

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Temple University Hospital, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 N Broad Street 936 City or town, state or country, and ZIP + 4 Philadelphia, PA 19140	<b>D Employer identification number</b> 23-2825878  <b>E Telephone number</b> 215-707-4533  <b>G Gross receipts \$</b> 869,204,626.
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J Website:</b> www.tuh.templehealth.org		<b>H(c) Group exemption number</b>
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1995 <b>M State of legal domicile:</b> PA

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>Our mission is to support Temple University and its Health Sciences Center academic programs by</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5414
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	349,791.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-86,767.
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,879,088.	7,608,520.
	9 Program service revenue (Part VIII, line 2g)	797,251,316.	797,772,913.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,170,632.	18,970,092.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,286,122.	349,791.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	813,587,158.	824,701,316.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,479,954.	17,041,171.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	361,497,577.	371,581,503.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	510,651.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	423,475,622.	425,314,437.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	816,453,153.	813,937,111.
19 Revenue less expenses. Subtract line 18 from line 12	-2,865,995.	10,764,205.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 589,702,829.	End of Year 586,616,357.
	21 Total liabilities (Part X, line 26)	410,798,097.	423,545,823.
	22 Net assets or fund balances. Subtract line 21 from line 20	178,904,732.	163,070,534.

**Part II Signature Block**

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

Signature of officer: Robert H Lux Date: 5-9-13  
 **Robert H Lux, CFO and VP Finance of TUHS**  
 Type or print name and title

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our mission is to support Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest

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

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

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

4a (Code: ) (Expenses \$ 686,889,130. including grants of \$ 17,041,171.) (Revenue \$ 797,772,913.) Temple University Hospital was founded in 1892 as "Samaritan Hospital," with the mission of caring for patients with limited incomes and ensuring access to medical care in its surrounding neighborhoods. Today, Temple University Hospital is a 714-bed non-profit acute care hospital that provides a comprehensive range of medical services to its North Philadelphia neighborhoods, as well as a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania.

Temple University Hospital serves one of our nation's most economically challenged and diverse urban populations. Nearly 85% of the patients served by Temple University Hospital are covered by government

4b (Code: ) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) FUELING OUR COMMUNITY'S ECONOMIC ENGINE. Temple University Hospital employed more than 4,000 people and paid \$370 million in salaries and benefits. As a critical employer for North Philadelphia, about 22% of our employees live within its immediate and adjacent zip codes. For every \$1.00 of hospital employee compensation, about \$.92 additional compensation is spent elsewhere in the community (about \$340 million). For every job at Temple University Hospital, about 1.2 additional jobs are generated elsewhere (about 5,000 spin-off jobs).

REDUCING THE GOVERNMENT BURDEN. Temple University Hospital incurred nearly \$68 million in net charity and under-reimbursed care expenses. In addition, Temple maintains

