

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Jeanes Hospital</b>		<b>D</b> Employer identification number <b>23-2826045</b>
	Doing Business As		<b>E</b> Telephone number <b>215-728-3306</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>153,832,882.</b>
	<b>3509 N Broad Street</b>	<b>936</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code <b>Philadelphia, PA 19140</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>Raymond Lefton</b> same as C above			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>www.jeanes.com</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>To maintain and enhance the quality of life for individuals in the communities we serve.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1206	
	6	Total number of volunteers (estimate if necessary)	317	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	281,257.	
7b	Net unrelated business taxable income from Form 990-T, line 34	32,277.		
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,906,425.	1,683,274.
	9	Program service revenue (Part VIII, line 2g)	156,404,815.	144,531,428.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,234,272.	4,906,230.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	910,495.	115,963.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,456,007.	151,236,895.	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,809,050.	7,013,350.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,879,917.	76,177,882.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	130,640.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	92,833,658.	82,532,098.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	171,522,625.	165,723,330.
19	Revenue less expenses. Subtract line 18 from line 12	-9,066,618.	-14,486,435.	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	117,835,737.	107,394,779.
	21	Total liabilities (Part X, line 26)	99,183,763.	97,615,651.
22	Net assets or fund balances. Subtract line 21 from line 20	18,651,974.	9,779,128.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <i>Raymond Lefton</i>	Date: <b>5/14/14</b>
	Type or print name and title: <b>Raymond Lefton, CFO &amp; Treasurer</b>	

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 16,270,970. including grants of \$ ) (Revenue \$ 14,469,004.)

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

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

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

4b (Code: ) (Expenses \$ 9,947,232. including grants of \$ ) (Revenue \$ 10,147,398.)

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 \$ 13,784,320. including grants of \$ ) (Revenue \$ 11,678,482.)

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 \$ 110,866,441. including grants of \$ 7,013,350.) (Revenue \$ 108,236,544.)

4e Total program service expenses 150,868,963.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	

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

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



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, governance decisions, meeting documentation, and unreachable officers.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Raymond Lefton - 215-707-7766 3509 N. Broad Street, Room 936, Philadelphia, PA 19140

