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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B	AI	or th	e 2009 ca	ilendar year, or tex year beginning JÜL 1, 2009	and ending	JUN 30, 2010	
Secretary Secr				C Name of organization		D Employer Identific	ation number
Part	-	pplicat	OSO HIV				
Description Programmer Pr	Г	Addr	ass label o	TOWNSHIE ERGI, INC.			
Representation Repr	<u> </u>	Nam	type.	Doing Business As NORTHEASTERN HOSPITAL		23-25	47305
Section Sect	누	Initia	See	Number and street (or P.O. box if mail is not delivered to street addr	ess) Room/su	ité E Telephone number	
Part	片			3509 N. BROAD STREET	936	215-7	707-3802
PHILADELPHIA, PA 19140 Help is this a group return presentation of presentation of protein of the presentation of the pres	十	Ame	ided lions.	City or town state or country and ZIP + 4		G Gross receipts \$	1,312,423.
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Trace-comparison STREERY STREE	L	Tiloy	ing E N	HA LUX		for affillates?	
Toncommon status:			25	OO N BROAD STREET. 9TH FLOOR, PH	ILADELPI	HI H(b) Are all affiliates incl	uded? Yes No
Websites N/A			33	V = 1 (locart no.) 4947(a)(1) or	527	If "No," attach a	llet. (see instructions)
Form of organization: X Corporation Intel® Jassociation Teles Uniter Resolutions Resolution		ax-e	compt sta	(40) 112 00 (07)		H(c) Group exemption	number 🕨
Part I Summary Summa	<u>J</u>	webs	110: 14	(en X Corporation Trust Association Other	LY	ear of formation: 1988 M	State of legal domicile: PA
Bitisfly describe the organization's mission or most significant activities: PROVIDES QUALITY HEADTRANK SERVICES TO RESIDENTS OF THE PORT RICHMOND SECTION OF PRITIADELPHIA SERVICES TO RESIDENTS OF THE PORT RICHMOND SECTION OF PRITIADELPHIA Check this box ▶							
SBRVTCES TO RESIDENTIES OF THE PORT RECEIVED A CHARGE DIFFERENCE OF THE PORT		_	<u> </u>	P	ROVIDES	QUALITY HEAL!	PHCARE
2 Check this box	စ္ပ	1	CLUDA	TORS TO RESIDENTS OF THE PORT RIC	HMOND S	ECTION OF PHI	LADELPHIA
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Paid Preparer's Signature Signature Sure Firm's name (or yours if asti-amployed), address, and ZiP + 4 PROBERT H. LUX, TREASURER Date Check if self- (see instructions) Date Check if self- (see instructions) Check if self- (see instructions) EIN Proparer's identifying number (see instructions)			3			valo	
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Signature Preparer's Use Only Use Only ZIP + 4 Signature EIN Phone no. Phone no. Yes No	-		Prepa	rer's	Date		instructions)
Preparer's Use Only Use Only Source if self-employed), address, and ZIP + 4 Yes No			signat	ure			
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The state of the s			ZIP + 4			Phone no.	
	- N	lav th	e IRS dis	cuss this return with the preparer shown above? (see instructions)	************		THE RESERVE THE PARTY OF THE PA

Briefly describe the organization's mission: See Schedule O for Continuation TEMPLE EAST, INC., DOING BUSINESS AS NORTHEASTERN HOSPITAL, PROMOTES THE HEALTH OF THE PEOPLE IN OUR NEIGHBORING COMMUNITIES; PROVIDES A VARIETY OF SERVICES INCLUDING PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE, BEHAVIORAL AND HOME HEALTH SERVICES IN A FISCALLY Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? XYes No If "Yes," describe these changes on Schedule O.	orm 9	990 (2009) TEMPLE	EAST, INC.	43	234/303 Page 2
Buflety describe the organization's mission: See Schedule O for Continuation TEMPLE RAST, INC., DOING BUSINESS AS NORTHEASTERN HOSPITAL, PROMOTES THE HEALTH OF THE PEOPLE IN OUR NEIGHBORING COMMUNITIES; PROVIDES A VARIETY OF SERVICES INCLUDING PREVENTATIVE, DIAGNOSTIC, THERAPBUTC, REHABILITYATIVE, BEHAVIORAL AND HOME HEALTH SERVICES IN A FISCALLY Did no organization undertake say significant program services during the year which were not listed on the prior from 990 or 990 EZ? If Yes, 'describe these new services on Schedule O. Did that organization coase conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each of three largest program services by expenses. (Code:)(Expenses \$ 1,900,601. including grants of \$ 81,957.)(General & 44,800. THROUGH JUNE 3.0, 2009. NORTHEASTERN HOSPITAL PROVIDED A FILL RANGE OF THROUGH JUNE 3.0, 2009. NORTHEASTERN HOSPITAL PROVIDED A FILL RANGE OF QUALITY HEATHCARE SERVICES TO RESTEDENTS IN THE PORT RICHMOND SECTION OF PHILADELPHIA, INCLUDING PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE CARE. THE HOSPITAL WAS ALSO THE SITE OF THE NORTHEASTERN SCHOOL OF NURSING. AS OF JULY 01, 2009. NORTHEASTERN HOSPITAL WAS ALSO THE SITE OF THE NORTHEASTERN HOSPITAL WAS CALOSED AND DURING FISCAL YEAR 2010 NORTHEASTERN HOSPITAL WAS CALOSED AND DURING PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC AND RENEMBED HISES OFFICES TO AFFILLATED ORGANIZATIONS THAT PROVIDED SERVICES TO THE RESIDENTS OF PORT RICHMOND AND SURROUNDING COMMUNITIES. THE RENEMBEL HAS CALOSED AND DURING FISCAL YEAR 2010 NORTHEASTERN HOSPITAL WAS CLOSED AND DURING PROVIDED RENEMBER OF THE WINDING DOWN OF ACTIVITY WITH THE CLOSURE OF THE HOSPITAL. 40 (Code:)(Expenses \$ Including grants of \$ 1, (Fevenue \$ 1, (Feve	Part	III Statement of Program S	ervice Accomplishments		
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(Expenses \$ including grants of \$) (Revenue \$)	4d	Other program services. (Describe i	Schedule O.)		,
(Experience 4			including grants of \$) (Revenue \$)
			4 000 001		Form 990 (200

Part IV Checklist of Required Schedules

	And the second s		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
•	If "Yes." complete Schedule A	1	X	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
4 5	Section 50 (c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
,	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX.			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			SMA
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12/	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1.0		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	 ^`
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+-	+
18	1e and 8e2 If "Ves." complete Schedule G. Part II	18	_	Х
19	and the second state of the part of the pa	19		х
-		20		X
20	Did the organization operate one or more hospitals? If 103, complete deflection.	For	n 990	(2009)

Form 990 (2009) TEMPLE EAST, INC.

Part IV Checklist of Required Schedules (continued)

1 41			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete	23	х	
24a	Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV	28c		х
-00	Did the example to proceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$\pi_2\$, so that \$\pi_2\$, so the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Ves " complete Schedule R. Parts II, III, IV, and V, line 1		x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization organization conduct more than 5% of its activities through an entity that is not a related organization organization conduct more than 5% of its activities through an entity that is not a related organization organization conduct more than 5% of its activities through an entity that is not a related organization organization conduct more than 5% of its activities through an entity that is not a related organization	- [<u>, </u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	j	3 X	,
	Note. All Form 990 filers are required to complete Schedule O.	. 38 For		0 (2009