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 686,889,130.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			245
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			5414
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		N/A
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		N/A
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		N/A
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Russell Heid - 215-707-4884**  
**2450 W Hunting Park Ave - 2nd Flr, Philadelphia, PA 19129**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jane Scaccetti Chair	4.00	X					0.	0.	0.	
(2) Bradford P. Woods Vice Chair	5.00	X					0.	0.	0.	
(3) George Corson, Jr. Member - Voting	2.00	X					0.	0.	0.	
(4) John W. Meacham Member - Voting	2.00	X					0.	0.	0.	
(5) Dr. Soloman C. Luo Member - Voting	2.00	X					0.	0.	0.	
(6) Samuel M. Lehrer Member - Voting	2.00	X					0.	0.	0.	
(7) Dr. Donald B. Parks Member - Voting	2.00	X					0.	0.	0.	
(8) Dr. Eugene M. Smolens Member - Voting	2.00	X					0.	0.	0.	
(9) Herbert E. Long, Jr. Member - Voting	2.00	X					0.	0.	0.	
(10) Richard I. Torpey Member - Voting	2.00	X					0.	0.	0.	
(11) Joseph Evans Member - Voting	2.00	X					0.	0.	0.	
(12) Dr. Richard Englert Ex Officio - Voting	2.00	X					0.	350,801.	61,820.	
(13) Patrick J O'Connor Ex Officio - Voting	4.00	X					0.	0.	0.	
(14) Dr. Ann Weaver Hart Ex Officio - Voting	2.00	X					0.	651,898.	48,040.	
(15) Larry Kaiser, MD Ex Officio - Voting	3.00	X					0.	1,005,407.	14,747.	
(16) Sandra Gomberg President & CEO	50.00			X			475,589.	0.	43,358.	
(17) John Kastanis President & CEO	46.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Beth C. Koob Secretary	10.00			X			0.	444,586.	53,554.	
(19) Betty McAdams Asst Secretary	2.00			X			0.	89,508.	14,655.	
(20) Robert H. Lux Treasurer	3.00			X			0.	486,103.	54,292.	
(21) Joseph G. Klos Asst Treasurer	2.00			X			0.	221,606.	32,902.	
(22) Herbert P. White Asst Treasurer	2.00			X			0.	228,453.	40,589.	
(23) Dr. Susan Freeman CMO of TUH	50.00				X		379,527.	0.	33,929.	
(24) Kathleen Barron Executive Director of TUH/EH	47.00				X		301,361.	0.	34,310.	
(25) Craig Menta AHD Finance of TUH/EH	50.00				X		188,992.	0.	41,250.	
(26) Pam Teufel VP of Human Resources	50.00				X		274,844.	0.	27,247.	
<b>1b Sub-total</b> .....							<b>1,620,313.</b>	<b>3,478,362.</b>	<b>500,693.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>1,751,529.</b>	<b>0.</b>	<b>157,571.</b>	
<b>d Total (add lines 1b and 1c)</b> .....							<b>3,371,842.</b>	<b>3,478,362.</b>	<b>658,264.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **456**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University, 400 Carnell Hall, 1803 N Broad St, Philadelphia, PA 19121	Physicians, Purchased Services	59,224,135.
Temple University Health System, 2450 West Hunting Park Avenue, Philadelphia, PA	Purchased Services, Related Organization	49,687,362.
Allied Barton, 1617 Washington Street, Suite 600, Conshohocken, PA 19428	Purchased Guard Services	4,280,244.
Synthes USA Sales LLC PO Box 8538-662, Philadelphia, PA 19171	Medical Supplier	3,646,307.
Hunter Roberts Construction Group, LLC, 1717 Arch Street, 34th floor,	Construction/Intrast ruce Improvements	1,454,063.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

