

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Jeanes Hospital		D Employer identification number 23-2826045
		Doing Business As		E Telephone number 215-728-3306
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 N Broad Street 936		
		City or town, state or country, and ZIP + 4 Philadelphia, PA 19140		
F Name and address of principal officer: Gerald P. Oetzel same as C above				G Gross receipts \$ 160,252,195.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)
J Website: www.jeanes.com				H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1996	M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: In furtherance of the mission of Temple University Health System, the mission of Jeanes Hospital is	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 6
	5 Total number of employees (Part V, line 2a) 1276
	6 Total number of volunteers (estimate if necessary) 285
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 150,237.
	7b Net unrelated business taxable income from Form 990-T, line 34 0.
	b Net unrelated business taxable income from Form 990-T, line 34
Revenue	8 Contributions and grants (Part VIII, line 1h) 170,196.
	9 Program service revenue (Part VIII, line 2g) 140,859,996.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 680,678.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,034,061.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 154,816,561.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,400,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,371,528.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 77,144,577.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 147,265,736.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A); line 25) 153,516,105.	
19 Revenue less expenses. Subtract line 18 from line 12 -5,988,423.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 131,668,057.
	21 Total liabilities (Part X, line 26) 79,642,228.
	22 Net assets or fund balances. Subtract line 21 from line 20 52,025,829.

Part II Signature Block

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

Sign Here Signature of officer: *Gerald P. Oetzel* Date: **12/11**
Gerald P. Oetzel, Chief Financial Officer
 Type or print name and title

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ 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

1 Briefly describe the organization's mission: See Schedule O for Continuation 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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. See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 18,797,000. including grants of \$ 0.) (Revenue \$ 19,319,000.) 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 \$ 11,256,000. including grants of \$ 0.) (Revenue \$ 13,525,000.) Gastroenterology/Digestive Disease. Jeanes Hospital gives patients the most advanced, safest and proven medical and surgical treatments primarily focused on the gastrointestinal tract. The services offered by Jeanes Hospital under this specialty are: surgical weight loss, colorectal surgery, nutritional counseling, and gastroenterology and hepatology services aimed at treating patients with disorders of the esophagus, liver, gall bladder and stomach. Services are provided to both inpatients and outpatients.

4c (Code:) (Expenses \$ 8,753,000. including grants of \$ 0.) (Revenue \$ 10,065,000.) 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 \$ 92,436,786. including grants of \$ 4,000,000.) (Revenue \$ 106687971.)

4e Total program service expenses \$ 131,242,786.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • 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> • 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> • 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> • 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> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	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>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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, Part II</i>		X
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, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, 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 of the organization (or a family member) 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 88		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1276		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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		
11	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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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	2.00	X		X				0.	0.	0.
Francis Devlin Director	2.00	X						0.	0.	0.
R. Thomas Unkefer Director	2.00	X						0.	0.	0.
Carol-Ashton-Hergenhan Director	2.00	X						0.	0.	0.
David G. Kraynik Director	2.00	X						0.	0.	0.
Edmond F. Notebaert Director	2.00	X						0.	2,583,333.	0.
Dr. Thomas L. Lewis Director	2.00	X						0.	0.	0.
Linda J. Grass CEO of Jeanes	50.00			X	X			296,961.	0.	11,381.
Beth C. Koob Secretary	2.00			X				0.	383,115.	52,785.
Sharon J. Anderson Assistant Secretary	41.20			X				55,804.	0.	14,630.
Betty McAdams Assistant Secretary	1.00			X				0.	90,217.	13,750.
Gerald P. Oetzel Treasurer	50.00			X	X			217,698.	0.	25,153.
Robert H. Lux Assistant Treasurer	2.00			X				0.	458,041.	53,686.
Thomas A.K. Queenan Assistant Treasurer	2.00			X				0.	194,823.	35,837.
Andrea McCoy CMO of Jeanes	50.00				X			234,923.	0.	24,982.
Denise Frasca AHD - Patient Services -	50.00				X			157,707.	0.	21,311.
Stephanie Kao Medical Director of Busi	40.00					X		196,903.	0.	9,604.