Form 990 (2009) TEMPLE EAST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

-ari	Statements negarang care me image			ĺ	Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
1a	U.S. Information Returns. Enter -0- if not applicable	1a	56			
	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter 6 in het applicable Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
С	(gambling) winnings to prize winners?			1c	X	
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
2a	filed for the calendar year ending with or within the year covered by this return	2a	858			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by	his return?	3a		X
за	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		***************************************	3b		
1-	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
4a	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
	If "Yes," enter the name of the foreign country:					
b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
_	Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Bid any tayable party potify the organization that it was or is a party to a prohibited tax shelter trans	action	7	5b	<u> </u>	Х
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	jarding	Prohibited			
	Tay Chalter Transaction?			5c		ļ
ο-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the or	ganization solicit			
ьа	any contributions that were not tax deductible?			6a		<u> X</u>
	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions	or gifts			
b	were not tax deductible?		***************************************	6b		
	Organizations that may receive deductible contributions under section 170(c).			Personal Property of the Prope		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r good	ls and services			
а	provided to the payor?			7a		<u> </u>
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	_	
	and a supplied the self-exchange or otherwise dispose of tangible personal property for which it	was re	quired			7,7
С	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	a perso	onal			1.,
е	Landit contract?			7e	_	X
f	Bid the examination, during the year, nay premiums, directly or indirectly, on a personal benefit co	ntract		7f		X
	Far all contributions of qualified intellectual property, did the organization file Form 8899 as require	ur		1,8		-
g	Far contributions of care, hosts, airplanes, and other vehicles, did the organization file a form 1090	s-c as	required r	7h	1-	
Ω Ω	O security averaginations maintaining donor advised funds and section 509(a)(3) supporting	organ	zations. Did tile			
O	supporting organization, or a donor advised fund maintained by a sponsoring organization, nave e	xcess	business notalings	1. 1.		
	at any time during the year?			8		
9	Spensoring organizations maintaining donor advised funds.			1000		
a	Bid the exampleation make any taxable distributions under section 4966?			9a		
b	and the state of t		•••••	9b	100	
10	Section 501(c)(7) organizations. Enter:	ı	1			
а	Unitiation fees and capital contributions included on Part VIII, line 12	. 10		\dashv		
Ŀ	a Form 000 Part VIII line 12 for public use of club facilities	[10	b	+		
11	Section 501(c)(12) organizations. Enter:	1	1			
• • •	Orace income from members or shareholders	<u>11</u>	a	-18	1	
	Gross income from other sources (Do not net amounts due or paid to other sources against			litalija Tudisa		
		11		-1.45%	en (h)	pod pres
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 10	41? l	12	a	
\	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	2b	<u> </u>	OO	n (200)
<u> </u>				Fo	rm 99	(2 009

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.

Sect	ion A. Governing Body and Management		Vac	No
	ા ા રા	200 mg 1950 mg 1	Yes	No
1a	Enter the number of voting members of the governing body			
	5. Leading members of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
	must be the star trusted or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х
	t effects directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		<u>x</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	X	
6	But the expenientian have members or stockholders?	-	- 12	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Х	
	les hadio	7b	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		х	
а	The recogning hody?	8a	X	
b	Fach compittee with authority to act on behalf of the governing body?	8b	- 23	
9	le there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
	in the realing address? If "Yes " provide the names and addresses in Schedule O	<u> 9</u>	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ \ V	- N-
		40	Yes	No X
10a	Does the organization have local chapters, branches, or affillates?	10a	-	
b	It "Vos " does the organization have written policies and procedures governing the activities of such chapters, animates,			1
_	to an auto-their operations are consistent with those of the organization?	10b	X	├
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	12	
	Describe in Schoolule O the process, if any, used by the organization to review this Form 990.	1,5 141	Х	
	Base the exceptation have a written conflict of interest policy? If "No," go to line 13	12a	<u>^</u>	+
h	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		X	
	# . 0	12b	<u>^</u>	-
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	X	
Ť	in Schedule O how this is done	12c	$\frac{1}{X}$	-
13	Deep the expeniention have a written whistleblower policy?	13	$\frac{\Lambda}{X}$	+
14	Base the organization have a written document retention and destruction policy?	14	∤ ^	1
15	Did the process for determining compensation of the following persons include a review and approvar by independent	New		
	access comparability data, and contemporaneous substantiation of the deliberation and decision?	1	v	
	The organization's CEO Executive Director, or top management official	15a	77	+
	Other officers or key employees of the organization	15b) ^	12 14 12 1
	Is live all to line 159, or 15h, describe the process in Schedule O. (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Militar		v
	the state of the s	168	a	X
	Many has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16t)	
50	ction C. Disclosure			
	14. which a copy of this Form 990 is required to be filed PA			
17	1023 (or 1024 if applicable), 990, and 990-1 (50 NC)(5/5 Only) available	ole for		
18	public inspection. Indicate how you make these available. Check all that apply.			
	Another's website X I Inon request			
	which was the contest of the contest	, and fi	nancia	ıl
19	the transfer of the control of the c			
	and telephone number of the person who possesses the books and records of the organic	ization	: _	
20	DODEDT H THY - 215-707-4439			
	3509 N. BROAD ST. C/O/ROOM 936, PHILADELPHIA, PA 19140			
	0000 Att Datoland was a comment of the comment of t	Fo	rm 99	O (200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

X Check this box if the organization did not or		y cu	rren	t offi	icer,	dire	ctor	, or trustee.	(E)	(F)
(A)	(B)				C) ition			(D) Reportable	Reportable	Estimated
Name and Title	Average hours	(cl	check all that apply)				ly)	compensation	compensation	amount of
	per	H				ΓĦ	-	from	from related	other
	week	direct				20		the organization	organizations (W-2/1099-MISC)	compensation from the
		tee or	ustee			ensate		(W-2/1099-MISC)	(77-27 1000 171100)	organization
		al trus	nal tr		loyee	comp		(** =, 1000 **** = =,		and related
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		ڃ	=	5	Ž	王司	Œ			
KATHLEEN BARRON	1.00	x		х				0.	297,552.	33,645.
PRESIDENT BETH C. KOOB	1.00	^	<u> </u>	<u> </u>	-	-	 -			
SECRETARY	1.00	x	ĺ	x				0.	383,115.	52,785.
ROBERT H. LUX			T	╽	1	T				
TREASURER	1.00	X		X	L	ot		0.	458,041.	53,686.
JOSEPH MARSHALL							x	0.	421,968.	25,876.
DIRECTOR	<u> </u>	-	-	┼	┼	-	-	0.	421,500.	237070
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Part VII Section A. Officers, Directors, Tru	stees. Key En	olar	vee	s. aı	nd F	lighe	est (Compensated Employ	ees (continued)	
	(B)	<u>.p.c</u>	,	<u>(C</u>	;)			(D)	(E)	(F)
(A) Name and title	Average		ı	Posi		ı	1	Reportable	Reportable	Estimated
Name and title	hours	(ch				appl	y)	compensation	compensation	amount of
	per	٦						from	from related	other
	week	Individual trustee or director				٠		the	organizations (W-2/1099-MISC	compensation from the
		99 01	stee			Highest compensated employee		organization (W-2/1099-MISC)	(44-271099-141130	organization
		trust	Institutional trustee		oyee	ed E		(44-27 1099-141100)		and related
		vidua	itution	Jet.	Key employee	hest c	Former			organizations
		Indi	Inst	Officer	Æ	를 를	Ē			
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				1	-		1			
1b Total						. >			1,560,67	
2 Total number of individuals (including but	not limited to t	hos	e list	ted a	abo	ve) w	/ho I	eceived more than \$10	0,000 in reportable	•
compensation from the organization										
										Yes No
3 Did the organization list any former office	r, director or tr	uste	e, k	еу е	mpl	oyee	, or	highest compensated	employee on	
" 1-2 If "Ves " complete Schedule J for	such individua	lf .								3 Х
4 Farrance individual listed on line 1a is the	sum of reportal	ble d	com	pen:	satio	on ar	nd o	ther compensation fron	n the organization	
turists of superinations greater than \$1	รถ ถกกว If "Yes	s. " C	omi	olete	Sc	neau	iie J	tor such individual		4 X
5 Did any person listed on line 1a receive o	r accrue comp	ensa	atior	i froi	m a	ny ur	rela	ited organization for se	vices refluered to	
the organization? If "Yes," complete Sche	edule J for such	ı pei	rson			.,				5 X
On the B. Independent Contractors										
1 Complete this table for your five highest	compensated i	nde	pend	dent	COI	ntrac	tors	that received more that	n \$100,000 of com	npensation from
the organization.	•									
(A)								(B)		(C)
Name and busine	ss address							Description o	services	Compensation
COGENT HEALTHCARE OF PA	INC.									005 430
PO BOX 974802, DALLAS,	rx 75397	7						PHYSICIANS		295,439.
MCKESSON INFORMATION SO	LUTIONS							INFORMATION		455 555
PO BOX 98347, CHICAGO,	IL 60693	3						TECHNOLOGY	AND SUPPL	175,555.
JOHNSON CONTROLS INC.									_	456.050
PO BOX 30670, NEW YORK,	NY 0008	37						BUILDING EF	FICIENCY	156,959.
IKON OFFICE SOLUTIONS										444 440
PO BOX 827468, PHILADEL	PHIA, PA	Α :	19:	18:	2			LEASE BUYOU	T	141,448.
ALLIED BARTON SECURITY	SERVICES	5								440 040
PO BOX 828854, PHILADEL	PHIA, PA	Α :	19:	18	2			SECURITY		113,849.
10 001 010001/								t t Visits a second	l mara than	Large Arragan Sala and a