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joseph Evans Chair	2.00 2.00	X						0.	0.	0.
(2) Dr. Thomas Lewis Vice Chair	2.00 0.00	X						0.	0.	0.
(3) Francis Devlin Director	2.00 0.00	X						0.	0.	0.
(4) Larry Kaiser MD Director	2.00 48.00	X						0.	1,504,576.	20,624.
(5) Charles Lockyer Director	2.00 2.00	X						0.	0.	0.
(6) Martin Ogletree Director	2.00 0.00	X						0.	0.	0.
(7) David Kraynik Director	2.00 0.00	X						0.	0.	0.
(8) Lewis Gould Director	2.00 6.00	X						0.	0.	0.
(9) Robert Taylor Director	2.00 0.00	X						0.	0.	0.
(10) Verdi DisSesa MD Ex Officio - Non Voting	3.00 47.00	X						0.	820,873.	44,901.
(11) Paul Karlin MD Ex Officio - Non Voting	5.00 45.00	X						0.	320,506.	42,302.
(12) Eleanor Reinhardt Ex Officio - Non Voting	2.00 0.00	X						0.	0.	0.
(13) Linda Grass President & CEO	48.00 2.00			X				362,830.	0.	7,171.
(14) Beth Koob Secretary	3.00 47.00			X				0.	528,081.	88,175.
(15) Anne Rudloff Asst Secretary	50.00 0.00			X				54,870.	0.	21,283.
(16) Betty McAdams Asst Secretary	2.00 48.00			X				0.	80,588.	22,822.
(17) Ray Lefton Treasurer / CFO	50.00 0.00			X				0.	0.	1,269.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Robert Lux Asst Treasurer	3.00 47.00			X				0.	604,747.	129,704.
(19) Thomas Albenesi Treasurer / CFO	25.00 25.00			X				0.	419,783.	47,740.
(20) Andrea McCoy Chief Medical Officer	50.00 0.00				X			281,864.	0.	41,462.
(21) Denise Frasca AHD - Patient Services	50.00 0.00				X			180,018.	0.	35,283.
(22) Stephanie Kao Medical Director	50.00 0.00					X		198,321.	0.	27,736.
(23) John Woodward Physician	50.00 0.00					X		209,962.	0.	0.
(24) Frank Shipp AHD	50.00 0.00					X		161,141.	0.	15,968.
(25) Joseph Schofield AHD	50.00 0.00					X		186,436.	0.	6,483.
(26) Hardik Patel AHD	50.00 0.00					X		162,321.	0.	6,534.
<b>1b Sub-total</b>								<b>1,797,763.</b>	<b>4,279,154.</b>	<b>559,457.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>1,797,763.</b>	<b>4,279,154.</b>	<b>559,457.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **56**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University Health System, 3509 N. Broad Street, Room 936, Philadelphia, PA	Related organization services	9,946,745.
Temple University Hospital, 3509 N. Broad Street, Room 936, Philadelphia, PA 19140	Faculty support, lab	5,497,240.
Temple Physicians, Inc., 3509 N. Broad Street, Room 936, Philadelphia, PA 19140	Related organization services	4,817,987.
Temple University of the Commonwealth System, 300 Sullivan Hall, 1330 W. Berks Street, Philadelphia, PA	Related organization services	4,613,566.
Synthes USA Sales LLC, PO Box 8538-662 PO Box 8538-662	Medical Products	310,834.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	110,358.				
	e	Government grants (contributions)	1e	1,555,289.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,627.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,683,274.				
	Program Service Revenue	2 a	Net patient svc revenue	Business Code 622110	139,222,871.	138,980,422.	242,449.	
b		Rental income	532000	4,440,519.	4,440,519.			
c		Snack shop income	722210	532,437.	532,437.			
d		Cafeteria income	722210	279,180.	279,180.			
e		Service revenue	622110	55,707.	55,707.			
f		All other program service revenue	517000	714.	714.			
g		Total. Add lines 2a-2f		144,531,428.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		3,488,724.			3,488,724.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	77,155.				
		b	Less: rental expenses	0.				
		c	Rental income or (loss)	77,155.				
		d	Net rental income or (loss)		77,155.			77,155.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,013,493.				
		b	Less: cost or other basis and sales expenses	2,595,987.				
		c	Gain or (loss)	1,417,506.				
		d	Net gain or (loss)		1,417,506.			1,417,506.
	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	Incm from other invsts	523000	38,808.			38,808.		
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			38,808.				
12	Total revenue. See instructions.			151,236,895.	144,288,979.	281,257.	4,983,385.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,013,350.	7,013,350.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,050,620.		1,050,620.	
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	57,439,832.	54,579,575.	2,860,257.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,755,596.	3,504,347.	251,249.	
9 Other employee benefits	9,665,266.	8,941,489.	723,777.	
10 Payroll taxes	4,266,568.	3,981,135.	285,433.	
11 Fees for services (non-employees):				
a Management	5,507,185.		5,376,545.	130,640.
b Legal	171,856.		171,856.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,788.		61,788.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	24,654,120.	19,594,294.	5,059,826.	
12 Advertising and promotion	370,026.	364,296.	5,730.	
13 Office expenses	25,901,541.	25,451,540.	450,001.	
14 Information technology	4,737,822.	4,426,911.	310,911.	
15 Royalties				
16 Occupancy	1,710,874.	4,056,991.	-2,346,117.	
17 Travel	97,999.	82,916.	15,083.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,766.	11,542.	224.	
20 Interest	2,718,181.	2,718,181.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,188,912.	6,188,912.		
23 Insurance	581,577.	581,733.	-156.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Tax assessment expense</u>	5,508,814.	5,508,814.		
b <u>Equipment rental and ma</u>	3,322,221.	2,848,456.	473,765.	
c <u>Loss on Disposal of Fix</u>	428,110.	374,493.	53,617.	
d _____				
e All other expenses	559,306.	639,988.	-80,682.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	165,723,330.	150,868,963.	14,723,727.	130,640.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	799,082.	2 1,640,443.
	3	Pledges and grants receivable, net .....		3
	4	Accounts receivable, net .....	24,531,748.	4 22,365,056.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....	3,393,028.	8 3,771,529.
	9	Prepaid expenses and deferred charges .....	1,271,367.	9 972,535.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 127,037,205.	
	b	Less: accumulated depreciation .....	10b 100,333,580.	10c 26,703,625.
	11	Investments - publicly traded securities .....	12,930,312.	11 24,248,947.
	12	Investments - other securities. See Part IV, line 11 .....	23,608,469.	12 6,565,712.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	20,683,253.	15 21,126,932.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	117,835,737.	16 107,394,779.	
Liabilities	17	Accounts payable and accrued expenses .....	50,312,692.	17 43,729,665.
	18	Grants payable .....		18
	19	Deferred revenue .....	48,750.	19 0.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	163,244.	21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....	469,600.	24 200,959.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	48,189,477.	25 53,685,027.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	99,183,763.	26 97,615,651.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets .....	3,197,629.	27 -6,701,877.
	28	Temporarily restricted net assets .....	198,858.	28 186,211.
	29	Permanently restricted net assets .....	15,255,487.	29 16,294,794.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	18,651,974.	33 9,779,128.	
34	<b>Total liabilities and net assets/fund balances</b> .....	117,835,737.	34 107,394,779.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	151,236,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2	165,723,330.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,486,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,651,974.
5	Net unrealized gains (losses) on investments	5	-1,339,231.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,952,820.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,779,128.

**Part XII Financial Statements and Reporting**

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

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



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization <b>Jeanes Hospital</b>	Employer identification number <b>23-2826045</b>
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**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 - Non-functionally integrated
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,256,626.	15,864,051.	13,783,220.	12,963,338.	16,733,256.
b Contributions					
c Net investment earnings, gains, and losses	1,158,051.	152,637.	2,801,550.	1,646,133.	-2,840,933.
d Grants or scholarships					
e Other expenditures for facilities and programs	118,646.	760,061.	720,719.	826,251.	928,985.
f Administrative expenses					
g End of year balance	16,296,031.	15,256,627.	15,864,051.	13,783,220.	12,963,338.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	12,775.			12,775.
b Buildings	138,504.	78,685,425.	62,538,277.	16,285,652.
c Leasehold improvements		1,145,856.	169,473.	976,383.
d Equipment		45,282,122.	36,227,832.	9,054,290.
e Other		1,772,523.	1,397,998.	374,525.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,703,625.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) TIFF Absolute Return Pool		
(B) II	2,257,957.	End-of-Year Market Value
(C) P2 Capital Fund Ltd	731,174.	End-of-Year Market Value
(D) GMO Forestry Fund 6b, LP	20,437.	End-of-Year Market Value
(E) Pvt Advisors DO Fund, LP	330,325.	End-of-Year Market Value
(F) PvtAdv SmCoBO Fund II, LP	1,268,563.	End-of-Year Market Value
(G) FCOI II Holdings, LP	547,944.	End-of-Year Market Value
(H) Forester Partners LP	383,189.	End-of-Year Market Value
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>6,565,712.</b>	