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

(A) Name and title	(B) Average hours per week	(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			
Khang Pham Pharmacist	47.80				X			173,095.	0.	7,751.
Richard Creech Physician	40.00				X			363,463.	0.	0.
John Woodward Physician	40.00				X			171,344.	0.	0.
Frank Shipp AHD	50.00				X			156,300.	0.	13,267.
Joseph W. Marshall, III Former Director	0.00						X	0.	421,968.	25,876.
1b Total								2,024,198.	4,131,497.	310,013.

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 **68**

	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 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	10,217,317.
Siemens Medical Solutions USA P O Box 7777 W3580, Philadelphia, PA 19175	IT equipment service maintenance	3,890,173.
Temple University Hospital, 3509 N Broad Street, Room 936, Philadelphia, PA 19140	Faculty support, lab	2,037,682.
Executive Health Resources CSS, PC, 7032 Collection Center Drive, Chicago, IL 60693	Clinical staffing	1,546,867.
Fox Chase Anesthesiology Associates, P.C., 7600 Central Avenue, Philadelphia, PA	Anesthesiology	1,351,341.

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 **31**

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 874.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 141,294.				
	e Government grants (contributions)	1e 58,774.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 303,909.				
	g Noncash contributions included in lines 1a-1f: \$	68,361.				
	h Total. Add lines 1a-1f		504,851.			
Program Service Revenue	2 a Net patient service re	Business Code 900099 145211224.	145067159.	144,065.		
	b Rental income	532000 3,837,964.	3,837,964.			
	c Cafeteria income	722210 413,864.	413,864.			
	d Service revenue	900099 133,919.	132,769.	1,150.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		149596971.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		305,059.		305,059.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	85,808.			
		(ii) Personal	12,162.			
		b Less: rental expenses	73,646.			
		c Rental income or (loss)				
	d Net rental income or (loss)		73,646.		73,646.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5799091.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5423472.			
		c Gain or (loss)	375,619.			
	d Net gain or (loss)		375,619.		375,619.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a Income from other invs	523000	3,539,286.		5,022.	3534264.	
b Snack shop income	722210	364,605.			364,605.	
c Commissions from phone	517000	56,484.			56,484.	
d All other revenue	900099	40.			40.	
e Total. Add lines 11a-11d		3,960,415.				
12 Total revenue. See instructions.		154816561.	149451756.	150,237.	4709717.	