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

n 990 ((20	O9) TEMPLE EAST, I	NC.			23-2547	305 Page 9
rt VII	Ì	Statement of Revenue					<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
4.0		ederated campaigns 1a					
1		Membership dues 1b					
, D		fundraising events 1c					
4		Related organizations 1d					
		Government grants (contributions)					
f		all other contributions, gifts, grants, and					ii Kalili u sand
		imilar amounts not included above 1f					
e f g		loncash contributions included in lines 1a-1f: \$					
h	า า <u>_</u> _า	Fotal. Add lines 1a-1f					
			Business Code	1 407 741	1 107 741		
2 a	a <u>I</u>	RENT REV - AFFILIATES	631120	13629/1	1,407,741. -1362941.		
, b	₅ 1	NET PATIENT SERVICE RE	621400	-1302341.	1302541.		
] c	c _						
2 a	d _						
- e	е _						
f		All other program service revenue		44,800.			
	g '	Total. Add lines 2a-2f	et and				
3		Investment income (including dividends, interes		456,586.			456,586
	4	other similar amounts) Income from investment of tax-exempt bond pr					
4		Royalties	•				
5		(i) Real	(ii) Personal				
	_	Gross Rents		1			
1 -		Less: rental expenses]			
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other]			
'		assets other than inventory	531,959.				
		Loss; cost or other basis					
		and color expenses	114,969.				
	c	Gain or (loss)	416,990.	4 446 000	a 1998 (25 pm) 42 pm		416,990
	d	Net gain or (loss)	>	416,990	•		410,000
ا ،	а	Gross income from fundraising events (not					
		including \$ of					
ž		contributions reported on line 1c). See	1				
ב		Part IV, line 18a		4			
oniei nevenue	b	Less: direct expenses b			BEAT BURNEY TO SEE THE SEE THE SEE		
-	С	Net income or (loss) from fundraising events		+			
9	a	Gross income from gaming activities. See					
		Part IV, line 19 a		\dashv			
	b	Less: direct expensesb Net income or (loss) from gaming activities		Transferrance and transferrance and the state	tilde i Nordan vitti fla spekting priser i ver envy jagen.		
	C	Ret income or (loss) from gaming activities Gross sales of inventory, less returns					
10	a	and allowancesa	.]				
	L	Less: cost of goods sold b					
	a	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Cod	le			100 10
11	1 a	TAMERCO FOULD TRANSFER	900099	178,178			178,178
' '	ıa b	SUPPLY SALE	900099	26,000			26,000
	C	PEVENONE KIDNEY REVENU	900099		<u> </u>		6,950
	d		900099				67,950
	e	Total. Add lines 11a-11d	>	279,078			115265
l	2	Total revenue. See instructions.		1,197,454	44,800	<u>'• </u>	Form 990 (20)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) a	and 501(c)(4) organizati	ons must complete all not required to comple	columns. ite columns (B), (C), and	i (D).
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		04 055		
	organizations in the U.S. See Part IV, line 21	81,957.	81,957.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			,	
	persons described in section 4958(c)(3)(B)	962,011.	203,566.	758,445.	
7	Other salaries and wages	702,011.	200,000	,	
8	Pension plan contributions (include section 401(k)	817,750.	173,040.	644,710.	
	and section 403(b) employer contributions)	478,740.	102,433.	376,307.	
9	Other employee benefits	118,849.	25,149.	93,700.	
10	Payroll taxes	110/04J			
11	Fees for services (non-employees):	481,794.		481,794.	
а	Management	50,170.		50,170.	
b	Legal	14,126.		14,126.	
C	Accounting				
d	Lobbying				
е					
f	Investment management fees	2,523,439.	360,585.	2,162,854.	
g	Other				
12	Advertising and promotion	55,896.	-101,768.	157,664.	
13	Office expenses	81,039.	24,639.	56,400.	
14	Information technology				
15	Royalties	1,299,847.	909,893.	389,954.	
16	Occupancy	1,030.		1,030.	
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	-796.	-796		
19		630,016.	630,396	-380.	
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	465,057.	465,057		
22 23	Insurance	-966,944.	-966,944	,	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	1,226,705.		1,226,705.	•
á	IMPAIRMENT LOSS	-6,174.	-6,174		
ł	TUITION EXPENSE	-29,637.	-300		
(OTHER EXPENSES RESTRUCTURING COSTS	-2,061,745.		-2,061,745	
•	RESTRUCTURING COSTS	2,001,123.			
•		12,722.	-132	12,854	•
	All other expensesAdd lines 1 through 24f	6,235,852.	1,900,601		. 0.
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	0,230,0320			
26	SOP 98-2. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	educational campaign and fundraising solicitation				Form 990 (2009)

Part X | Balance Sheet (A) (B) End of year Beginning of year 34. 3,564. 1 Cash - non-interest-bearing 1,576,501. 7,718,701. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 3,713,170. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net ______ 5,173. 8 Inventories for sale or use _____ 137,712. 5,223. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 6,789,540 basis. Complete Part VI of Schedule D ______ 10a 5,343,265. 1,446,275. 6,947,423. 10c Less: accumulated depreciation 10b 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 9,831,384. 16,300,331. 15 Other assets. See Part IV, line 11 15 16,756,407. 34,826,074. 16 Total assets. Add lines 1 through 15 (must equal line 34) _..... 1,189,975. 16 6,305,111. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable 18 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 33,856,531. 39,863,068 25 Other liabilities. Complete Part X of Schedule D 25 35,046,506. 46,168,179. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -19,661,967. -12,655,61827 Unrestricted net assets 27 695,330. 699,258. 28 Temporarily restricted net assets 28 676,538. 614,255. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

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 -18,290,099. -11,342,105. 33 Total net assets or fund balances 16,756,407. 34,826,074. Total liabilities and net assets/fund balances

Pa	t XI Financial Statements and Reporting	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	res	NO
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	77	Х
h	Were the organization's financial statements audited by an independent accountant?	X	
С	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?	Х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		
	consolidated basis, separate basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis		
За	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? 3a		х
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. 3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo each address	990	(2009)

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

Open to Public Inspection

Name of the organization TEMPLE EAST, INC.