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

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

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

(a) Description	(b) Book value
(1) Jeanes Physicians' Office Building Partnership	1,004,977.
(2) Self insurance asset TU malpractice	2,257,355.
(3) Self insurance asset TU Workers' Compensation	1,251,130.
(4) Assets Limited As To Use -- Other, General	13,264.
(5) Assets Limited As To Use -- Temporarily Restricted Funds	278,369.
(6) Assets Limited As To Use -- Permanently Restricted Funds	75,000.
(7) Assets Held in Trust -- Anna T. Jeanes Trust	14,079,841.
(8) Assets Held in Trust -- Maude E.M. Boggs Trust	1,884,238.
(9) Assets Held in Trust -- Edith Scot Paschall Trust	226,371.
(10) Assets Held in Trust -- John E. Holcomb Trust	28,844.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>21,126,932.</b>

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) Long-term debt, inter-company	46,739,528.
(3) Estimated retroactive adj, 3rd	
(4) party payers	1,253,238.
(5) Due to affiliated companies	5,692,261.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>53,685,027.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

**Part XIII Supplemental Information**

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

**Part 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 permitted

**Part XIII** Supplemental Information *(continued)*

purpose. If the endowment is restricted as to time, the organization  
draws income but accumulates principal.

Lined area for supplemental information.







**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1) .....			3,197,757.	0.	3,197,757.	1.93%
b Medicaid (from Worksheet 3, column a) .....			17,544,868.	14,024,331.	3,520,537.	2.12%
c Costs of other means-tested government programs (from Worksheet 3, column b) .....						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs .....			20,742,625.	14,024,331.	6,718,294.	4.05%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) .....	54	7,371	159,298.	0.	159,298.	.10%
f Health professions education (from Worksheet 5) .....			1,947,003.	742,468.	1,204,535.	.73%
g Subsidized health services (from Worksheet 6) .....						
h Research (from Worksheet 7) .....						
i Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
j <b>Total</b> Other Benefits .....	54	7,371	2,106,301.	742,468.	1,363,833.	.83%
k <b>Total</b> Add lines 7d and 7j .....	54	7,371	22,848,926.	14,766,799.	8,082,127.	4.88%

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

	(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			9,500.		9,500.	.01%
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			9,500.		9,500.	.01%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

			Yes	No
1	Did 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. Explain in Part VI the methodology used by the organization to estimate this amount	3,421,714.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	0.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	33,096,499.
6	Enter Medicare allowable costs of care relating to payments on line 5	39,716,918.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	-6,620,419.
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**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

Name, address, and primary website address

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

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X			X		Home health care	

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group Jeanes Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.....	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	X
5 Did the hospital facility make its CHNA report widely available to the public? .....	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input checked="" type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? .....	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing discounted care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

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

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

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

**Policy Relating to Emergency Medical Care**

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....	21		X
If "Yes," explain in Part VI.			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? .....	22		X
If "Yes," explain in Part VI.			





**Part VI Supplemental Information**

Complete this part to provide the following information.

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

Part I, Line 7: Part 1, Line 7

Costing methodology

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

Part I, Ln 7 Col(f): Per the financials, accounts receivable are written off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Health System ceases collection efforts.

**Part VI** Supplemental Information

## Part II: Community Building Activities

In addition to the extensive community health improvement services quantified in Schedule H, Part I and described more fully in Schedule O, Jeanes Hospital also engages in a number of community building activities. These include periodic blood drives held in partnership with the American Red Cross, as well as our promotion of healthy diet and exercise, including our new Farms to Family partnership with Common Market. While this program was started during our FYE June 30, 2014, expenses for planning and implementation were incurred during this reporting tax year.

Part III, Line 4: The ratio of cost to charge method is used in determining the amounts reported on lines 2 and 3. The amounts on lines 2 and 3 are reported at cost and include both direct and indirect costs. Direct costs include salaries, employee benefits, supplies, and other costs that are directly attributable to the service and that would not exist if the service or program did not exist. Indirect costs are costs not attributed to the services or programs that are included in the calculation of costs for community benefit. These costs include but are not limited to human resources, finance departments, insurance, support departments and overhead expenses.

Part III, Line 8: As a response to efforts to improve the health and quality of life of people living in the community, Jeanes Hospital provided \$6,620,419 in unreimbursed services to patients enrolled in Medicare programs. Jeanes Hospital believes that the Medicare shortfall of \$6,620,419 should be treated as a community benefit since it has a clear mission to serving and improving the health status of the elderly.

**Part VI Supplemental Information**

For the nine months ended March 31, 2013, approximately 56% of all inpatients treated at Jeanes Hospital were 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 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.

Jeanes Hospital:

Part V, Section B, Line 6i: As a member of the Temple University Health System, Jeanes Hospital participated in the development of the Pennsylvania Statewide Innovation Model lead by the Pennsylvania Department of Health. Through the Health system, Jeanes also participated in the Philadelphia Department of Health's Policy Working Group, which is

**Part VI Supplemental Information**

focused on building a data-related public health infrastructure to address specific health needs such as hypertension, adult immunization, and cancer screening.

Jeanes Hospital:

Part V, Section B, Line 7: Jeanes is addressing many of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service that is provided by our hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Departments continues to provide services for our patients and families, and is partnering with community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's website at [http://www.jeanes.com/content/community\\_health\\_information.htm](http://www.jeanes.com/content/community_health_information.htm). Our approach to unmet needs is explained in Section 7 of that report.

Jeanes Hospital:

Part V, Section B, Line 18e: Jeanes Hospital made no such efforts in relation to Line 17.