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	4,000,000.	4,000,000.		
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	1,103,945.	706,151.	397,794.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	57,098,881.	48,705,522.	8,393,359.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,384,440.	1,068,511.	315,929.	
9 Other employee benefits	8,705,052.	6,806,275.	1,898,777.	
10 Payroll taxes	4,079,210.	3,147,816.	931,394.	
11 Fees for services (non-employees):				
a Management	7,470,796.	7,470,796.		
b Legal	-366,802.		-366,802.	
c Accounting	212,211.		212,211.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	16,992,859.	11,024,352.	5,968,507.	
12 Advertising and promotion	10,850.	3,616.	7,234.	
13 Office expenses	26,317,924.	24,931,233.	1,386,691.	
14 Information technology	94,559.	72,981.	21,578.	
15 Royalties				
16 Occupancy	1,293,623.	1,005,517.	288,106.	
17 Travel	53,869.	45,613.	8,256.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,934.	7,036.	11,898.	
20 Interest	2,359,808.	2,388,793.	-28,985.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,743,418.	5,990,266.	1,753,152.	
23 Insurance	5,084,946.	5,084,946.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Equipment Repair/Mainte</u>	3,792,878.	2,992,142.	800,736.	
b <u>Bad Debt</u>	2,999,000.	2,999,000.		
c <u>Taxes</u>	2,709,830.	2,704,823.	5,007.	
d _____				
e _____				
f All other expenses	355,874.	87,397.	268,477.	
25 Total functional expenses. Add lines 1 through 24f	153,516,105.	131,242,786.	22,273,319.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,927,716.	2	4,124,610.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,334,200.	4	27,140,884.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,819,650.	8	3,761,302.
	9 Prepaid expenses and deferred charges	1,254,986.	9	1,152,512.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 144,462,343.		
	b Less: accumulated depreciation	10b 111,102,085.	10c	
	11 Investments - publicly traded securities	38,922,432.	11	33,360,258.
	12 Investments - other securities. See Part IV, line 11	14,929,452.	12	18,392,449.
	13 Investments - program-related. See Part IV, line 11	6,847,881.	13	7,163,425.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,631,740.	15	37,280,925.
16 Total assets. Add lines 1 through 15 (must equal line 34)	131,668,057.	16	132,376,365.	
Liabilities	17 Accounts payable and accrued expenses	33,473,181.	17	37,819,511.
	18 Grants payable		18	
	19 Deferred revenue	54,523.	19	51,558.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	142,349.	21	143,204.
	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	1,195,377.	24	968,305.
	25 Other liabilities. Complete Part X of Schedule D	44,776,798.	25	44,783,187.
	26 Total liabilities. Add lines 17 through 25	79,642,228.	26	83,765,765.
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	38,869,184.	27	34,637,761.
	28 Temporarily restricted net assets	275,181.	28	271,930.
	29 Permanently restricted net assets	12,881,464.	29	13,700,909.
	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 Total net assets or fund balances	52,025,829.	33	48,610,600.
	34 Total liabilities and net assets/fund balances	131,668,057.	34	132,376,365.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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 10% -facts-and-circumstances test - 2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part 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, 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, 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 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 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	12963338.	16733256.			
b Contributions					
c Net investment earnings, gains, and losses	1,646,133.	-2840933.			
d Grants or scholarships					
e Other expenditures for facilities and programs	826,251.	928,985.			
f Administrative expenses					
g End of year balance	13783220.	12963338.			

- 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? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - 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	25,275.			25,275.
b Buildings	1,694,471.	88,136,965.	69,632,278.	20,199,158.
c Leasehold improvements		318.	299.	19.
d Equipment		51,283,970.	38,821,242.	12,462,728.
e Other		3,321,344.	2,648,266.	673,078.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,360,258.

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
Financial derivatives		
Closely-held equity interests		
Other		
TIFF Absolute Return Pool II	7,163,425.	End-of-Year Market Value
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	7,163,425.	

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
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Jeanes Physicians' Office Building Partnership	887,900.
GMO Forestry Fund 6b, LP	231,713.
Private Advisors Distressed Opportunities Fund, LP	1,132,337.
Private Advisors Small Company Buyout Fund II, LP	1,706,688.
Peak Select Partners, LP	1,701,104.
Sanderson International Value Fund	4,764,434.
FCOI II Holdings, LP	3,149,659.
Forester Partners, LP	5,356,804.
MREP 2008 Distressed Co-Investment Fund, LP	614,838.
Commonwealth DCED grant and accumulated interest	124.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	37,280,925.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Long-term debt, inter-company	40,488,020.
Estimated retroactive adjustment, third party payers	1,969,252.
Due to affiliated companies	2,325,791.
Interest on DCED grant, payable to Commonwealth	124.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	44,783,187.

2. FIN 48 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 FIN 48. See Part XIV for Continuations

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

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 Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	<input checked="" type="checkbox"/>	
b If "Yes," is it a written policy?	1b	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does 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 is the family income limit for eligibility for free care:	3a	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for discounted care:	3b	<input checked="" type="checkbox"/>	
<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 _____ %			
c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Does the organization prepare an annual community benefit report?	6a		<input checked="" type="checkbox"/>
b If "Yes," does the organization make it available to the public?	6b		