Employer identification number 23-2547305

Part I	Reason fo	or Public Charity	y Status (All organiza	tions must	complete	this part.)	See instru	ictions.			
he organi:	zation is not a	orivate foundation be	ecause it is: (For lines 1	through 11	, check or	nly one box	<.)				
1	A church, con	vention of churches,	or association of church	hes describ	oed in sec t	tion 170(b)(1)(A)(i).				
2	A school desc	ribed in section 170((b)(1)(A)(ii). (Attach Sch	edule E.)							
_	A 1 11 1 1 1 1 1 1	marative beenita	Learvice organization de	escribed in	section 1	70(b)(1)(A)(iii).				
4	A medical rese	arch organization op	perated in conjunction w	vith a hospi	ital describ	ed in sect	ion 170(b)(1)(A)(iii).	Enter the	hospital's	name,
	alke and state										
5 🗀	An organizatio	n operated for the be	enefit of a college or uni	iversity owr	ned or ope	rated by a	governm	ental unit d	described	lin	
J	section 170th	o)(1)(A)(iv). (Complete	e Part II.)								
•	A 6	ar local governmen	at or governmental unit	described	in section	170(b)(1)(A)(v).				
	A reversitation	n that normally recei	ves a substantial part o	of its suppo	rt from a g	overnmen	tal unit or	from the g	eneral pu	ıblic descri	ibed in
7	An organizatio)(1)(A)(vi). (Complete	Dort II \								
	section 1/0(b	n)(T)(A)(VI). (Complete	ction 170(b)(1)(A)(vi). (Complete F	Part II.)						
8	A community	rust described in se	ives: (1) more than 33 1	/3% of its s	support fro	om contrib	utions. me	embership	fees, and	gross rec	eipts from
9 📖	An organization	on that normally recei	ctions - subject to certai	in excention	ns and (2)	no more t	han 33 1/	3% of its s	support fr	om gross i	nvestment
	activities relat	ed to its exempt fund	kable income (less secti	in exception) from hus	inesses ac	auired by	the organ	ization af	ter June 30	ე, 1975.
	income and u	nrelated business tax	Kable Iucome (less secn	ion o i i tax	y Ironi bao	1100000 41	, ,				
	See section 5	609(a)(2). (Complete I	Part III.)	st for public	s cafety S	aa saction	509(a)(4)	١.			
10	An organization	on organized and ope	erated exclusively to tes erated exclusively for th	st for public	f to perfo	m the fund	ctions of	or to carry	out the p	urposes o	f one or
11 X	An organization	on organized and ope	erated exclusively for the	e penent o) or costici	500(a)(2)	See sec	tion 509(a	1(3). Chec	k the box	that
	more publicly	supported organizat	ions described in section	on 509(a)(1)) Of Section	11505(a)(2)	, 000 300		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		type of supporting of	organization and comple	ete lines 11	e through	lll. Lamadh Limto	aratad		4	Type III - C)ther
	a X Type I	b	Type II C	: Туре	HI - Funct	iorially inte	grateu by one or	mare disa			
e X	By checking t	his box, I certify that	the organization is not	controlled	directly or	indirectly	by one or	more disq	(a)(1) or or	oction 500	(3)(2)
	foundation m	anagers and other th	an one or more publicly	/ supported	d organiza	tions desc	ribed in se	ection 509	(a)(1) OI SI	ection 503	(α)(ε).
f	If the organiza	ation received a writt	en determination from t	the IRS tha	t it is a Typ	be I, Type	II, or Type	: 111			X
		ganization check thi	is box								
g	Cinna August	17 2006 has the or	rganization accepted an	nv gift or co	ontribution	from any	of the folio	owing pers	ons?		V N-
J	(i) A person	n who directly or indi	rectly controls, either al	one or toge	ether with	persons a	escribed i	ri (ii) ariu (ii	i) below,	[m	Yes No
	the gove	erning body of the su	pported organization?							11g(i)	X
	(ii) A family	member of a person	described in (i) above?							119(11)	
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization((s).						
п	1 TOVIGE UTO I	ollowing inversion	•								
		(II) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you		(vi) ls organizațio	the I	(vii) An	nount of
	e of supported	(ii) EIN	organization (described on lines 1-9	in col. (i) lis	sted in your	organizati		l (i) organizi	ed in the	sup	port
Οιί	ganization]	above or IRC section	governing	document?	(i) of your	support	U.S.	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
TEMPI	·. F.										
TINTTI	PDGTMV F	23-2825878	3	l x						1	L3,596.
OMTAI	EKOTII I	25 20250.0		-							
				 							
		•									
				+	 						
							ļ				
						1					13,596
		1							g printresiani.		

Schedule A (Form 990 or 990-EZ) 2009

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.)

	(Complete only if you checked	THE DOX OF THE 5,	7, 01 0 011 4111.)				
	tion A. Public Support			(1) 2227	(4) 0000	(a) 2000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Calc	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital	1	Ì				
	assets (Explain in Part IV.)	1					
44	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	s. etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this hox and sto	n here					<u></u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 2009	(line 6, column (f) o	divided by line 11,	column (f))		14	%
4-	Dublic curport percentage from 200	8 Schedule A. Pari	t II. line 14			15	%
16	a 33 1/3% support test - 2009.If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop have. The organization qualifies	s as a publiciv supi	ported organizatio	n			
	h 33 1/3% support test - 2008.If the	organization did no	ot check a box on l	line 13 or 16a, and	i line 15 is 33 1/3%	or more, check thi	s box
	and stan here. The organization qua	alifies as a publiciv	supported organiz	zation			
17	a 10% -facts-and-circumstances te	st - 2009.If the org	ganization did not o	check a box on lin	e 13, 16a, or 16b, :	and line 14 is 10% (or more,
	and if the organization meets the "fa	acts-and-circumstal	nces" test, check t	this box and stop	here. Explain in Pa	art IV now the organ	Ization
	mosts the "facts and circumstances	s" test. The organiz	ation qualifies as a	a publicly support	ed organization		
	h 10% -facts-and-circumstances te	st - 2008.If the org	ganization did not (check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is 1	U% or
	more, and if the organization meets	the "facts-and-circ	umstances" test, (check this box and	d stop here. Explai	n in Part IV now the	
	organization meets the "facts-and-c	ircumstances" test	t. The organization	qualifies as a pub	olicly supported org	ganization	▶⊨
40	Private foundation. If the organizat	ion did not check	a box on line 13, 10	6a, 16b, 17a, or 1	7b, check this box	and see instruction	S
10	I I I Vate Touridation II in the organizat				0 1	adula A /Farm 000	or 000 E7\ 2000

Schedule A (Form 990 or 990-EZ) 2009 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support (f) Total (d) 2008 (e) 2009 (c) 2007Calendar year (or fiscal year beginning in) (b) 2006(a) 2005 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 (f) Total (d) 2008 (e) 2009 (c) 2007 (b) 2006 Calendar year (or fiscal year beginning in) (a) 2005 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.) Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

Parl	I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	(b) Funds and other accounts
		(a) Donor advised funds	(ש) רעוועס מווע טעוופו מככטעווגס
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
	A manageta value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor ad	vised funds
	are the ergenization's property subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant funds can t	se used only
•	for charitable nurposes and not for the benefit of the donor o	r donor advisor, or for any other purpo:	se contenting
	impormissible private henefit?		165 L 110
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
•	Preservation of land for public use (e.g., recreation or p	pleasure) L Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Durantian of open epoce		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the fo	m of a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ructure included in (a)	2c
C C	At automotion assembles included in (c) acquired	after 8/17/06	
d	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
3			
	year ▶ Number of states where property subject to conservation ea	asement is located >	_
4	be a written policy regarding the pe	riodic monitoring, inspection, nandling	of
5	the conservation easements	it holds?	
	or or an allow hours dovoted to monitoring inspecting	. and entorcing conservation easement	a during the year -
6	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements du	ring the year > 5
7	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section	1 / U(n)(4)(B)(I)
8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	by the bow the organization reports conservation	tion easements in its revenue and expe	ense statement, and balance sneet, and
9	include, if applicable, the text of the footnote to the organization	ation's financial statements that descril	oes the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	of Art, Historical Treasures, o	r Other Similar Assets.
Га	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement ar	nd balance sheet works of art, historical
18	treasures, or other similar assets held for public exhibition,	education, or research in furtherance o	f public service, provide, in Part XIV, the text of
		a items	
	www	o report in its revenue statement and b	alance sheet works of art, historical treasures,
t	or other similar assets held for public exhibition, education,	or research in furtherance of public se	rvice, 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 (iii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical to	reasures, or other similar assets for fina	ancial gain, provide
2	If the organization received or neid works of art, historical to	116 relating to these items:	
	the following amounts required to be reported under SFAS Revenues included in Form 990, Part VIII, line 1		> \$
1	Revenues included in Form 990, Part VIII, line 1		> \$
1	Assets included in Form 990, Part X	•••••	