Jeanes Hospital:

Part V, Section B, Line 20d: Jeanes Hospital used a multiple of two times the base Medicaid rate.

**Part VI** Supplemental Information

## Part V, Section B, Line 2

## Needs Assessment Tax Year

Please note the last needs assessment for Jeanes Hospital was done in FY 2013. However, 2013 could not be entered into the system due to fiscal year and calender year differences. As such, 2012 was entered in the line.

## Part VI, Line 2: Needs assessment

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, 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 con-

ditions, 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 by Census

Tract and Zip Code Report, the annual Health Center Service Area

**Part VI** Supplemental Information

Report, and the Taking Philadelphia's Temperature report;

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

Care Science Quality Manager from Premier;

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

Internally, we rely on the following sources:

Collaboration of Medical School and Hospital leadership;

Consensus discussion with key clinical providers;

Performance Improvement, Risk Management and Patient Safety outcomes;

Historic, service line specific utilization data;

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

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

Part VI, Line 3:

The Financial Counselors assigned to Jeanes Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP.

Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application

**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.

The 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 our 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 Service Area

Community Profile



**Part VI** Supplemental Information

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

**A. Population and Population Growth**

The total population in Jeanes' service area has slightly increased over the past decade and is projected to increase by 1.2% from 2012 to 2017. In contrast, the total U.S. population has grown over the past decade, and is projected to grow by 3.9% over the next five years.

**B. Age Distribution**

Approximately 25% of the total population within Jeanes' service area is under the age of 18, consistent with the national average. 25.3% of the Jeanes service area population is age 18-34, 9.1% higher than the national average of 23.2%. 36.4% of the Jeanes service area population is age 35-64, 7.9% lower than the national average. 13.1% of the Jeanes service area population is over 65 years old, which is 1.7% higher than the national average of 12.9%.

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 2.1% from 2012 to 2017. The 65 and over population is projected to increase from 77,599 in 2012 to 82,065 in 2017, a projected increase of 5.8%.

**C. Education Level**

In 2012, the population in the Jeanes service area consisted of 61.0% with high school education or less, a rate approximately 40% higher than

**Part VI** Supplemental Information

the national average of 43.7%. The Jeanes service area population consists of 39.0% with education beyond high school, approximately 31% lower than the national average of 56.3%.

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

In the city of Philadelphia, 10.6% of the total population were unemployed in 2011, approximately 34% higher than the state unemployment rate of 7.9% and 18% higher than the national unemployment rate of 9.0%.

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

**Household Income**

Approximately 63% of households in the Jeanes service area earn less than \$50,000 per year, approximately 24% greater than the national average of 50.4%. 37.3% of Jeanes service area households earn over \$50,000 per year, which is approximately 25% lower than the national average of 49.6%.

**E. Population Below Federal Poverty Level**

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

**F. Race/Ethnicity**

In Jeanes' service area, 40.5% of the total population is White, approximately 36% lower than the national level of 62.8%. Black is the second largest population in Jeanes' service area, comprising 27.2% of the population, compared to the national average of 12.3%. The percentage of

**Part VI** Supplemental Information

Hispanics is 31.5% greater than the national level of 17.0%. Asian & Pacific is approximately 8% of the total population, 50.9% greater than the national average of 5.0%.

## G.Payer Mix in 2011

Approximately 72% of people in the Jeanes service area are covered by either Medicaid or Medicare; 35% for Medicaid and 37% for Medicare. This represents over twice the national average of 16.5% for Medicaid, and over two times of the national level of 15.2% for Medicare.

## Part VI, Line 5: Promotion of community health

Jeanes Hospital is a nonprofit corporation that strives to be the destination for all who need ambulatory, inpatient acute, surgical and home care in Northeast Philadelphia and surrounding areas, by combining the compassionate nature of a Quaker-founded community hospital with the advanced capabilities of an academic medical center. Jeanes Hospital achieves this by espousing the following ideals: Create an extraordinary experience for everyone who enters our facilities for any reason; provide equal access to care for patients without regard to race, creed, religion, color, national origin, sex or sexual preference; make safety and continuous quality improvement a primary endeavor; promote the basic values of our Quaker heritage, to include kindness, equality and peace; combine the individual strengths of our hospital, medical staff, and health system; devote manpower and budgetary resources to provide health screenings, vaccinations and health education opportunities to our community; ensure that emotional, cultural and spiritual needs are met; provide a work environment that attracts, retains and develops the best

**Part VI Supplemental Information**

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;

Part VI, Line 6: Affiliated health care system

The mission of the Temple University Health System, Inc. is to provide access to the highest quality of health care in both the community and academic settings. In furtherance of the mission of the Temple University Health System, the mission of Jeanes Hospital is to maintain and enhance the quality of life for individuals in the communities we serve. We emphasize the Quaker belief that in each person there resides a spirit that creates a common bond among us all. Jeanes' health care services include maintenance and enhancement of health, which quickens the spirit and enhances the vitality of our lives. The missions of other members of the Temple University Health System similarly advance its goals: Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care professionals and to support the highest quality research programs;

Part VI Supplemental Information

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.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Jeanes Hospital

Employer identification number  
23-2826045

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University Health System 3509 N. Broad Street, Room 936 Philadelphia, PA 19140	23-2825881	501(c)(3)	7,000,000.	0	N/A	N/A	General support

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

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

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

Schedule I (Form 990) (2012)