See Part VII, Section A Continuation sheets





**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	2869923.			
	e	Government grants (contributions)	1e	3020628.			
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	1717969.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f .....		7608520.			
Program Service Revenue	2 a	<u>Patient Service Revenue</u>	Business Code 622110	784,091,791.	784,091,791.		
	b	<u>Parking Fees</u>	812930	3985149.	3985149.		
	c	<u>Rent from Tax Exempt A</u>	531120	3332423.	3332423.		
	d	<u>Cafeteria Sales</u>	722210	2732632.	2732632.		
	e	<u>Student Tuition</u>	611600	779,080.	779,080.		
	f	All other program service revenue .....	900009	2851838.	2851838.		
	g	<b>Total.</b> Add lines 2a-2f .....		797,772,913.			
	3	Investment income (including dividends, interest, and other similar amounts) .....		6213785.			6,213,785.
4	Income from investment of tax-exempt bond proceeds .....						
5	Royalties .....						
Other Revenue	6 a	Gross rents .....	(i) Real				
	b	Less: rental expenses .....	(ii) Personal				
	c	Rental income or (loss) .....					
	d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	57,259,617.			
	b	Less: cost or other basis and sales expenses .....	(ii) Other	44,503,310.			
	c	Gain or (loss) .....		12,756,307.			
	d	Net gain or (loss) .....		12,756,307.			12,756,307.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
	b	Less: direct expenses .....	b				
	c	Net income or (loss) from gaming activities .....					
	10 a	Gross sales of inventory, less returns and allowances .....	a				
	b	Less: cost of goods sold .....	b				
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			Business Code				
11 a	<u>Blood Draws</u>	621500	349,791.		349,791.		
b	.....						
c	.....						
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....		349,791.				
12	<b>Total revenue.</b> See instructions. ....		824,701,316.	797,772,913.	349,791.	18,970,092.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	17,041,171.	17,041,171.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,864,500.		3,864,500.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	286209050.	267310898.	18,898,152.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	11,189,606.	10,451,248.	738,358.	
9 Other employee benefits	48,603,327.	45,229,331.	3,373,996.	
10 Payroll taxes	21,715,020.	20,282,131.	1,432,889.	
11 Fees for services (non-employees):				
a Management	21,512,894.		21,002,243.	510,651.
b Legal	1,338,824.	36,153.	1,302,671.	
c Accounting	260,400.		260,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103,923.	103,923.		
g Other	119644140.	72,985,921.	46,658,219.	
12 Advertising and promotion	187,778.	1,956.	185,822.	
13 Office expenses	123447149.	122592755.	854,394.	
14 Information technology	10,722,788.	10,049,953.	672,835.	
15 Royalties				
16 Occupancy	20,864,085.	18,497,156.	2,366,929.	
17 Travel	372,600.	301,298.	71,302.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	314,736.	302,223.	12,513.	
20 Interest	12,189,608.	12,189,553.	55.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,690,435.	22,449,854.	240,581.	
23 Insurance	28,489,603.	28,449,551.	40,052.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Tax Assessments</b>	34,595,554.	15,667,352.	18,928,202.	
b <b>Equip rental and Mainte</b>	14,266,021.	11,464,435.	2,801,586.	
c <b>Bad Debt</b>	10,888,608.	10,888,608.		
d <b>Other Expenses</b>	3,425,291.	593,660.	2,831,631.	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	813937111.	686889130.	126537330.	510,651.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing .....	62,405,036.	1	22,440,968.
	2 Savings and temporary cash investments .....	102,534,570.	2	130,021,004.
	3 Pledges and grants receivable, net .....		3	
Assets	4 Accounts receivable, net .....	118,863,875.	4	112,007,282.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	14,007,550.	8	14,481,425.
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 534,984,034.		
	b Less: accumulated depreciation .....	10b 351,084,784.		
		181,619,515.	10c	183,899,250.
	11 Investments - publicly traded securities .....	22,131,523.	11	33,755,190.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	88,140,760.	15	90,011,238.
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	589,702,829.	16	586,616,357.
	Liabilities	17 Accounts payable and accrued expenses .....	63,218,243.	17
18 Grants payable .....			18	
19 Deferred revenue .....			19	
20 Tax-exempt bond liabilities .....		112,624,945.	20	109,069,884.
21 Escrow or custodial account liability. Complete Part IV of Schedule D .....			21	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22	
23 Secured mortgages and notes payable to unrelated third parties .....			23	
24 Unsecured notes and loans payable to unrelated third parties .....			24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		234,954,909.	25	238,831,548.
26 <b>Total liabilities.</b> Add lines 17 through 25 .....		410,798,097.	26	423,545,823.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	148,612,055.	27	136,177,916.
	28 Temporarily restricted net assets .....	4,665,333.	28	2,064,128.
	29 Permanently restricted net assets .....	25,627,344.	29	24,828,490.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	178,904,732.	33	163,070,534.	
34 <b>Total liabilities and net assets/fund balances</b> .....	589,702,829.	34	586,616,357.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	824,701,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	813,937,111.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,764,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178,904,732.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,598,403.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	163,070,534.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