Sched	lule D (Form 990) 2009 TEMPLE E	AST, INC.								Page ∠
Parl	III Organizations Maintaining Co	ollections of Ar	t, Historic	al Tre	easures, or	Other	Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check any	of the f	following that a	are a sigr	nificant u	se of its c	ollection	items
	(check all that apply):									
а	Public exhibition	d			nange program					
b	Scholarly research	е	Othe	r						
_	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they fu	ırther th	ne organizatior	n's exem _l	pt purpos	se in Part	XIV.	
5	During the year did the organization solicit or	receive donations	of art, historic	cal trea:	sures, or other	similar a	ssets		1	
	to be sold to raise funds rather than to be ma	intained as part of t	he organizat	ion's co	llection?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	∟ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if organiza	ation ar	nswered "Yes"	to Form	990, Par	t IV, line 9), or	
L	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for cont	ribution	is or other asse	ets not ir	cluded		1	<u></u> —
	on Form 990. Part X?							ــــــ	Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	:			г			
	-								Amount	
С	Beginning balance	*******************************					1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						11		Т	T 1
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	∟ No
	If "Ves " explain the arrangement in Part XIV.									
Par		f the organization ar	nswered "Ye	s" to Fo	rm 990, Part I	V, line 10) <u>. </u>			
	30000000	(a) Current year	(b) Prior		(c) Two years	back (<u>ነ)</u> Three y	ears back	(e) Four	years back
1a	Beginning of year balance	614,255.								
b	Contributions									
	Net investment earnings, gains, and losses	30,897.								sytem New York (1997) Andrews Theology
c C	Grants or scholarships									1.11
d	Other expenditures for facilities									
е	and programs	105,257.						Maria de la companya		
	Administrative expenses									
	End of year balance	539,895.								
g	Provide the estimated percentage of the year									
2	D. I. I I was at a dieur ou rook on downwont		%							
a	_ 100.00	%								
b	- to our and N	%								
C	Are there endowment funds not in the posse	ession of the organi	zation that a	re held	and administe	red for th	e organi	zation		
Sa		•								Yes No
	by: (i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
	If "Yes" to 3a(ii), are the related organization	s listed as required	on Schedule	R?					3b	
	Describe in Part XIV the intended uses of th	e organization's end	dowment fun	ds.						
I Da	rt VI Investments - Land, Buildin	gs, and Equipn	n ent. See F	orm 99	0, Part X, line	10.				
Га	Description of investment	(a) Cost or		(b) Cos	st or other	(c) Ad	cumulat	ed	(d) Boo	k value
	Description of investment	basis (inves	I .	basis	s (other)	dep	oreciation	1		
				1,3	09,262.					9,262
	Land				06,992.		273,3	71.	3,23	3,621
b	Buildings									
C	Leasehold improvements			1,5	39,982.	1,3	172,9	04.		7,078
C	Equipment				33,304.				43	3,304
<u> </u>	Other	ogual Form 000 Pa	rt X column						5,34	3,265
Tota	al. Add lines 1a through 1e. (Column (d) must	eyuai roiiii 990, Pa	re A, Goldinii	(2), 11110				Schadul		n 990) 200

Part VII Investments - Other Securities. S	ee Form 990, Part X, Iir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation: d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Still			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.	
35, 577,503 3 27	(b) Book value	(c) Me	ethod of valuation:
(a) Description of investment type	(b) Book value	Cost or en	nd-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
	a) Description		(b) Book value
SELF-INSURANCE ASSETS HELD E	Y TEMPLE UN	IVERSITY	5,787,090
BENEFICIAL INTEREST IN A PER	RPETUAL TRUS	T	539,895
CD COLLATERALIZED FOR UNEMPI	JOYMENT COMP	ENSATION	87,024
ASSETS LIMITED TO USE OTHER	GENERAL		136,643
BETTIE HAAS ESTATE			640,667
MISCELLANEOUS A/R			106,802
DUE FROM AFFILIATES			2,533,263
DOD 13.01- 1-1			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		9,831,384
Part X Other Liabilities. See Form 990, Part	X, line 25.		The state of the s
(a) Description of liability		(b) Amount	
Federal income taxes			발생하다 1945년 1945년 1945년 - 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1 2012년 - 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년 1945년
DUE TO AFFILIATES		11,883,265.	
SELF-INSURANCE LIABILITIES		10,078,233.	
ESTIMATED RETROACTIVE ADJUST	TMENTS,		
THIRD PARTY		559,607.	
OTHER LIABILITIES		7,264,780.	
UNFUNDED ACCUMULATED POST R	ETIREMENT		
OBLIGATION		4,070,646.	
ODDITONITON		100 miles	enematika iku sa Penemanan ingan
			eg de Mike ege Arte e di Bras. Bendankan bendara bendar eta Bras.
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)	33,856,531.	
Total. (Column (b) must equal Form 990, Fart X, cor (b)			

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

10	dule D (Form 990) 2009 TEMPLE EAST, INC.			23-254730)5 Pag
ar	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fi	nancial Stat	ements	
***	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
	Total expenses (Form 990, Part IX, column (A), line 25)		2		
	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
	Net unrealized gains (losses) on investments		4		
	Donated services and use of facilities				
	Investment expenses				
	Prior period adjustments		7		
	Other (Describe in Part XIV.)		8		
	Total adjustments (net). Add lines 4 through 8		9		
	- Combine lines 3 at	nd 9	10		
ai	t XII Reconciliation of Revenue per Audited Financial Statement	ents With R	evenue per	Return	
	Total revenue, gains, and other support per audited financial statements		***************************************	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
:	Net unrealized gains on investments	2a			
a h	Donated services and use of facilities				
b	Recoveries of prior year grants				
c	Other (Describe in Part XIV.)				
a ~	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
}	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
ŀ -	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			. 4c	
	This must equal Form 990, Part I, line 12.)			. 5	
<u>.</u>	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses p	er Return	
	Total expenses and losses per audited financial statements			. 1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2		2a			
а	Donated services and use of facilities				
b					
C	Other losses				
C	Other (Describe in Part XIV.)			2e	
€				3	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
ŧ	Investment expenses not included on Form 990, Part VIII, line 7b			7	
ŧ	Other (Describe in Part XIV.)			40	
(Add lines 4a and 4b		***************************************	5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			<u> </u>	
?;	art XIV Supplemental Information	t III linna ta an	nd A: Part IV line	s 1h and 2h. Part	V. line 4
o	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	ı III, III 185 Talaf molete this par	t to provide any	additional informa	tion.
li	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also colurt V, line 4: PART V, LINE 4: PRINCIPAL B	ALANCE I	FOR ALL	ENDOWMENT	
ĉ	rt V, line 4: PART V, bine 4: PRINCIPAL D				
	WITHMOOD THE WATER THE THE OFFICE OF	TNTERES	T INCOME	ON THE E	DWARI
ľ	INDS ARE TO BE MAINTAINED IN PERPETUITY.				
	DE TRUST IS TO BE USED FOR MEDICAL SERVIC	ES PROV	TDED AT	NORTHEAST:	ERN
[]	DE TRUST IS TO BE OBED FOR MEDICAL SERVIC				
	THE THERE IS THOUSE ON THE OTHER	פייפוואיי	TS TO BE	USED FOR	
I	SPITAL. THE INTEREST INCOME ON THE OTHER	TIODIO	<u> </u>	<u> </u>	
31	ENERAL OPERATIONS.				
_					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047 2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization 23-2547305 TEMPLE EAST, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ☐ No X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of (g) Description of (h) Purpose (h) Purpose of grant (e) Amount of (c) IRC section (b) EIN (d) Amount of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization or assistance non-cash non-cash assistance if applicable cash grant or government assistance TEMPLE UNIVERSITY HOSPITAL, INC. 3509 N BROAD STREET, 9TH FLOOR TUCMC C/O TUHS LEGAL -GENERAL SUPPORT 0 13,596 23-2825878 501(a)(3) PHILADELPHIA, PA 191 JEANES HOSPITAL 3509 N BROAD STREET, 9TH FLOOR -TUCMC C/O TUHS LEGAL -GENERAL SUPPORT 68,361 0, 23-2826045 501(c)(3) PHILADELPHIA, PA 191 2 Enter total number of section 501(c)(3) and government organizations 0.