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

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

Jeanes Hospital

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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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Larry Kaiser MD Director	0.	0.	0.	0.	0.	0.	0.
(2) Verdi Dissesa MD Ex Officio - Non Voting	1,384,709.	100,000.	19,867.	0.	20,624.	1,525,200.	0.
(3) Paul Karlin MD Ex Officio - Non Voting	745,873.	0.	75,000.	0.	44,901.	865,774.	0.
(4) Linda Grass President & CEO	0.	0.	0.	0.	0.	0.	0.
(5) Beth Koob Secretary	289,448.	30,622.	436.	12,500.	29,802.	362,808.	0.
(6) Robert Lux Asst Treasurer	316,660.	40,170.	6,000.	0.	7,171.	370,001.	0.
(7) Thomas Albenesi Treasurer / CFO	0.	0.	0.	0.	0.	0.	0.
(8) Andrea McCoy Chief Medical Officer	401,883.	99,096.	27,102.	33,212.	54,963.	616,256.	0.
(9) Denise Frasca AHD - Patient Services	444,107.	136,573.	24,067.	52,995.	76,709.	734,451.	0.
(10) Stephanie Kao Medical Director	0.	0.	0.	0.	0.	0.	0.
(11) John Woodward Physician	366,008.	35,000.	18,775.	9,616.	38,124.	467,523.	0.
(12) Frank Shipp AHD	256,628.	25,236.	0.	12,500.	28,962.	323,326.	0.
(13) Joseph Schofield AHD	0.	0.	0.	0.	0.	0.	0.
(14) Hardik Patel AHD	163,089.	16,480.	449.	11,187.	24,096.	215,301.	0.
	198,244.	0.	77.	12,901.	14,835.	226,057.	0.
	152,287.	0.	57,675.	0.	0.	209,962.	0.
	149,555.	7,759.	3,827.	0.	15,968.	177,109.	0.
	0.	0.	0.	0.	0.	0.	0.
	109,525.	0.	76,911.	5,547.	936.	192,919.	0.
	0.	0.	0.	0.	0.	0.	0.
	161,835.	486.	0.	0.	6,534.	168,855.	0.
	0.	0.	0.	0.	0.	0.	0.



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Jeanes Hospital

Employer identification number  
23-2826045

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

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

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

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

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

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

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

Emergency Services are available to the community 24 hours a day for

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

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

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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patients who suffer illness or injury.

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

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

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

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

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

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

Dermatology and plastic surgery both have a full-time presence at

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

Community Benefit Overview:

Jeanes Hospital takes great pride in the broad array of community services that we provide to our surrounding neighborhoods. Founded in 1928 by virtue of a bequest in the Will of Philadelphia Quaker leader Anna T. Jeanes, we continue her vision of serving as the destination for those who need ambulatory, inpatient, surgical, and home care in Northeast Philadelphia by combining the compassionate nature of a Quaker founded community hospital with the advanced capabilities of an academic medical center. Jeanes Hospital is firmly committed to advancing the health of people and quality of life in our communities. Below is a summary of some of the programs and activities operated in our FYE June 30, 2013 of which we are most proud.

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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Reaching out to the Community. Jeanes reached more than 7,300 seniors, adults, and children, providing free health screenings; support groups for patients and families dealing with disease; immunization for flu; stroke awareness, and other topics, and many other outreach activities.

Wellness Track: Jeanes offers a safe, park-like walking trail for community members to enjoy healthy outdoor exercise. Increasingly, we are hosting some of our community education sessions outdoors on this track, where cardiologists and other health professionals explain firsthand the need to stay fit and healthy.

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

Blood Drives: In partnership with the American Red Cross, Jeanes collected more than 72 productive pints of blood.

Health & Wellness Education: More than 400 community members joined our Community Classroom series, which focused on stroke awareness, arthritis, osteoporosis, healthy diet, exercise, stress, cancer, and other topics of interest to our community.

Investing in Health Professions Education. Jeanes helps provide the education and training necessary to develop a professional healthcare

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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workforce to benefit the broader community.

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

Fueling our Community's Economic Engine. Jeanes employed nearly 1,000 people and paid \$78 million in salaries and benefits. For every \$1.00 of hospital employee compensation, about \$.92 additional compensation is spent elsewhere in the community (about \$72 million) million). For every job at Jeanes Hospital, about 1.2 additional jobs are generated elsewhere (about 1,200 spin-off jobs).

Reducing the Government Burden. In 2013, Jeanes Hospital incurred more than \$6.7 million in charity care expenses. In addition, Jeanes Hospital maintains strong affiliations with government and community organizations to help ensure access to care for our vulnerable population.

Expenses \$ 110,866,441. incl grants of \$ 7,013,350. Revenue \$ 108,236,54

Form 990, Part VI, Section A, line 1: Pursuant to the organization's bylaws, the Executive Committee consists of no less than five members of the Board, including the Chair, the Vice Chair, and the chairs of the Standing Committees. The Executive Committee is authorized to act for the

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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Board between its regular meetings.

Form 990, Part VI, Section A, line 6: The sole member of the organization is Temple University Health System, Inc. The member has the power to appoint and remove the organization's Board of Directors. The approval of the member is required for any of the following actions by the organization: (a) any dissolution or liquidation; (b) any merger; (c) any amendments to the articles of incorporation; (d) any amendments to the bylaws regarding the member, the number of directors, quorum or voting requirements; (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business; (f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive acute care services; (g) any decision to merge with, acquire, or enter into an affiliation with a medical school other than Temple University's or a medical school hospital other than Temple University Hospital, Inc.; (h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine; (i) the adoption of the organization's annual capital and operating budgets; (j) the issuance or assumption of any indebtedness in excess of five hundred thousand (\$500,000), and (k) the execution of any contract providing for the management of the organization.

