form 990, Part VII also serve as directors or officers of related organizations. Each director and officer who is a volunteer typically works a total of 5 hours per week for the organization and related organizations. Each director, officer, key employee, or other person listed on Form 990, Part VII who is an exempt full-time employee of the organization or a related organization typically works a total of 50 hours per week for the organization and related organizations.

## Community Benefit Report:

Jeanes Hospital is a nonprofit corporation whose mission is to be the destination for all who need ambulatory, inpatient acute, surgical and home care in Northeast Philadelphia, eastern Montgomery County and southern Bucks County, 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, sexual preference or ability to pay; make safety and continuous quality improvement a primary endeavor; promote the basic values of our Quaker heritage, to include kindness, equality and peace; 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 everyone's emotional, cultural and spiritual needs are met; provide a work environment that attracts,

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

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.

Jeanes Hospital has 176 licensed beds, providing a comprehensive range of medical, surgical, emergency and outpatient services. It has been a member of the Temple University Health System since 1996, and therefore is home to several Temple physician practices, high acuity tertiary-level surgical services like heart surgery and spine surgery, and specialty departments such as bone marrow transplantation.

Jeanes Hospital's notable achievements in recent years include:

Surgical Review Corp. "Center of Excellence" for bariatric surgery, in conjunction with the American Society for Metabolic and Bariatric Surgery;

Independence Blue Cross "Blue Distinction Center" for cardiac care, bariatric surgery and spine surgery;

American Heart Association / American Stroke Association's "Get With the Guidelines" Gold-Plus level distinction;

Joint Commission Certified Primary Stroke Center;

2008 Hospital of Choice Award from the American Alliance of Healthcare Providers for outstanding customer service delivery (one of ten nationwide);

2008 PA Department of Community and Economic Development Grant for

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

\$20,000 to complete the Jeanes Community Walking Trail project;

2007 Spirit of Excellence Award from Penn-Jersey Region American Red Cross for Donor Recruitment and Outstanding Leadership;

2006 VHA Leadership Award for Clinical Excellence;

2005 VHA Certificate of Excellence for ICU;

2005 DVHC Medication Safety Award;

2005 Press Ganey Success Story for achieving 98th percentile in physician satisfaction; and

Two 2003 Press Ganey Compass Awards for patient satisfaction (inpatient and emergency).

Jeanes Hospital has a robust community outreach endeavor year after year, including but not limited to:

Community Classroom, providing free community education seminars with physician faculty, focusing on health, wellness and safety topics;

Jeanes Community Grant, awarding funds to service area non-profits for champion programs in health, wellness and safety;

Periodic blood drives for the American Red Cross, open to employees, medical staff and community;

A vital volunteer program that gives teenagers and the elderly opportunities to be part of the Jeanes Hospital mission, saving the hospital employee expenses to help keep health care costs down;

An active committee to heighten awareness of the multi-cultural diversity in our service area, and the opportunities that provides in the application of service excellence;

A walking trail with exercise equipment, that is open 24/7 for everybody's wellness opportunities, including employees, patients and the

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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community-at-large;

Annual Senior Health Care & Fire Prevention Presentation, in concert with other local organizations;

Various niche programs, including Jeanes Arthritis Group, Jeanes Hospital Bereavement Support Group, Jeanes' Annual Prostate Cancer Screening, and more; and

Various employee-driven altruistic initiatives, including food drives, clothing drives, book drives, toy drives, disaster relief drives, etc.

Form 990 - Part VII - Section A-Column B

Hours of members at other organizations

Joseph Evans: 5

Beth C. Koob: 45

Betty McAdams: 45

Robert H. Lux: 45

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	4,366,184.
Adjustment to funded status of pension liability	4,454,642.
Total to Form 990, Part XI, Line 5	8,820,826.









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

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	Jeanes Hospital Auxiliary	C	57,041	Cash received
(2)	Jeanes Hospital Auxiliary	M	0.	
(3)	Jeanes Hospital Auxiliary	P	72,628	Cash received
(4)				
(5)				
(6)				





**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Jeanes Hospital Number, street, and room or suite no. If a P.O. box, see instructions. 3509 N Broad Street, No. 936 City or town, state, and ZIP code Philadelphia, PA 19140	23-2826045  Unrelated business activity codes (See instructions.) 621500 523000
<b>C</b> Book value of all assets at end of year 131003470.	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. **Outpatient laboratory services**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **See Statement 3**

**J** The books are in care of **Gerald P. Oetzel** Telephone number **215-728-3306**

Part I: Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <b>170,726.</b>			
b Less returns and allowances <b>c Balance</b>	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		170,726.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	36,754. Stmt 1	36,754.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 <b>Total.</b> Combine lines 3 through 12	13	207,480.	207,480.