3 Enter total number of other organizations LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

TEMPLE EAST,	TNC.				23-2547305	Page
Chedule I (Form 990) 2009 TEMPLE EAST, Part III Grants and Other Assistance to Individuals in t Use Part IV and Schedule I-1 (Form 990) if addition	he United States, Com	plete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22.		
(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
	recipients	Casii giaiit	Cash assistance			
	ļ					
Part IV Supplemental Information. Complete this part	to provide the informati	on required in Part	I, line 2, and any other	er additional information.		
Grants were made only for tax-						- ////
	are subject					
bodies and management of the r	elated organ	nizations	and their	common		
parent.						

932102 02-02-10

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990.
➤ See separate instructions.

TEMPLE EAST, INC.

Employer identification number 23-2547305

Pa	rt I Questions Regarding Compensation	T	Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
ıa	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		N	
	First-class or charter travel Housing allowance or residence for personal use			1.00
	Travel for companions Payments for business use of personal residence			. :
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Last Discretionary spending account	-		
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
b	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
2	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and the CEO/Executive Director, regarding the items checked in line to			
	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
3				ŀ
	CEO/Executive Director. Check all that apply. Compensation committee Written employment contract			
	Compensation committee			
	Independent compensation committee			
	Form 990 of other organizations Approval by the board of compensation committee	N. Visiak		
	The state of the s			
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:	4a	Х	
а	Receive a severance payment or change-of-control payment?	4a 4b	 ^^	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	46	-	+
	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.			1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			1
а	The organization?	5a	-	X
h	Any related organization?	5b		Х
	If "Ves" 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			
Ü	contingent on the net earnings of:	1.50		
_	The organization?	6a	<u> </u>	X
a h	Any related organization?	6b		Х
D	If "Yes" to line 6a or 6b, describe in Part III.	1000		
7	"			
7	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
0	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
8	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
_	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	Regulations section 33.4300 0(0):	L 1/F	000	33 0000

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 TEMPLE EAST, INC. 23-2547305

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	reported in prior Form 990 or Form 990·EZ
	100	0.	0.	0.	0.	0.	0.	0.
TEATHER DARRON	(i) (ii)	290,961.	0.	6,591.	27,044.	6,601.	331,197.	0.
KATHLEEN BARRON		0.	0.	0.	0.	0.	0.	0.
BETH C. KOOB	(i) (ii)	364,627.	0.	18,488.	32,544.	20,241.	435,900.	0.
BEIN C. ROOD	(i)	0.	0.	0.	0.	0.	0.	0.
ROBERT H. LUX	(ii)	445,346.	0.	12,695.	32,544.	21,142.	511,727.	0.
ROBERT III 2011	(i)	0.	0.		0.	0.	0.	0.
JOSEPH MARSHALL	(ii)	0.	70,000.	351,968.	0.	25,876.	447,844.	- 0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(11)							
	(1)							
	(11)							
	(i)							
	100							
	(i) (ii)							
	(1)							
	(0)							
	(i)							
	(ii)							
	(1)							
	(0)						<u> </u>	
	(i)							
	(1)							l ule J (Form 990) 2009

Schedule J (Form 990) 2009 TEMPLE EAST, INC.	23-2547305	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this p	art for any additional information.	
Joseph W. Marshall, III also served as Chief Executive		
Officer of Temple University Health System, Inc. and was paid a severance		
by the Health System upon his termination from that role. His severance		
payment was \$447,844.		
		···

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

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

SOUND MANNER; AND IS COMMITTED TO MEETING THE NEEDS OF THE COMMUNITIES

WE SERVE. AS A MEMBER OF THE TEMPLE UNIVERSITY HEALTH SYSTEM, WE OFFER

AND FACILITATE CONVENIENT ACCESS TO TERTIARY SERVICES AT TEMPLE

UNIVERSITY HOSPITAL

Form 990, Part III, Line 2, New Program Services:

For many years, Temple East, Inc., doing business as Northeastern

Hospital, operated an acute care hospital at 2301 Allegheny Avenue,

Philadelphia, PA. Because of substantial changes in the provision of

health care and financial exigencies, Northeastern Hospital ceased to

operate an inpatient hospital after June 30, 2009. However, the

corporate entity, Temple East, Inc., did not dissolve but is continuing

in existence and engaging in other healthcare-related activities.

Temple East, Inc.@ hospital building is now used for hospital

outpatient services operated under the license of Temple University

Hospital, Inc., another affiliate of Temple University Health System,

Inc.

Temple University Hospital, Inc. is providing the following health care services at the Northeastern Hospital site: Chemotherapy; Endoscopy and Colonoscopy; Lab (To support the Chemo Infusion Program and Walk In Center); Pharmacy (To support the Chemo Infusion Program and the Endoscopy Suite); Radiology Tests (General Diagnostic Imaging; Ultrasound; Cat Scan; MRI; Mammograms; Nuclear Medicine); Vascular Lab

(Non-invasive vascular lab services and endovascular studies); and

SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.



Department of the Treasury
Internal Revenue Service

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

Cardiac Testing (Echocardiograms; EKGs; Stress Testing). In addition, Temple Physicians, Inc., another affiliate of Temple University Health System, Inc., has an office at the Northeastern Hospital campus known as @eadycareOthat is open 7 days a week, 10 hours a day with no appointment necessary and that is staffed by trained emergency room doctors. Today Temple East, Inc. essentially owns health care facilities and makes them available for use by its 501(c)(3) affiliates that provide health care services Form 990, Part III, Line 3, Changes in Program Services: For many years, Temple East, Inc., doing business as Northeastern Hospital, operated an acute care hospital at 2301 Allegheny Avenue, Because of substantial changes in the provision of Philadelphia, PA. health care and financial exigencies, Northeastern Hospital ceased to operate an inpatient hospital after June 30, 2009. However, the corporate entity, Temple East, Inc., did not dissolve but is continuing in existence and engaging in other healthcare-related activities. Temple East, Inc.@ hospital building is now used for hospital outpatient services operated under the license of Temple University Hospital, Inc., another affiliate of Temple University Health System, Inc.

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

services at the Northeastern Hospital site: Chemotherapy; Endoscopy Lab (To support the Chemo Infusion Program and Walk and Colonoscopy; Pharmacy (To support the Chemo Infusion Program and the In Center); Radiology Tests (General Diagnostic Imaging; Endoscopy Suite); Ultrasound; Cat Scan; MRI; Mammograms; Nuclear Medicine); Vascular Lab (Non-invasive vascular lab services and endovascular studies); Cardiac Testing (Echocardiograms; EKGs; Stress Testing). In addition, Temple Physicians, Inc., another affiliate of Temple University Health System, Inc., has an office at the Northeastern Hospital campus known as ReadycareOthat is open 7 days a week, 10 hours a day with no appointment necessary and that is staffed by trained emergency room doctors. Today Temple East, Inc. essentially owns health care facilities and makes them available for use by its 501(c)(3) affiliates that provide health care services Form 990, Part VI, Section A, line 6: The sole member of the organization Temple University Hospital, Inc. is Temple University Health System, Inc.

has the power to appoint and remove the organization@ Board of Directors. The approval of the member is required for any of the following actions by the organization:

A.any dissolution or liquidation of the Corporation;

B.any merger of the Corporation;

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

C.any amendments to the Articles of Incorporation of the Corporation;

D.any amendments to these Bylaws regarding the Member, the number of

Directors, quorum or voting requirements;

E.the sale, pledge, lease (but only a lease from the Corporation of

substantially all of the Corporation® real property), or other transfer of

the assets of the Corporation other than transactions occurring in the

ordinary course of business;

F.the adoption of the Corporation® annual capital and operating budgets;

G.the issuance or assumption of any indebtedness by the Corporation; and

H.the execution of any contract providing for the management of the

Corporation.