Form 990, Part VI, Section A, line 7a: Please refer to the response for question 6

Form 990, Part VI, Section A, line 7b: Please refer to the response for



Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

question 6

Form 990, Part VI, Section B, line 11: After review by management and outside tax counsel, the 990 and 990-T (if any) are posted to the website of the Secretary's Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990-T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990-T within 2 weeks and contact the Chief Financial Officer about any questions.

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

Form 990, Part VI, Section B, Line 12c: The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which 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.

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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Form 990, Part VI, Section B, Line 15: There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section C, Line 19: The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health System's financial web site. The Annual Audited Financial Statements are also released to the public in the same manner. To the extent required by applicable law, the organization makes its governing documents available to the public upon request.

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

Agency:

Program service expenses	371,634.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	371,634.

TU & TUHS Salary Charges:

Program service expenses	5,522,854.
Management and general expenses	532,255.

Name of the organization Jeanes Hospital	Employer identification number 23-2826045
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Fundraising expenses 0.

Total expenses 6,055,109.

Professional Fees:

Program service expenses 8,792,736.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 8,792,736.

Service Contracts:

Program service expenses 179,543.

Management and general expenses 4,184.

Fundraising expenses 0.

Total expenses 183,727.

Purchased Services:

Program service expenses 4,727,527.

Management and general expenses 1,035,730.

Fundraising expenses 0.

Total expenses 5,763,257.

Corporate Charge:

Program service expenses 0.

Management and general expenses 3,487,657.

Fundraising expenses 0.

Total expenses 3,487,657.

Total Other Fees on Form 990, Part IX, line 11g, Col A 24,654,120.

Name of the organization

Jeanes Hospital

Employer identification number

23-2826045

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

Adjustment to funded status of pension liability 5,913,565.

Fair Value Change of Permanently Restricted Trust 1,039,306.

Rounding -51.

Total to Form 990, Part XI, Line 9 6,952,820.

Multiple horizontal lines for additional entries.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Temple University of the Commonwealth System - 23-1365971, 300 Sullivan Hall 1330 W Berks St, Philadelphia, PA 19122	Education	Pennsylvania	501c3	Line 2	N/A		<input checked="" type="checkbox"/>
Temple University Health System, Inc. - 23-2825881, 3509 N Broad Street Room 936 c/o TUHS Lega, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University of the Commonwealth		<input checked="" type="checkbox"/>
Temple University Health System Foundation, Inc. - 23-2916108, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital, Inc.		<input checked="" type="checkbox"/>
Temple University Hospital, Inc. - 23-2825878, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System, Inc.		<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2012

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Jeanes Hospital Auxiliary - 23-1917776 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 9	Jeanes Hospital		X
Temple East, Inc - 23-2547305 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital, Inc.		X
Temple East Real Estate, Inc - 20-1776524 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital, Inc.		X
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System, Inc.		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System, Inc.		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital, Inc.		X
Anna T. Jeanes Foundation - 23-2203406 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 11d, III-O	N/A		X
American Oncologic Hospital - 23-1352156 3509 N Broad Street Room 936 c/o TUHS Lega Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System, Inc.		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street Room 936 c/o TUHS Lega Philadelphia, PA 19140	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital		X
Fox Chase Cancer Medical Group - 45-4540585 3509 N Broad Street Room 936 c/o TUHS Lega Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital		X
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street Room 936 c/o TUHS Lega Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11b, II	American Oncologic Hospital		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUHS Insurance Company, LTD 3509 N. Broad Street, 9th Floor - c/o TUHS Le Philadelphia, PA 19140	Malpractice insurance	Bermuda	Temple University Health System,						X
Fox Chase, Ltd. 333 Cottman Avenue Philadelphia, PA 19111		PA	AOH	C CORP					X

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>Jeanes Hospital Auxiliary</b>	P	95,434.Cash received	
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

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

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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

Name of Related Organization:

Temple University Health System, Inc.

Direct Controlling Entity: Temple University of the Commonwealth System

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

Name of Related Organization:

TUHS Insurance Company, LTD

Direct Controlling Entity: Temple University Health System, Inc.

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  107,394,779.</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Jeanes Hospital</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>3509 N Broad Street, No. 936</b></p> <p>City or town, state, and ZIP code  <b>Philadelphia, PA 19140</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>23-2826045</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)  <b>621500 523000</b></p>
<p><b>F</b> Group exemption number (see instructions) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**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 4**

**J** The books are in care of ▶ **Raymond Lefton** Telephone number ▶ **215-707-7766**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <b>242,449.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b> 242,449.		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b> 242,449.		<b>242,449.</b>
<b>4 a</b> Capital gain net income (attach Schedule D) .....	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) .....	<b>5</b> 38,808.	<b>Stmt 1</b>	<b>38,808.</b>
<b>6</b> Rent income (Schedule C) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> 281,257.		<b>281,257.</b>

**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)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	
<b>15</b> Salaries and wages .....	<b>15</b>	<b>121,374.</b>
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach statement) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	
<b>20</b> Charitable contributions (see instructions for limitation rules) <b>Statement 5 See Statement 2</b> .....	<b>20</b>	<b>3,586.</b>
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22a</b>	
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	
<b>28</b> Other deductions (attach statement) <b>See Statement 3</b> .....	<b>28</b>	<b>123,020.</b>
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	<b>247,980.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	<b>33,277.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	<b>32</b>	<b>33,277.</b>
<b>33</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 .....	<b>34</b>	<b>32,277.</b>

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

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

Part V Statements Regarding Certain Activities and Other Information

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

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here section with signature of officer, date, title, and preparer information. Includes a box for 'May the IRS discuss this return with the preparer shown below'.