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

Charity Care and Means-Tested Government Programs	(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
a Charity care at cost (from Worksheets 1 and 2)		1,617	2196751.	0.	2196751.	1.46%
b Unreimbursed Medicaid (from Worksheet 3, column a)		12,910	18901073.	14351328.	4549745.	3.02%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs ...		14,527	21097824.	14351328.	6746496.	4.48%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			72,734.	285.	72,449.	.05%
f Health professions education (from Worksheet 5)			1120698.	361,212.	759,486.	.50%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			0.	0.		
j Total. Other Benefits			1193432.	361,497.	831,935.	.55%
k Total. Add lines 7d and 7j		14,527	22291256.	14712825.	7578431.	5.03%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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
1 Physical improvements and housing						
2 Economic development						
3 Community support			28,235.	4,757.	23,478.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			28,235.	4,757.	23,478.	.02%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X	
2 Enter the amount of the organization's bad debt expense (at cost)	2,999,000.		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	359,880.		
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 other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	32,105,789.		
6 Enter Medicare allowable costs of care relating to payments on line 5	35,144,019.		
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	-3,038,230.		
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	X	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures

(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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 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.

\$2,999,000 of bad debt expense included on Form 990, Part IX, line 25, column (a) was subtracted for purposes of calculating the percentages in Schedule H, Part I, column (f).

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

Part VI Supplemental Information

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 \$3,038,230 in unreimbursed services to patients enrolled in Medicare programs. Jeanes Hospital believes that the Medicare shortfall of \$3,038,230 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" 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

Part VI Supplemental Information

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 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, 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, and
- . Other data from the Pennsylvania Department of Health, Delaware Valley

Part VI Supplemental Information

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

In addition to data sources, we have had 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 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

Part VI Supplemental Information

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 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,

Part VI Supplemental Information

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 declined over the past decade and is projected to slightly increase by 0.1% from 2010 to 2015. In contrast, the total U.S. population has grown over the past decade, and is projected to grow by 4.1% over the next five years.

B. Age Distribution

Approximately 25% of the total population within Jeanes' service area is under the age of 18, 4% less than the overall average for the United States (24%). 21% of the Jeanes service area population is age 18-34, 8% less than the national average of 23%. 38% of the Jeanes service area population is age 35-64, consistent with the national average. 15% of the Jeanes service area population is over 65 years old, which is 11% higher than the national average of 13%.

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 only 0.1% from 2010 to 2015. The 65 and over population is projected to increase from 61,949 in 2010 to 64,704 in 2015, a projected increase of 4%.

C. Education Level

In 2010, the population in the Jeanes service area consisted of 58% with high school education or less, a rate approximately 32% higher than the national average of 44%. The Jeanes service area population consists of

Part VI Supplemental Information

42% with education beyond high school, approximately 25% lower than the national average of 56%.

D. Unemployment and Household Income**Unemployment**

In Jeanes' service area, 6.8% of the total population was unemployed in 2010, compared to the national unemployment rate of 9.7%.

Household Income

Approximately 57% of households in the Jeanes service area earn less than \$50,000 per year, approximately 19% greater than the national average of 48%. 43% of Jeanes service area households earn over \$50,000 per year, which is approximately 17% lower than the national average of 52%.

E. Population Below Federal Poverty Level

Based upon the 2000 US Census data, there are 3 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 12.4%.

F. Race/Ethnicity

In Jeanes' service area, 57% of the total population is White, approximately 13% lower than the national level of 65%. Black are the second largest population in Jeanes' service area, comprising 19% of the population, compared to the national average of 12%. The percentage of Hispanics is consistent with the nation level of 16%. Asian & Pacific is approximately 7% of the total population, 59% greater than the national average of 4.5%.

G. Payer Mix in 2009

Part VI Supplemental Information

Approximately 67% of people in the Jeanes service area are covered by either Medicaid or Medicare; 31% for Medicaid and 36% for Medicare. This represents approximately 96% higher than the national average of 16% for Medicaid, and approximately 153% higher than the national level of 14% for Medicare.

Part VI, Line 5: 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 236 pints of blood. Related net expense: \$20,529.