Form 990, Part VI, Section A, line 7a: SEE DISCLOSURE FOR FORM 990, PART

VI, SECTION A, LINE 6

Form 990, Part VI, Section A, line 7b: SEE DISCLOSURE FOR FORM 990, PART VI, SECTION A, LINE 6

Form 990, Part VI, Section B, line 11: After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary® Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T within 2 weeks and contact the Chief

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

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 In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an All disclosures are evaluated and a ongoing basis as matters arise. determination of whether a conflict exists is made by the Board or a committee of the Board. All employees are subject to a conflicts of interest policy that is monitored by the Office of the Secretary. Form 990, Part VI, Section B, Line 15: There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved. Form 990, Part VI, Section C, Line 19: The Unaudited Internal Financial

Statements of the Temple University Health System and certain of its

related organizations are distributed and made available to the public at

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization
TEMPLE EAST, INC.

Employer identification number 23-2547305

(Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the
Municipal Services Reporting Board® EMMA disclosure site and the Health
Systems financial web site. The Annual Audited Financial Statements are
also released to the public in the same manner. To the extent required by
applicable law, the organization makes its governing documents available to
the public upon request.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

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. OMB No. 1545-0047 2009 Open to Public Inspection

Name of the organization

TEMPLE EAST, INC.

Employer identification number 23-2547305

Name, address, and EIN of disregarded entity Primary activity Legal domicilis (state or foreign country) Le	art I Identification of Disregarded Entitles (Comple	(b)	(c)	(d)	(e)	(f)
(b) Name, address, and EIN Name, address, and EIN of related organization MPLE UNIVERSITY OF THE COMMONWEALTH SYSTEM HIGHER EDUCATION, 300 SULLIVAN HALL, 1330 BERKS ST , PHILADELPHIA, PA 19125 MPLE UNIVERSITY HEALTH SYSTEM, INC2825881, 3509 N BROAD STREET, 9TH FLOOR - CMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE Pennsylvania 501(c)(3) Line 12 N/A Pennsylvania 501(c)(3) Line 11a, I N/A Pennsylvania Fennsylvania	(a) Name, address, and EIN of disregarded entity		Legal domicile (state or		1 ' ' 1	Direct controlling entity
(a) (b) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (d) Public charity status (if section 501(c)(3)) (PLE UNIVERSITY OF THE COMMONWEALTH SYSTEM HIGHER EDUCATION, 300 SULLIVAN HALL, 1330 BERKS ST , PHILADELPHIA, PA 19125 (APLE UNIVERSITY HEALTH SYSTEM, INC2825881, 3509 N BROAD STREET, 9TH FLOOR - CMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 MELE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 MPLE UNIVERSITY HOSPITAL, INC - 23-2825878						
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(a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Status (if section 501(c)(3) Line 2 N/A Primary activity Pennsylvania Solic)(3) Line 11a, I N/A Primary activity Pennsylvania Solic)(3) Line 11a, I N/A Primary activity Pennsylvania Solic)(3) Line 11a, I N/A Primary activity Primary activity Primary activity Primary act						
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(a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Per UNIVERSITY OF THE COMMONWEALTH SYSTEM HIGHER EDUCATION, 300 SULLIVAN HALL, 1330 EERRS ST, PHILADELPHIA, PA 19125 EPLE UNIVERSITY HEALTH SYSTEM, INC. 2825881, 3509 N BROAD STREET, 9TH FLOOR - EMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE Pennsylvania 501(c)(3) Line 11a, I N/A FEDUCATION Pennsylvania 501(c)(3) Line 11a, I N/A FEDUCATION FENNSYLVANIA FEDUCATION Pennsylvania 501(c)(3) Line 11a, I N/A FEDUCATION FENNSYLVANIA FEDUCATION FENNSYLVANIA FE						
(a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Exempt Code sectio				1		L
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Le	rt II Identification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organization	answered "Yes" to Form 990, Pa	art IV, line 34 becaus	se it had one or more	related tax-exempt
HIGHER EDUCATION, 300 SULLIVAN HALL, 1330 BERKS ST , PHILADELPHIA, PA 19125 MPLE UNIVERSITY HEALTH SYSTEM, INC -2825881, 3509 N BROAD STREET, 9TH FLOOR - CMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 O9 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	organizations during the tax year.)			(d)	(e)	(1)
HIGHER EDUCATION, 300 SULLIVAN HALL, 1330 SERKS ST , PHILADELPHIA, PA 19125 SERKS ST , PHILADELPHIA, PA 19125 SERVEN ST , PHILADELPHIA, PA 19125 SERVEN ST , PHILADELPHIA, PA 19125 SERVEN ST , PHILADELPHIA, PA 19140 SERVEN ST , PHILADELPHIA,	organizations during the tax year.) (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling
BERKS ST , PHILADELPHIA, PA 19125 EDUCATION Fennsylvania 501(c)(3) Sine 2 N/A MPLE UNIVERSITY HEALTH SYSTEM, INC2825881, 3509 N BROAD STREET, 9TH FLOOR - CMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE Pennsylvania 501(c)(3) Line 11a, I N/A MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, HEALTH CARE Pennsylvania 501(c)(3) Line 11a, I N/A MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 09 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	organizations during the tax year.) (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling
IPLE UNIVERSITY HEALTH SYSTEM, INC -2825881, 3509 N BROAD STREET, 9TH FLOOR - -2825881, 3509 N BROAD STREET, 9TH FLOOR -	organizations during the tax year.) (a) Name, address, and EIN of related organization IPLE UNIVERSITY OF THE COMMONWEALTH SYSTE	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling entity
2825881, 3509 N BROAD STREET, 9TH PLOOR - PROC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE PENDE UNIVERSITY HEALTH SYSTEM FOUNDATION, C-23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, OOR - TUCMC C/ TUHS LEGAL, INC - 23-2825878 OOR DOOR STREET STH FLOOR - TUCMC C/ TU	(a) Name, address, and EIN of related organization PLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133	(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
CMC C/ TUHS LEGAL, PHILADELPHIA, PA 19140 HEALTH CARE Pennsylvania 501(c)(3) Fine 11a, 1 N/A MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, HEALTH CARE Pennsylvania 501(c)(3) Line 11a, 1 N/A MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 O9 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	organizations during the tax year.) (a) Name, address, and EIN of related organization MPLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 BERKS ST , PHILADELPHIA, PA 19125	(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
APLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH DOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, HEALTH CARE MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 09 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	organizations during the tax year.) (a) Name, address, and EIN of related organization MPLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 BERKS ST , PHILADELPHIA, PA 19125 MPLE UNIVERSITY HEALTH SYSTEM, INC	(b) Primary activity M D EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
C - 23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, HEALTH CARE Pennsylvania 501(c)(3) Line 11a, I N/A MPLE UNIVERSITY HOSPITAL, INC - 23-2825878 OF N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	(a) Name, address, and EIN of related organization MIPLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 BERKS ST , PHILADELPHIA, PA 19125 MIPLE UNIVERSITY HEALTH SYSTEM, INC 2825881, 3509 N BROAD STREET, 9TH FLOOR	(b) Primary activity Depution Depution Health Care	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, HEALTH CARE Fennsylvania 501(G/(3) SING 114, 1 VIII APLE UNIVERSITY HOSPITAL, INC - 23-2825878 19 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	(a) Name, address, and EIN of related organization FILE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 SERKS ST , PHILADELPHIA, PA 19125 FILE UNIVERSITY HEALTH SYSTEM, INC 2825881, 3509 N BROAD STREET, 9TH FLOOR CC / TUHS LEGAL, PHILADELPHIA, PA 1914 FILE UNIVERSITY HEALTH SYSTEM FOUNDATION,	(b) Primary activity Depution Depution Health Care	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MPLE UNIVERSITY HOSPITAL, INC - 23-2825878	(a) Name, address, and ElN of related organization APLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 SERKS ST , PHILADELPHIA, PA 19125 APLE UNIVERSITY HEALTH SYSTEM, INC2825881, 3509 N BROAD STREET, 9TH FLOOR CC / TUHS LEGAL, PHILADELPHIA, PA 1914 APLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C-23-2916108, 3509 N BROAD STREET, 9TH	(b) Primary activity M D EDUCATION HEALTH CARE	(c) Legal domicile (state or foreign country) Pennsylvania Pennsylvania	(d) Exempt Code section 501(c)(3)	(e) Public charity status (if section 501(c)(3)) Line 2 Line 11a, I	(f) Direct controlling entity N/A
09 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU	(a) Name, address, and EIN of related organization APLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 BERKS ST , PHILADELPHIA, PA 19125 APLE UNIVERSITY HEALTH SYSTEM, INC 2825881, 3509 N BROAD STREET, 9TH FLOOR C/ TUHS LEGAL, PHILADELPHIA, PA 1914 APLE UNIVERSITY HEALTH SYSTEM FOUNDATION, C - 23-2916108, 3509 N BROAD STREET, 9TH DOOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA,	(b) Primary activity M 10 EDUCATION HEALTH CARE HEALTH CARE	(c) Legal domicile (state or foreign country) Pennsylvania Pennsylvania	(d) Exempt Code section 501(c)(3)	(e) Public charity status (if section 501(c)(3)) Line 2 Line 11a, I	(f) Direct controlling entity N/A
IILADELPHIA, PA 19140 HEALTH CARE Pennsylvania 501(c)(3) Line 3 N/A	(a) Name, address, and EIN of related organization MPLE UNIVERSITY OF THE COMMONWEALTH SYSTE HIGHER EDUCATION, 300 SULLIVAN HALL, 133 BERKS ST , PHILADELPHIA, PA 19125 MPLE UNIVERSITY HEALTH SYSTEM, INC2825881, 3509 N BROAD STREET, 9TH FLOOR CMC C/ TUHS LEGAL, PHILADELPHIA, PA 1914 MPLE UNIVERSITY HEALTH SYSTEM FOUNDATION, CC - 23-2916108, 3509 N BROAD STREET, 9TH OOR - TUCMC C/ TUHS LEGAL, PHILADELPHIA, MPLE UNIVERSITY HOSPITAL, INC - 23-28258	(b) Primary activity EM DO EDUCATION HEALTH CARE HEALTH CARE	(c) Legal domicile (state or foreign country) Pennsylvania Pennsylvania	(d) Exempt Code section 501(c)(3)	(e) Public charity status (if section 501(c)(3)) Line 2 Line 11a, I	(f) Direct controlling entity N/A