**Part II: Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		85,368.
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20		3,459.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) <b>See Statement 2</b>	28		86,526.
29 <b>Total deductions.</b> Add lines 14 through 28	29		175,353.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		32,127.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		32,127.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33		1,000.
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		31,127.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other taxes, Total tax, Payments, Estimated tax penalty, Tax due, and Overpayment.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, and Total.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 5/11/12 Title: Chief Financial Officer

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, Firm's name, Firm's EIN, Firm's address, Phone no.



Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals 0. Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals 0. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0.



Jeanes Hospital

23-2826045

Form 990-T

Other Deductions

Statement 2

Description

Amount

Supplies

29,991.

Other

56,535.

Total to Form 990-T, Page 1, line 28

86,526.

Jeanes Hospital

23-2826045

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Form 990-T      Parent Corporation's Name and Identifying Number      Statement      3

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Corporation's Name

Identifying No

Temple University-Of The Commonwealth System of Higher Educa

23-1365971

Form 990-T	Tax Computation	Statement	4
1. Taxable Income . . . . .		31,127	
2. Lesser of Line 1 or First Bracket Amount .		31,127	
3. Line 1 Less Line 2 . . . . .		0	
4. Lesser of Line 3 or Second Bracket Amount .		0	
5. Line 3 Less Line 4 . . . . .		0	
6. Income Subject to 34% Tax Rate . . . . .		0	
7. Income Subject to 35% Tax Rate . . . . .		0	
8. 15 Percent of Line 2 . . . . .		4,669	
9. 25 Percent of Line 4 . . . . .		0	
10. 34 Percent of Line 6 . . . . .		0	
11. 35 Percent of Line 7 . . . . .		0	
12. Additional 5% Surtax. . . . .		0	
13. Additional 3% Surtax . . . . .		0	
14. Total of lines 8 through 13 to Form 990-T, Page 2, Line 35c			4,669

Jeanes Hospital

23-2826045

Form 990-T

Controlled Foreign Partnership Reporting

Statement 5

The taxpayer was required to file Form 8865, but is not doing so under the constructive ownership election.

The taxpayer has a partnership interest in the following, which filed Form 8865:

North Run Qualified Partners, LP  
One International Place, Suite 2401  
Boston, MA 02110

The taxpayer would have has to file Form 8865 for its indirect ownership in the fund listed below but for this exception.

North Run Master Fund, LP  
c/o Walker SPV Limited  
PO Box 908GT  
Grand Cayman, Cayman Islands

# Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ See separate instructions.

Name of shareholder <b>Jeanes Hospital</b>	Identifying number (see page 2 of instructions) <b>23-2826045</b>
Number, street, and room or suite no. (If a P.O. box, see page 2 of instructions.) <b>3509 N Broad Street, No. 936</b>	Shareholder tax year: calendar year or other tax year beginning <b>JUL 1, 2010</b> and ending <b>JUN 30, 2011</b>
City or town, state, and ZIP code or country <b>Philadelphia, PA 19140</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>FCOI II Holdings, LP</b>	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) <b>One Maritime Plaza, Suite 2100 San Francisco, CA 94111</b>	Tax year of company or fund: calendar year <b>2010</b> or other tax year beginning and ending

**Part I Elections** (See instructions.)

- A**  Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 1a through 2c of Part II.*
- B**  Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 10f of Part IV.*
- C**  Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 10e of Part IV.*
- D**  Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 3a through 4c of Part II to calculate the tax that may be deferred. Note: If any portion of line 1a or line 2a of Part II is includible under section 551 or 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- E**  Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1279(e) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qualify, my share of the PFIC's post-1986 earnings and profits deemed distributed, on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 10f of Part IV.*
- F**  Election to Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part III.*

**Part II Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 1a through 2c. If you are making Election D, also complete lines 3a through 4c. (See page 5 of instructions.)