Form 990 (2011)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **Temple University Hospital, Inc.** Employer identification number **23-2825878**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I                      b  Type II                      c  Type III - Functionally integrated                      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,627,344.	22,039,973.	19,620,000.	24,384,000.	
b Contributions			1,309,663.		
c Net investment earnings, gains, and losses	-798,854.	3,587,371.	1,110,310.	-4,764,000.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	24,828,490.	25,627,344.	22,039,973.	19,620,000.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b  |    |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,591,186.		4,591,186.
b Buildings		272678279.	164823340.	107854939.
c Leasehold improvements				
d Equipment		251088950.	185834554.	65,254,396.
e Other		6,625,619.	426,890.	6,198,729.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				183899250.

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

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

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

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

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

(a) Description	(b) Book value
(1) Self Insurance Assets	23,842,943.
(2) Assets Held in Perpetual Trust	23,768,256.
(3) Due From Affiliated Companies	20,931,728.
(4) Assets Held by TU Prepaid Pension	2,816,943.
(5) Other Assets	18,651,368.
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ 90,011,238.	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Self Insurance Program Liabilities	89,810,492.
(3) Unfunded Post Retirement Bnft	
(4) Obligation	30,143,179.
(5) Other Liability General	8,425,017.
(6) Temple University Revenue Bond	83,614,049.
(7) Other Liabilities	26,838,811.
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 238,831,548.	

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

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

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

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

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

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

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

**Part XIV Supplemental Information**

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

Part V, line 4: The endowment funds will be used for capital purposes, maintenance of the Liacouras Garden, appreciation awards to "Non-Professional" Employees and to cover the cost of unreimbursed care for the prevention and treatment of crippling diseases in children.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization **Temple University Hospital, Inc.** Employer identification number **23-2825878**

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1)		80,338	21,089,000.		21,089,000.	2.63%
b Medicaid (from Worksheet 3, column a)		171,741	371,000,712.	324,230,688.	46,770,024.	5.82%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs		252,079	392,089,712.	324,230,688.	67,859,024.	8.45%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)		36,199	1,449,552.	3,150.	1,446,402.	.18%
f Health professions education (from Worksheet 5)	34		63,141,244.	25,799,882.	37,341,362.	4.65%
g Subsidized health services (from Worksheet 6)		134,114	22,786,155.	12,649,684.	10,136,471.	1.26%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,828,921.		8,828,921.	1.10%
j <b>Total.</b> Other Benefits	34	170,313	96,205,872.	38,452,716.	57,753,156.	7.19%
k <b>Total.</b> Add lines 7d and 7j	34	422,392	488,295,584.	362,683,404.	125,612,180.	15.64%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Temple University Hospital, Inc

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

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>    </u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		



**Part V Facility Information** (continued) Temple University Hospital, Inc

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

**Billing and Collections**

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

**Part V Facility Information** (continued) Temple University Hospital, Inc

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>18</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

<b>19</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b> Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		<b>X</b>
If "Yes," explain in Part VI.		
<b>21</b> Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		<b>X</b>
If "Yes," explain in Part VI.		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Temple Univ Hosp @ Episcopal Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? .....	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) Temple Univ Hosp @ Episcopal Hospital

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

**Billing and Collections**

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

**Part V Facility Information** (continued) Temple Univ Hosp @ Episcopal Hospital

**Policy Relating to Emergency Medical Care**

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Temple Univ Hosp@Bone Marrow@Jeanes

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....		
5 Did the hospital facility make its Needs Assessment widely available to the public? .....		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) Temple Univ Hosp@Bone Marrow@Jeanes

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

**Billing and Collections**

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

**Part V Facility Information** (continued) Temple Univ Hosp@Bone Marrow@Jeanes

**Policy Relating to Emergency Medical Care**

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

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



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Northeastern Ambulatory Care Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? .....	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) **Northeastern Ambulatory Care Center**

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

**Billing and Collections**

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

**Part V Facility Information** (continued) **Northeastern Ambulatory Care Center**

**Policy Relating to Emergency Medical Care**

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

**Individuals Eligible for Financial Assistance**

<b>19</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7: As set forth in the Temple University Health System Department of Finance Policies and Procedures (TUHS-FIN 302), it is the policy of Temple University Health System to provide all necessary urgent and emergent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Temple University Health System (TUHS) that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances is in effect to insure maximum collections. All patients have the option to apply for the TUHS Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist TUHS in qualifying them for financial assistance.