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

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

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

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

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	
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)			
(2)			
(3)			
(4)			

  

4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A). **0.** Enter here and on page 1, Part I, line 7, column (B).

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				

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

Totals **0.**

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

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

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

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

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

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

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

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

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

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

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

Form 990-T	Income (Loss) from Partnerships	Statement	1
<u>Description</u>		<u>Amount</u>	
	Private Advisors Small Company Buyout Fund II, L.P.		14,133.
	Private Advisors Distressed Opportunities Fund, L.P.		-1,458.
	Forester Partners, L.P.		29,488.
	MREP 2008 Distressed Co-Investment Fund, L.P.		-3,355.
Total to Form 990-T, Page 1, line 5			38,808.

Form 990-T	Contributions	Statement	2
<u>Description/Kind of Property</u>	<u>Method Used to Determine FMV</u>	<u>Amount</u>	
Temple University Health System	N/A		7,000,000.
Total to Form 990-T, Page 1, line 20			7,000,000.

Form 990-T	Other Deductions	Statement	3
<u>Description</u>		<u>Amount</u>	
	Supplies		42,640.
	Other		80,380.
Total to Form 990-T, Page 1, line 28			123,020.

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	4
<u>Corporation's Name</u>		<u>Identifying No</u>	
Temple University-Of The Commonwealth System of Higher Educa			23-1365971

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

- For Tax Year 2007
- For Tax Year 2008
- For Tax Year 2009
- For Tax Year 2010
- For Tax Year 2011

Total Carryover

Total Current Year 10% Contributions

7,000,000

Total Contributions Available

7,000,000

Taxable Income Limitation as Adjusted

3,586

Excess 10% Contributions

6,996,414

Excess 100% Contributions

0

Total Excess Contributions

6,996,414

Allowable Contributions Deduction

3,586

Total Contribution Deduction

3,586



Form 990-T	Tax Computation	Statement	6
1.	Taxable Income . . . . .	32,277	
2.	Lesser of Line 1 or First Bracket Amount .	32,277	
3.	Line 1 Less Line 2 . . . . .	0	
4.	Lesser of Line 3 or Second Bracket Amount .	0	
5.	Line 3 Less Line 4 . . . . .	0	
6.	Income Subject to 34% Tax Rate . . . . .	0	
7.	Income Subject to 35% Tax Rate . . . . .	0	
8.	15 Percent of Line 2 . . . . .	4,842	
9.	25 Percent of Line 4 . . . . .	0	
10.	34 Percent of Line 6 . . . . .	0	
11.	35 Percent of Line 7 . . . . .	0	
12.	Additional 5% Surtax. . . . .	0	
13.	Additional 3% Surtax . . . . .	0	
14.	Total of lines 8 through 13 to Form 990-T, Page 2, Line 35c		<u>4,842</u>

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

▶ Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

Name of shareholder <b>Jeanes Hospital</b>	Identifying number (see instructions) <b>23-2826045</b>
Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>3509 N Broad Street, No. 936</b>	Shareholder tax year: calendar year or other tax year beginning <b>JUL 1, 2012</b> and ending <b>JUN 30, 2013</b>
City or town, state, and ZIP code or country <b>Philadelphia, PA 19140</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>Private Advisors Sm Co Buyout Fund II LP</b>	Employer identification number (if any) <b>54-2134140</b>
Address (Enter number, street, city or town, and country.) <b>1800 Bayberry Court, Suite 300 Richmond, VA 23226</b>	Reference ID number (see instructions)
	Tax year of PFIC or QEF: calendar year <b>2012</b> or other tax year beginning and ending

## Part I Summary of Annual Information Part I is reserved for future use (see instructions).

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: \_\_\_\_\_  
 Check if shares jointly owned with spouse.
- Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- Number of shares held at the end of the taxable year: \_\_\_\_\_
- Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
(a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
(e) If more than \$200,000, list value: \_\_\_\_\_
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
(a)  Section 1291 \$ \_\_\_\_\_  
(b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
(c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

## Part II Elections (See instructions.)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.  
*Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)			7c
8 a	Add lines 6c and 7c			8a
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		
c	Enter the portion of line 8a not already included in line 8c that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c			8d
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) <b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.			8e
9 a	Enter the total tax for the tax year (See instructions.)	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b		
c	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b>			9c

**Part IV Gain or (Loss) From Mark-to-Market Election** (See instructions.)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b	Enter your adjusted basis in the stock at the end of the tax year	10b	
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
a	Enter the fair market value of the stock on the date of sale or disposition	13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	

**Note.** See instructions in case of multiple dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

Complete a separate Part V for each excess distribution (see instructions).

15 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c	Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)	15c	
d	Multiply line 15c by 125% (1.25)	15d	
e	Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f	
16 a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income	16b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)	16c	
d	Foreign tax credit. (See instructions.)	16d	
e	Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)	16e	
f	Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)	16f	

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

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
25 Deferred tax outstanding after partial termination of election						
26 Interest accrued after partial termination of election						

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

▶ Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

Name of shareholder <b>Jeanes Hospital</b>	Identifying number (see instructions) <b>23-2826045</b>
Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>3509 N Broad Street, No. 936</b>	Shareholder tax year: calendar year or other tax year beginning <b>JUL 1, 2012</b> and ending <b>JUN 30, 2013</b>
City or town, state, and ZIP code or country <b>Philadelphia, PA 19140</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>Private Adv. Distressed Opp. Fund LP</b>	Employer identification number (if any) <b>47-0892566</b>
Address (Enter number, street, city or town, and country.) <b>1800 Bayberry Court, Suite 300 Richmond, VA 23226</b>	Reference ID number (see instructions)
	Tax year of PFIC or QEF: calendar year <b>2012</b> or other tax year beginning and ending