<b>1 a</b> Enter your pro rata share of the ordinary earnings of the QEF .....	<b>1a</b>			
<b>b</b> Enter the portion of line 1a that is included in income under section 551 or 951 or that may be excluded under section 1293(g) .....	<b>1b</b>			
<b>c</b> Subtract line 1b from line 1a. Enter this amount on your tax return as dividend income .....			<b>1c</b>	
<b>2 a</b> Enter your pro rata share of the total net capital gain of the QEF .....	<b>2a</b>			
<b>b</b> Enter the portion of line 2a that is included in income under section 551 or 951 or that may be excluded under section 1293(g) .....	<b>2b</b>			
<b>c</b> Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.) .....			<b>2c</b>	
<b>3 a</b> Add lines 1c and 2c .....			<b>3a</b>	
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.) .....	<b>3b</b>			
<b>c</b> Enter the portion of line 3a not already included in line 3b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year .....	<b>3c</b>			
<b>d</b> Add lines 3b and 3c .....			<b>3d</b>	
<b>e</b> Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets) .....			<b>3e</b>	
<i>Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in income under section 551 or 951, you may make Election D with respect to the amount on line 3e.</i>				
<b>4 a</b> Enter the total tax for the tax year (See instructions.) .....	<b>4a</b>			
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered on line 3e .....	<b>4b</b>			
<b>c</b> Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is extended by making Election D. See instructions. ....			<b>4c</b>	



**Part III Gain or (Loss) From Mark-to-Market Election** (See page 5 of instructions.)

5	Enter the fair market value of your PFIC stock at the end of the tax year .....	5	
6	Enter your adjusted basis in the stock at the end of the tax year .....	6	
7	Excess. Subtract line 6 from line 5. If a gain, stop here. Include this amount as ordinary income on your tax return. If a loss, go to line 8 .....	7	
8	Enter any unreversed inclusions (as defined in section 1296(d)). See instructions. ....	8	
9	Enter the smaller of line 7 or line 8. Include this amount as an ordinary loss on your tax return .....	9	

**Part IV Distributions From and Disposition of Stock of a Section 1291 Fund** (See page 6 of instructions.)  
 Complete a separate Part IV for each excess distribution (see instructions).

10 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	10a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	10b	
c	Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.) .....	10c	
d	Multiply line 10c by 125% (1.25) .....	10d	
e	Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	10e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 11. If a loss, show it in brackets and do not complete line 11 .....	10f	
11 a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income .....	11b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) .....	11c	
d	Foreign tax credit. (See instructions.) .....	11d	
e	Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.) .....	11e	
f	Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) .....	11f	

**Part V Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 Tax year of outstanding election .....						
2 Undistributed earnings to which the election relates						
3 Deferred tax .....						
4 Interest accrued on deferred tax (line 3) as of the filing date						
5 Event terminating election						
6 Earnings distributed or deemed distributed during the tax year						
7 Deferred tax due with this return .....						
8 Accrued interest due with this return .....						
9 Deferred tax outstanding after partial termination of election ...						
10 Interest accrued after partial termination of election .....						

Jeanes Hospital

23-2826045

2010 Form 8621

Part I

Statement 1

Jeanes Hospital is a 501(c)(3) tax exempt organization and, as such, is not eligible to make a qualified election. Jeanes Hospital is a direct investor in FCOI II Holdings II, LP, a PFIC which provided the attached PFIC Annual Information Statement for the year ended December 31, 2010. FCOI II Holdings, LP is taxed as a corporation for federal income tax purposes.

FARALLON CAPITAL MANAGEMENT<sup>®</sup>, L.L.C.  
ONE MARITIME PLAZA  
SUITE 2100  
SAN FRANCISCO, CA 94111

TELEPHONE (415) 616-6060  
FACSIMILE (415) 477-6565

To: William Schragen 215-728-3244  
Jeanes Hospital

Re: **Jeanes Hospital**

Date: August 22, 2011

From: Investor Relations

Number of pages including cover: 10

Dear Limited Partner:

Attached please find your annual Passive Foreign Investment Company ("PFIC") Information Statement as per Regulation 1.1295-1(g) from FCOI II Holdings, L.P. for the year ending December 31, 2010.