Haiti Relief. Jeanes Hospital collected 50 pairs of crutches and 20 walkers to send to Haiti after the earthquake. Jeanes also raised \$4,757 in cash to support victims. The cash assistance was divided equally between the American Red Cross and Partners-In-Health. The latter is an organization of medical professionals who were in Haiti working to treat the sick and injured victims of the earthquake. Related expense, net of the cash raised: \$1,445.

Other Activities. Related net expense: \$1,004. These activities included:

School supplies collection for Feast of Justice St. John's Community Food Cupboard;

Provision of educational materials at the Annual National Night Out with

Part VI Supplemental Information

the Fox Chase Town Watch;

Children's books collection for Fair Hill Neighborhood Schools;

Food and gifts collection for Feast of St. John's Community Food Cupboard;

Participation in Cheltenham/Rockledge Rotary Club's rose sale for the benefit of the Rotary's Polio Plus program;

Provision of educational materials at a 2009 tournament hosted by Cheltenham Little League;

Sponsorship of Delaware Valley Stroke Council's 2010 Strides for Stroke Walk/Run;

Participation in Susan G. Komen Annual Breast Cancer Race for the Cure;

Toys collection in support of the U.S.M.C.'s Toys for Tots program;

Gifts collection for families from local church communities;

Gifts collection for residents of the Philadelphia Protestant Home;

Gifts collection for needy children, in support of the Salvation Army's Angel Tags program.

Part VI, Line 6: 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 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 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,

Part VI Supplemental Information

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 recognized by the American Diabetes Association

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

Safety discussions first on every agenda

Center of Excellence status in Bariatric surgery

Applying for Center of Excellence in Orthopaedics

100% compliance with stroke core measures

Compliance with "National Patient Safety Goals"

Measurable reductions in:

Clostridium Difficile

Central line associated blood stream infections

Pressure ulcers

Use of restraints

Part VI Supplemental Information

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

Conducting a semi-annual 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 7: Temple University Hospital is a member of the Temple University Health System, Inc. (TUHS). Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, 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 students and professionals, and to support the highest quality research programs. The missions of other members of the Temple University Health System similarly advance the health system's goals, as follows: Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the Temple Health System Transport Team, Inc.'s mission is to provide the highest level of critical care transport services available in the mid-Atlantic region, and Temple Physicians, 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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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

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. Use Part IV and Schedule I-1 (Form 990) 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)	4,000,000.	0.	N/A	N/A	General support

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

Grants were made only for tax-exempt purposes to related organizations under common control. Grants are subject to review by the governing bodies and management of the related organizations and the organization which is their common parent.

**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

2009

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?
- 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 Regs. 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
1b		
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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)-(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)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Edmond F. Notebaert	(i)	0.	0.	0.	0.	0.	0.
	(ii)	2,583,333.	0.	0.	0.	2,583,333.	0.
Linda J. Grass	(i)	290,961.	0.	4,779.	6,602.	308,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Beth C. Koob	(i)	364,627.	0.	32,544.	20,241.	435,900.	0.
	(ii)	206,629.	0.	9,550.	15,603.	242,851.	0.
Gerald P. Oetzel	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Robert H. Lux	(i)	0.	0.	0.	0.	0.	0.
	(ii)	445,346.	0.	32,544.	21,142.	511,727.	0.
Thomas A.K. Queenan	(i)	0.	0.	0.	0.	0.	0.
	(ii)	194,281.	0.	21,098.	14,739.	230,660.	0.
Andrea McCoy	(i)	234,923.	0.	10,857.	14,125.	259,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Denise Frasca	(i)	156,406.	1,000.	7,038.	14,273.	179,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Stephanie Kao	(i)	196,903.	0.	8,871.	733.	206,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Khang Pham	(i)	171,295.	0.	2,450.	5,301.	180,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Richard Creech	(i)	363,463.	0.	0.	0.	363,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.
John Woodward	(i)	171,344.	0.	0.	0.	171,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Frank Shipp	(i)	146,932.	6,000.	3,368.	13,267.	169,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Joseph W. Marshall, III	(i)	0.	70,000.	351,968.	25,876.	447,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

Part I, Line 4a: Joseph W. Marshall, III also served as Chief Executive Officer of Temple University Health System, Inc. and was paid a severance by the Health System upon his termination from that role. His severance payment was \$447,844.