## Part I Summary of Annual Information Part I is reserved for future use (see instructions).

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: \_\_\_\_\_  
 Check if shares jointly owned with spouse.
- Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- Number of shares held at the end of the taxable year: \_\_\_\_\_
- Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
(a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
(e) If more than \$200,000, list value: \_\_\_\_\_
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
(a)  Section 1291 \$ \_\_\_\_\_  
(b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
(c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

## Part II Elections (See instructions.)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.  
*Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)			7c
8 a	Add lines 6c and 7c			8a
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		
c	Enter the portion of line 8a not already included in line 8c that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c			8d
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) <i>Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.</i>			8e
9 a	Enter the total tax for the tax year (See instructions.)	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b		
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B			9c

**Part IV Gain or (Loss) From Mark-to-Market Election** (See instructions.)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b	Enter your adjusted basis in the stock at the end of the tax year	10b	
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
a	Enter the fair market value of the stock on the date of sale or disposition	13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	

**Note.** See instructions in case of multiple dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

Complete a separate Part V for each excess distribution (see instructions).

15 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	15a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	15b	
c	Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.) .....	15c	
d	Multiply line 15c by 125% (1.25) .....	15d	
e	Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	15e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16 .....	15f	
16 a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income .....	16b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) .....	16c	
d	Foreign tax credit. (See instructions.) .....	16d	
e	Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.) .....	16e	
f	Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) .....	16f	

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

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
25 Deferred tax outstanding after partial termination of election ...						
26 Interest accrued after partial termination of election .....						

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

▶ Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

Name of shareholder <b>Jeanes Hospital</b>	Identifying number (see instructions) <b>23-2826045</b>
Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>3509 N Broad Street, No. 936</b>	Shareholder tax year: calendar year or other tax year beginning <b>JUL 1, 2012</b> and ending <b>JUN 30, 2013</b>
City or town, state, and ZIP code or country <b>Philadelphia, PA 19140</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>Forester Partners, L.P.</b>	Employer identification number (if any) <b>13-4079780</b>
Address (Enter number, street, city or town, and country.) <b>Two Sound View Drive, Third Floor Greenwich, CT 06830</b>	Reference ID number (see instructions)
	Tax year of PFIC or QEF: calendar year <b>2012</b> or other tax year beginning and ending

## Part I Summary of Annual Information Part I is reserved for future use (see instructions).

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: \_\_\_\_\_  
 Check if shares jointly owned with spouse.
- Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- Number of shares held at the end of the taxable year: \_\_\_\_\_
- Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
(a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
(e) If more than \$200,000, list value: \_\_\_\_\_
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
(a)  Section 1291 \$ \_\_\_\_\_  
(b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
(c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

## Part II Elections (See instructions.)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.  
*Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)			7c
8 a	Add lines 6c and 7c			8a
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		
c	Enter the portion of line 8a not already included in line 8c that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c			8d
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) <i>Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.</i>			8e
9 a	Enter the total tax for the tax year (See instructions.)	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b		
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B			9c

**Part IV Gain or (Loss) From Mark-to-Market Election** (See instructions.)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b	Enter your adjusted basis in the stock at the end of the tax year	10b	
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
a	Enter the fair market value of the stock on the date of sale or disposition	13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	

**Note.** See instructions in case of multiple dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

Complete a separate Part V for each excess distribution (see instructions).

15 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c	Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)	15c	
d	Multiply line 15c by 125% (1.25)	15d	
e	Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f	
16 a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income	16b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)	16c	
d	Foreign tax credit. (See instructions.)	16d	
e	Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)	16e	
f	Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)	16f	

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

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
25 Deferred tax outstanding after partial termination of election						
26 Interest accrued after partial termination of election						

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

Attachment  
 Sequence No. **128**

▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor  <u>Jeanes Hospital Retirement Income Plan</u>	Identifying number (see instructions)  <u>23-2826045</u>
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- 1 If the transferor was a corporation, complete questions 1a through 1d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? .....  Yes  No
- b Did the transferor remain in existence after the transfer? .....  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? .....  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made? .....  Yes  No

- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.
- a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? .....  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership? .....  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? .....  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation)  <u>GMP Multi-Strategy Fund (Offshore), L.P.</u>	4 Identifying number, if any  <u>02-0648221</u>
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5 Address (including country)  
Appleby Services (Bermuda) Ltd., Canon's Court, 22 Victoria Street  
Hamilton, Bermuda Bermuda

6 Country code of country of incorporation or organization  
BD

7 Foreign law characterization (see instructions)  
Corporation

- 8 Is the transferee foreign corporation a controlled foreign corporation? .....  Yes  No

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/31/2012		1,121,718.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

There were 2 transfers:

8/31/2012	\$475,453
6/28/2013	\$646,265
<b>Total</b>	<b>\$1,121,718</b>

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before \_\_\_\_\_ % (b) After \_\_\_\_\_ %

10 Type of nonrecognition transaction (see instructions) ▶ \_\_\_\_\_

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) .....  Yes  No
- b Gain recognition under section 904(f)(5)(F) .....  Yes  No
- c Recapture under section 1503(d) .....  Yes  No
- d Exchange gain under section 987 .....  Yes  No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? .....  Yes  No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property .....  Yes  No
- b Depreciation recapture .....  Yes  No
- c Branch loss recapture .....  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations .....  Yes  No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? .....  Yes  No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? .....  Yes  No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ \_\_\_\_\_

16 Was cash the only property transferred? .....  Yes  No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? .....  Yes  No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_