FCOI II Holdings, L.P. (through the Master Fund) has investments in WCOP, Ltd., Fondul Proprietatea S.A., Prosperity Rassevet Limited, Noonday Offshore Investors, Inc., Expressway Partners, Ltd., Martin Currie China A Share Fund Limited, Capadon Southeast European Feeder Fund, Ltd., Flatiron Holdings Ltd., Flatiron Re Ltd., IP Brazil Fund B, Boats Investments (Netherlands) B.V., Computershare Trust Company of Canada (Canada Asset Acquisition Trust 2), New Russia Generation Limited, Brenco - Companhia Brasileira de Energia Renovavel, FCOI II Investments, Ltd., Leblon Equities Partners Fund Ltd, Leblon Value Hedge Fund Ltd, Rodomonte Funding Ltd., Hamlet Blocker, Ltd, Brenco Holding S/A, Enfoca Ceramios SAC, Enfoca Home Investments SAC, CRCM Institutional Fund (BVI), Ltd., Youku.com Inc., Jet Brilliant Limited, JiaHeYi Advertising (Beijing) Co., Ltd., and Beijing Jet Brilliant Advertising Co., Ltd., each of which is considered to be a PFIC. Therefore, you are an indirect shareholder in each of these entities. As a result, we have also enclosed your consolidated annual PFIC Information Statement, which includes your share from each of these entities per Regulation 1.1295-1(g)(1) & 1.1295-1(g)(4).

Please note that we have been advised that for federal income tax purposes, each of Youku.com Inc., Jet Brilliant Limited, JiaHeYi Advertising (Beijing) Co., Ltd., and Beijing Jet Brilliant Advertising Co., Ltd., which are companies in which FCOI II held an interest in prior years, may have been a Passive Foreign Investment Company (PFIC) in some or all of those earlier years included in FCOI II's holding period. Accordingly, in order to avoid significant adverse tax consequences, if you have not already done so in a prior year, you may make a QEF (Qualified Electing Fund) election for each of these companies by filing form 8621 and electing under Part I box A, To Treat the PFIC as a QEF and also electing Part I, box C, Deemed Dividend Election. The deemed dividend election for each of these companies does not result in any income (since each of these companies had a deficit as of the end of 2009), but will serve to eliminate any negative tax consequences that could result from not having made the QEF election as of the beginning of your indirect holding period in these companies.

Very truly yours,

Farallon Capital Management, L.L.C.

By



Greg Swart

Enclosures

PFIC ANNUAL INFORMATION STATEMENT  
YEAR ENDED DECEMBER 31, 2010  
As Required in Reg. 1.1295-1(g)(1)

Shareholder: Jeancs Hospital

**WCOP, Ltd.**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:	January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings:	-
b. Pro-rata share of net capital gain:	-
3. Amount of money and market value of property distributed or deemed distributed:	49

**Fondul Proprietatea S.A.**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:	January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings:	-
b. Pro-rata share of net capital gain:	-
3. Amount of money and market value of property distributed or deemed distributed:	None

**Prosperity Rassvet Limited**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:	January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings:	-
b. Pro-rata share of net capital gain:	-
3. Amount of money and market value of property distributed or deemed distributed:	848

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jeanes Hospital

**Noonday Offshore Investors, Inc.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 1,804                                 |
| b. Pro-rata share of net capital gain:   | 5                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Expressway Partners, Ltd.**

- |  |                                    |
|--|------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and April 19, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                  |
| b. Pro-rata share of net capital gain:   | -                                  |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                               |

**Martin Currie China A Share Fund Limited**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 0                                     |
| b. Pro-rata share of net capital gain:   | 0                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | 9                                     |

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jeanes Hospital

**Capadon Southeast European Feeder Fund, Ltd.**

1. First and Last Day of PFIC's tax year  
that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of  
property distributed or deemed distributed: None

**Flatiron Holdings Ltd.**

1. First and Last Day of PFIC's tax year  
that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of  
property distributed or deemed distributed: None

**Flatiron Re Ltd.**

1. First and Last Day of PFIC's tax year  
that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of  
property distributed or deemed distributed: -

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jcancs Hospital

**IP Brazil Fund B**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 21                                    |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Boats Investments (Netherlands) B.V.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Computershare Trust Company of Canada (Canadian Asset Acquisition Trust 2)**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | 454                                   |

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jeanes Hospital

**New Russia Generation Limited**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**Brenco - Companhia Brasileira de Energia Renovavel**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**Leblon Equities Partners Fund Ltd**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: 680  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.