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.

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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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount 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	70,944.	Employee at		X
Lux, Kathleen	Daughter to Robert	30,071.	Employee at		X

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

Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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Open to Public Inspection

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>Equipment (sl)</u>)	X	1	41,490.	Cost less accumulate
26	Other ▶ (<u>Equipment (em)</u>)	X	1	26,871.	Cost less accumulate
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

Schedule M, Part I, Column (b): Jeanes Hospital is reporting a number
(2) of collective contributions from Temple East, Inc., a related
organization.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Form 990, Part I, Line 1, Description of Organization Mission:

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. 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 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, echocardiograms, IKGs, 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.

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

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the more prominent services at Jeanes Hospital:

General Medicine consists of diagnosis, management and non-surgical treatment of disease processes.

Emergency Services are available to the community 24 hours a day for patients who suffer illness or injury.

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.

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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
tending to their practices more efficiently.

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

Expenses \$ 92436786. including grants of \$ 4000000. Revenue \$ 106687971

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

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;

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e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;

f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive 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,

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the Audit Committee is provided a copy and the 990 and 990-T are reviewed
at a regularly scheduled meeting.

Form 990, Part VI, Section B, Line 12c: The Office of the Secretary
provides each director and officer with copies of the conflicts of interest
policy and a disclosure statement to be completed on an annual basis. The
Office of the Secretary reviews the completed disclosure statements which
are then reviewed in summary format by a committee of the Board of
Directors and any recommended actions 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

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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.

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 2 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

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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, 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 principals 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.

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Jeanes Hospital's service area includes the following zip codes: 19111, 19152, 19149, 19120, 19115, 19012 comprise the hospital's primary service area; 19124, 19136, 19116, 19126, 19114, 19154, 19006, 19027, 19046, 19095 comprise the hospital's secondary service area; and 19001, 19038, 19040, 19090 comprise the hospital's target growth areas. Of these zip codes, seven of them present Jeanes Hospital with 24% to 49% Medical Assistance in their payer mix.

Jeanes Hospital's notable achievements in recent years include:

2010 Surgical Review Corp. "Center of Excellence" for bariatric surgery, in conjunction with the American Society for Metabolic and Bariatric Surgery;

2010 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 \$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;

SCHEDULE O
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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;

Quarterly 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 part of the Jeanes Hospital mission, saving the
hospital roughly \$800,000 a year in 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

SCHEDULE O
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the 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.

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 \$ 70944.

(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 \$ 30071.

(d) Description of Transaction: Employee at Jeanes Hospital

(e) Sharing of Organization Revenues? = No

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

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

		Yes	No
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?		
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	
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)	X	
g	Purchase of assets from other organization(s)	X	
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)	X	
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	X	
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses	X	
p	Reimbursement paid by other organization for expenses	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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) Jeanes Hospital Auxiliary	A	943.
(2) Jeanes Hospital Auxiliary	C	50,547.
(3) Jeanes Hospital Auxiliary	M	0.
(4) Jeanes Hospital Auxiliary	P	74,787.
(5)		
(6)		