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

Schedule R (Form 990) 2009

932161 02-04-10

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.)

organizations treated as a pa	rtnership during the tax year.)						1 "	, 1	71)	//
(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	Olsprop ate alloc	ortion- ations?	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	(j) General or managing partner? Yes No

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	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	Percentage ownership
TUHS INSURANCE COMPANY, LTD 3509 N BROAD ST, 9TH FLOOR - TUCMC C/O TUHS LEGAL PHILADELPHIA, PA 19140	MALPRACTICE INSURANCE	Bermuda	N/A		0.	0.	00%
FORTRESS PROPERTIES TRUST - 26-6241201 C/O FORTRESS PROPERTIES, INC., 3 VILLAGE ROAD, SUITE 1 HORSHAM, PA 19044	TRUST FOR THE BENEFIT OF TEMPLE UNIVERSITY HOSPITAL, INC.	PA	N/A	TRUST	0.	0	00%
nordina, IA 2001							
						Schedule B (For	000) 0000

932162 02-04-10

Part	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)					
A1 4 -	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		-		es	No
	During the tay year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IIIV?				1 1	X
_	Descipt of (it) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			a	$\frac{1}{x}$	
1.	OUT - report or contribution to other organization(s)				^	<u>x</u>
D	Gift, grant, or capital contribution from other organization(s)			lc		<u>^</u>
Ç	Loans or loan guarantees to or for other organization(s)			ld		$\frac{\Lambda}{X}$
a	Loans or loan guarantees to other organization(s)			le		
					-	
	Sale of assets to other organization(s)			1f	Х	- 37
1	Purchase of assets from other organization(s)			1g		X
	F			1h	.,	<u> </u>
n	Lease of facilities, equipment, or other assets to other organization(s)	•••••		1i	Х	
1	Lease of facilities, equipment, or other associate of the organization of the control of the con					77
	Lease of facilities, equipment, or other assets from other organization(s)			1j		X
j	to the second problem of fundraising solicitations for other organization(s)			1k		X
k	Performance of services or membership or fundraising solicitations by other organization(s)			11		X
1	Performance of services or membership of fundralasing soliditations by Sharing of facilities, equipment, mailing lists, or other assets		<u>L</u>	1m		X
m	Sharing of facilities, equipment, maining lists, or other assets Sharing of paid employees			1n		Х
n	Sharing of paid employees					
	Reimbursement paid to other organization for expenses			10		X
0	Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses	,,		1p		X
р	Reimbursement paid by other organization for expenses					
	Other transfer of cash or property to other organization(s)	*************************		1q		X
q		.		1r		X
<u>r</u>	Other transfer of cash or property from other organization(s). 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 tre	nsaction thresholds	3.			
_2		(b)		(c)		
	(a) Name of other organization(s)	Transaction	Amo	unt ir	volve	;d
	Mario of out of organization (-)	type (a·r)				
			<u> </u>			
(1)						
(2)						
	·		<u> </u>			
(3)						
(4)						
(5)						
(6)		Sci	hedule R	(Forr	n 990) 200
9321	63 02-04-10					

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.

hat was not a related organization. See instructions regarding except	(b)	(c)	(c		(e)	(1		(g)	(F	1)
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all p section organiz	ertners 501(c)(3) ations?	Share of end-of- year assets	Dispri tion allocal	opor- ate lions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?
of entity		country)	Yes			Yes		(Form 1065)	Yes	
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(a) Name, address, and EIN of related organization	xempt Organizations (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JEANES HOSPITAL - 23-2826045 3509 N BROAD STREET, 9TH FLOOR - TUCMC C/ TU			501(c)(3)	Line 3	N/A
PHILADELPHIA, PA 19140	HEALTH CARE	Pennsylvania	301(0)(3)	Dine 3	17.11
EANES HOSPITAL AUXILIARY - 23-1917776	_				
600 CENTRAL AVENUE	_		501(c)(3)	Line 9	N/A
HILADELPHIA, PA 19111	HEALTH CARE	Pennsylvania	501(6)(3)	Dane 3	
TEMPLE EAST REAL ESTATE, INC 20-1776524	_	1			
3509 N BROAD STREET, 9TH FLOOR - TUCMC C/ TO	∐		501(c)(3)	Line 11a, I	N/A
PHILADELPHIA, PA 19140	HEALTH CARE	Pennsylvania	501(6/(3/		F
PEMPLE PHYSICIANS, INC 23-2790607	_				
3509 N BROAD STREET, 9TH FLOOR - TUCMC C/ TO		L	501(c)(3)	Line 9	N/A
PHILADELPHIA, PA 19140	HEALTH CARE	Pennsylvania	501(0/(3/		
TEMPLE HEALTH SYSTEM TRANSPORT TEAM, INC					
75-5084023, 3509 N BROAD STREET, 9TH FLOOR	<u>-</u>		501(c)(3)	Line 9	N/A
TUCMC C/ TUHS LEGAL, PHILADELPHIA, PA 1914	HEALTH CARE	Pennsylvania	301(0/(0/		
EPISCOPAL HOSPITAL - 23-1365351	_				
3509 N BROAD STREET, 9TH FLOOR - TUCMC C/ T	<u> </u>	Pennsylvania	501(c)(3)	Line 11a, I	N/A
PHILADELPHIA, PA 19140	HEALTH CARE	Pennsylvania	501(0/(0/		
GREATER PHILADELPHIA HEALTH SERVICES III	_				
CORP. D/B/A TEMPLE CONTINUING CARE, 3509 N		Pennsylvania	501(c)(3)	PF	. N/A
BROAD STREET, 9TH FLOOR - TUCMC C/ TUHS	HEALTH CARE	Pennsylvania	502(57(57		
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