Shareholder:

Jeanes Hospital

**Leblon Value Hedge Fund Ltd**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 72                                    |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Rodomonte Funding Ltd.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Hamlet Blocker, Ltd**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jeanes Hospital

**Brenco Holding S/A**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**Enfoca Ceramicos SAC**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**Enfoca Home Investments SAC**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder:

Jeanes Hospital

**CRCM Institutional Fund (BVI), Ltd.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 624                                   |
| b. Pro-rata share of net capital gain:   | 11                                    |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Youku.com Inc.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**Jet Brilliant Limited**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

Shareholder: Jeanes Hospital

**JiaHeYi Advertising (Beijing) Co., Ltd.**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**Beijing Jet Brilliant Advertising Co., Ltd.**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

**FCOI II Investments, Ltd.**

1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
2. a. Pro-rata share of ordinary earnings: -  
b. Pro-rata share of net capital gain: -
3. Amount of money and market value of property distributed or deemed distributed: None

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.

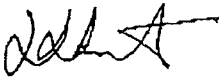
Shareholder:

Jeanes Hospital

**FCOI II Holdings, LP**

- 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year: January 1, 2010 and December 31, 2010
- 2. a. Pro-rata share of ordinary earnings: 97.042  
     b. Pro-rata share of net capital gain: 71.686
- 3. Amount of money and market value of property distributed or deemed distributed: None

The above-mentioned PFIC will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.



\_\_\_\_\_  
Greg Swart  
Authorized Representative

# Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ See separate instructions.

Name of shareholder  <b>Jeanes Hospital</b>	Identifying number (see page 2 of instructions)  <b>23-2826045</b>
Number, street, and room or suite no. (If a P.O. box, see page 2 of instructions.) <b>3509 N Broad Street, No. 936</b>	Shareholder tax year: calendar year or other tax year beginning <b>JUL 1, 2010</b> and ending <b>JUN 30, 2011</b>
City or town, state, and ZIP code or country <b>Philadelphia, PA 19140</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>Farallon FCOI II, Ltd.</b>	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) <b>One Maritime Plaza, Suite 2100                  San Francisco, CA 94111</b>	Tax year of company or fund: calendar year <b>2010</b> or other tax year beginning and ending

**Part I Elections** (See instructions.)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 1a through 2c of Part II.*
- B**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 10f of Part IV.*
- C**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 10e of Part IV.*
- D**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 3a through 4c of Part II to calculate the tax that may be deferred. Note: If any portion of line 1a or line 2a of Part II is includible under section 551 or 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- E**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1279(e) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qualify, my share of the PFIC's post-1986 earnings and profits deemed distributed, on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 10f of Part IV.*
- F**  **Election to Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part III.*

**Part II Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 1a through 2c. If you are making Election D, also complete lines 3a through 4c. (See page 5 of instructions.)

<b>1 a</b> Enter your pro rata share of the ordinary earnings of the QEF .....	<b>1a</b>			
<b>b</b> Enter the portion of line 1a that is included in income under section 551 or 951 or that may be excluded under section 1293(g) .....	<b>1b</b>			
<b>c</b> Subtract line 1b from line 1a. Enter this amount on your tax return as dividend income .....			<b>1c</b>	
<b>2 a</b> Enter your pro rata share of the total net capital gain of the QEF .....	<b>2a</b>			
<b>b</b> Enter the portion of line 2a that is included in income under section 551 or 951 or that may be excluded under section 1293(g) .....	<b>2b</b>			
<b>c</b> Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.) .....			<b>2c</b>	
<b>3 a</b> Add lines 1c and 2c .....			<b>3a</b>	
<b>b</b> Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.) .....	<b>3b</b>			
<b>c</b> Enter the portion of line 3a not already included in line 3b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year .....	<b>3c</b>			
<b>d</b> Add lines 3b and 3c .....			<b>3d</b>	
<b>e</b> Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets) ..... <i>Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in income under section 551 or 951, you may make Election D with respect to the amount on line 3e.</i>			<b>3e</b>	
<b>4 a</b> Enter the total tax for the tax year (See instructions.) .....	<b>4a</b>			
<b>b</b> Enter the total tax for the tax year determined without regard to the amount entered on line 3e .....	<b>4b</b>			
<b>c</b> Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is extended by making Election D. See instructions .....			<b>4c</b>	

**Part III Gain or (Loss) From Mark-to-Market Election** (See page 5 of instructions.)

5	Enter the fair market value of your PFIC stock at the end of the tax year .....	5	
6	Enter your adjusted basis in the stock at the end of the tax year .....	6	
7	Excess. Subtract line 6 from line 5. If a gain, stop here. Include this amount as ordinary income on your tax return. If a loss, go to line 8 .....	7	
8	Enter any unreversed inclusions (as defined in section 1296(d)). See instructions. ....	8	
9	Enter the smaller of line 7 or line 8. Include this amount as an ordinary loss on your tax return .....	9	

**Part IV Distributions From and Disposition of Stock of a Section 1291 Fund** (See page 6 of instructions.)  
Complete a separate Part IV for each excess distribution (see instructions).