Part III Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Jeanes Hospital Auxiliary - 23-1917776 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	
Temple East, Inc. - 23-2547305	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	N/A
3509 N. Broad Street, 9th Floor-TUCMC c/o TU Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	N/A
Temple East Real Estate, Inc. - 20-1776524	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	N/A
3509 N. Broad Street, 9th Floor-TUCMC c/o TU Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	N/A
Temple Physicians, Inc. - 23-2790607	Health Care	Pennsylvania	501(c)(3)	Line 9	N/A
3509 N. Broad Street, 9th Floor-TUCMC c/o TU Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	N/A
Temple Health System Transport Team, Inc. - 75-5084023, 3509 N. Broad Street, 9th Floor-TUCMC c/o TUHS Legal, Philadelphia, PA	Health Care	Pennsylvania	501(c)(3)	Line 9	N/A
Episcopal Hospital - 23-1365351	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	N/A
3509 N. Broad Street, 9th Floor-TUCMC c/o TU Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	PF	N/A
Greater Philadelphia Health Services III Corp. d/b/a Temple Continuing Care, 3509 N. Broad Street, 9th Floor-TUCMC c/o TUHS	Health Care	Pennsylvania	501(c)(3)	Line 11c, III-FI	N/A
Anna T. Jeanes Foundation - 23-2203406	Health Care	Pennsylvania	501(c)(3)		
7600 Central Avenue Philadelphia, PA 19111					

Form **990-T**

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

OMB No. 1545-0087

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p> <p>C Book value of all assets at end of year 132,376,365.</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Jeanes Hospital</p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 3509 N Broad Street, No. 936</p> <p>City or town, state, and ZIP code Philadelphia, PA 19140</p> <p>F Group exemption number (See instructions for Block F.) ▶</p> <p>G 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</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 23-2826045</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 621500 523000</p>
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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 11**

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
1a Gross receipts or sales 145,215.			
b Less returns and allowances c Balance ▶	1c 145,215.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 145,215.		145,215.
4a 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 5,022.	stmt 9	5,022.
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 Total. Combine lines 3 through 12.	13 150,237.		150,237.

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		72,121.
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		0.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	22b		
24 Contributions to deferred compensation plans	23		
25 Employee benefit programs	24		
26 Excess exempt expenses (Schedule I)	25		
27 Excess readership costs (Schedule J)	26		
28 Other deductions (attach schedule)	27		
29 Total deductions. Add lines 14 through 28	28		73,099.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29		145,220.
31 Net operating loss deduction (limited to the amount on line 30)	30		5,017.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31		5,017.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	32		0.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33		1,000.
	34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e Total credits. Add lines 40a through 40d 40e

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44a Payments: A 2008 overpayment credited to 2009 44a

b 2009 estimated tax payments 44b

c Tax deposited with Form 8868 44c 579.

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Other credits and payments: Form 2439 Form 4136 Other _____ Total 44f

45 Total payments. Add lines 44a through 44f 45 579.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 579.

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 49 579.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ Yes No
X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 6 of the instructions for other forms the organization may have to file. _____ Yes No
X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

1 Inventory at beginning of year 1	6 Inventory at end of year 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
3 Cost of labor 3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X
4a Additional section 263A costs 4a	
b Other costs (attach schedule) 4b	
5 Total. Add lines 1 through 4b 5	

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.

Sign Here
 Signature of officer: *[Signature]* Date: 1/5/12/14 Title: Chief Financial Officer

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

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP code: _____ Preparer's SSN or PTIN: _____
 EIN: _____ Phone no.: _____

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes a Total row and a summary row for (c) Total income.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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 for Nonexempt Controlled Organizations with 5 main 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. Includes a Totals row.

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

(see instructions on page 20)

Table with 5 columns: 1. Description of Income, 2. Amount of Income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals: 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals: 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals: 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.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals: 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total: 0.

Form 990-T

Other Deductions

Statement 10

Description

Amount

Supplies

25,337.

Other

47,762.

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

73,099.

Form 990-T Parent Corporation's Name and Identifying Number Statement 11

Corporation's Name

Identifying No

Temple University-Of The Commonwealth System of Higher Educa

23-1365971

Jeanes Hospital

23-2826045

<u>Form 990-T</u>	<u>Net Operating Loss Deduction</u>	<u>Statement 12</u>
Net Operating Loss on 2008 Form 990-T		(80,632)
2009 Form 990-T, line 30: Unrelated Business Taxable Income before Net Operating Loss Deduction		5,017
2009 Form 990-T, line 31: Net Operating Loss Deduction, as limited to the amount on Line 30		5,017