TUH Inc.'s cost to charge ratio for Part 1, lines 7a through 7d is derived by deducting bad debt expense from total expenses divided by the total

**Part VI** Supplemental Information

gross charges.

Part I, Line 7g: Temple University Hospital invested nearly \$68 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well the inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Part 1, ln 7 col (f)

The percentage of total expense was calculated by taking the total expense included on Form 990, Part IX, Line 25, column (A) and subtracting bad debt expense of \$10,888,608

Part II: Temple University Hospital engages in a number of community building activities throughout the year, directly serving more than 14,000 people, and indirectly serving tens of thousands more, while incurring net expense of about \$800,000. These activities include the following programs:

Community Support:

(1) Temple University Hospital Emergency Preparedness and Research Program. The purpose of this program is to ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We ensure that our staff and facilities are prepared for disasters and other emergencies by working on many levels, both inside and outside the Temple Health System. We are

**Part VI** Supplemental Information

developing a community education and outreach program in which we would further educate our vulnerable communities about the importance of personal preparedness and provide them with guidelines on how to remain safe during a disaster. The TUH Emergency Preparedness and Research Program is also a critical link in the federal, state and local disaster response plans.

(2) Cradle to Grave Anti-Violence. This program helps reduce the financial, emotional, and societal costs of gun violence in the City of Philadelphia. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, reaching more than 1,250 people this year. Since the program began in 2006, Cradle to Grave has connected with more than 4,000 middle and high school students, as well as at-risk youth from area alternative schools and the Juvenile Justice Center of Philadelphia.

(3) Blood Drives. Temple University Hospital works closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. This year, Temple helped collect nearly 600 pints of blood from employees and physicians.

(4) Philadelphia MOM program: Assist Philadelphia Department of Health in providing early intervention for healthy newborns.

**Workforce Development:**

(1) Investment in Community's Healthcare Workforce. The purpose of this

**Part VI Supplemental Information**

program is to build local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and Welfare recipients.

## Part III, ln 4

This expense is related to services rendered for which payment is anticipated and credit is extended. These patients do not meet the established Charity Care policy and may therefore have the ability to pay. The cost method is determined based on the patient's liability for services rendered and is a community benefit because it is a cost of providing health care to the general public.

## Part III, ln 8

Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2011, the cost of providing services to the Medicare population was \$9,475,422 higher than revenue. Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by TUH provides a community benefit because it benefits a charitable class, the elderly.

Part III, Line 9b: Temple University Hospital's collection policy contains provisions on the collection practices to be followed for



**Part VI Supplemental Information**

patients who are known to qualify for charity care. If a patient does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class logged. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that Temple provides free and/or reduced price care to persons who qualify, that Temple provides assistance in applying for and obtaining government funded insurance, and that patients can contact Temple's Financial Services Department for assistance.

**Part V, Section B, Line 19d****Temple University Hospital, Inc:**

Temple University Hospital, Inc used a multiple of two-times the base Medicaid rate.

**Temple Univ Hosp @ Episcopal Hospital:**

Episcopal Hospital, Inc used a multiple of two-times the base Medicaid rate.

**Temple Univ Hosp Inc Bone Marrow @ Jeanes:**

Temple University Hospital Inc Bone Marrow @ Jeanes used a multiple of two-times the base Medicaid rate.

**Northeastern Ambulatory Care Center:**

**Part VI Supplemental Information**

Northeastern Ambulatory Care Center used a multiple of two-times the base Medicaid rate.