10 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	10a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	10b	
c	Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.) .....	10c	
d	Multiply line 10c by 125% (1.25) .....	10d	
e	Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	10e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 11. If a loss, show it in brackets and do not complete line 11 .....	10f	
11 a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income .....	11b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) .....	11c	
d	Foreign tax credit. (See instructions.) .....	11d	
e	Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.) .....	11e	
f	Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) .....	11f	

**Part V Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 Tax year of outstanding election .....						
2 Undistributed earnings to which the election relates .....						
3 Deferred tax .....						
4 Interest accrued on deferred tax (line 3) as of the filing date .....						
5 Event terminating election .....						
6 Earnings distributed or deemed distributed during the tax year .....						
7 Deferred tax due with this return .....						
8 Accrued interest due with this return .....						
9 Deferred tax outstanding after partial termination of election .....						
10 Interest accrued after partial termination of election .....						

Jeanes Hospital

23-2826045

2010 Form 8621      Part I

Statement 1

Jeanes Hospital is a 501(c)3 tax exempt organization and, as such, is not eligible to make a qualified election. Jeanes Hospital is a direct investor in Farallon FCOI II, Ltd., a PFIC which provided the attached PFIC Annual Information Statement for the year ended December 31, 2010. Farallon FCOI II, Ltd. is taxed as a corporation for federal income tax purposes.



**FARALLON CAPITAL MANAGEMENT<sup>®</sup>, L.L.C.**  
**ONE MARITIME PLAZA**  
**SUITE 2100**  
**SAN FRANCISCO, CA 94111**

**TELEPHONE (415) 421-2132**  
**FACSIMILE (415) 477-6565**

To: William Schragen  
Jeanes Hospital  
215-728-3244

Re: **2010 PFIC Information Statement for Jeanes Hospital**

Date: May 12, 2011

From: Investor Relations

Tel: 415-616-6060

Total Pages: 2

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Dear Beneficiary:

Attached please find your annual Passive Foreign Investment Company ("PFIC") Information Statement as per Regulation 1.1295-1(g) from Farallon FCOI II, Ltd. for the year ending December 31, 2010.

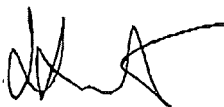
Farallon FCOI II, Ltd. has an investment in WCOP, Ltd. and IP Brazil Fund B, each of which is a PFIC. Therefore, you are an indirect shareholder in each of these PFICs and we have also enclosed your annual PFIC Information Statement from these indirectly owned PFICs per Regulation 1.1295-1(g)(1) & 1.1295-1(g)(4).

We anticipate providing the 2010 PFIC from FCOI II Holdings, L.P. by late August.

Very truly yours,

Farallon Capital Management, L.L.C.

By



Greg Swart  
Chief Financial Officer

Enclosures

PFIC ANNUAL INFORMATION STATEMENT  
 YEAR ENDED DECEMBER 31, 2010  
 As Required in Reg. 1.1295-1(g)(1)

Shareholder:

Jcanes Hospital

**IP Brazil Fund B**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | 7                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | None                                  |

**WCOP, Ltd.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | 8                                     |

**Farallon FCOI II, Ltd.**

- |  |                                       |
|--|---------------------------------------|
| 1. First and Last Day of PFIC's tax year that ends within shareholder's tax year:  | January 1, 2010 and December 31, 2010 |
| 2. a. Pro-rata share of ordinary earnings:   | -                                     |
| b. Pro-rata share of net capital gain:   | -                                     |
| 3. Amount of money and market value of property distributed or deemed distributed: | 10,118                                |

The above-mentioned PFICs will permit the shareholder to inspect and copy the PFIC's permanent books of account, records and other documents so that the shareholder can determine that the PFIC's ordinary earnings and net capital gain are computed in accordance with U.S. income tax principles and such earnings and capital gain reported above represent the shareholder's pro-rata share.



Greg Swart  
 Authorized Representative