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

\*United States Center for Disease Control - (sample reports or data sets)

\*Pennsylvania Department of Health - (sample reports or data sets)

\*Pennsylvania Health Care Cost Containment Council (PHC4) - (sample reports or data sets)

\*Philadelphia Department of Public Health, including the Philadelphia Vital Statistics Report, the Philadelphia Vital Statistics Report by Census Tract and Zip Code Report; the annual Health Center Service Area Report; the Maternal and Child Family Health Data Watch, the Report on Selected Maternal & Child Health Indicators for the City of Philadelphia, 1995-2005 and the Taking Philadelphia's Temperature report.

\*Delaware Valley Healthcare Council - (sample reports or data sets)

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

\*Maternity Care Coalition - Childbirth at a Crossroads report.

\*Premier - Care Science Quality Manager

\*Current literature on evolving health care delivery issues and care delivery models.

Internally, we rely on the following sources:

**Part VI Supplemental Information**

\*Collaboration of Medical School and Hospital leadership

\*Consensus discussion with key clinical providers

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

\*Historic, service line specific utilization data

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

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

As the primary safety net hospital serving Philadelphia and its surrounding counties, Temple University Hospital (TUH) maintains strong relationships with area community Health Centers, including the City of Philadelphia Health Centers and many Federally Qualified Health Centers (FQHCs). These partnerships enable TUH to coordinate care delivery in both the inpatient and outpatient settings.

In Woman's Health TUH collaborates with three FQHCs, Esperanza Community Health Center, Maria Del los Santos Health Center, and Greater Philadelphia Health Action to provide Obstetrical Care. Through this partnership community physicians are integrated with the Temple faculty and community practices to provide a full range of obstetrical services for their patients. In addition, TUH participates with the City of Philadelphia MOM Program. This early intervention program consists of frequent phone calls and home visits to encourage mothers to have their babies immunized on schedule and to participate in needed developmental and educational services. The program seeks to fill the gap between children's need for services and mothers' ability to assure their

**Part VI Supplemental Information**

children's participation in those services.

Temple University Hospital also works closely with our community partners to provide for adult health services. The physicians of Esperanza Community Health Center maintain staff privileges and provide continuity of care for their patients at TUH. The group participates in the Temple University Internal Medicine Residency Programs. Maria Delos Santos Health Center and Greater Philadelphia Health Action provide outpatient services and refer patients to TUH for inpatient care.

The Hospital also maintains a close relationship with City of Philadelphia Health Department and its District Health Centers. TUH works closely with the city to provide for aftercare following hospitalization and often expedites needed specialty care and diagnostic evaluations.

Part VI, Line 3: 35 Financial Counselors assigned to Temple University Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP.

\*Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application process. Medicaid applications are submitted by TUH on the patient's behalf and tracked until final determination.

\*Patients who do not qualify for government-funded programs are screened

**Part VI Supplemental Information**

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

\*Temple's Charity Care/Self Pay discounting policy is not restricted to Emergency Department patients, but is available to inpatients and outpatients as well.

\*Patients who contact the Hospital's Business Office concerning bills they have received that they cannot afford to pay are also screened for Charity Care eligibility.

\*The Financial Counseling Staff at Temple University Hospital also offers assistance in obtaining supplemental coverage as well as prescription drug benefits.

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

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

\*Patient discharge summaries, billing invoices and vendor collection notices; and

\*Hospital website.

Part VI, Line 4: Temple University Hospital service area consists of the following zip codes: 19120, 19121, 19122, 19124, 19125, 19132, 19133,

**Part VI** Supplemental Information

19134, 19140, 19141, and 19144. This is an area with a disproportionately high percentage of poor and undereducated population.

**A. Population and Population Growth**

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

**B. Age Distribution**

Approximately 29% of the total population within TUH's service area is under the age of 18, approximately 18% higher than the overall average for the United States (24.5%). 28.0% of the TUH service area population is age 18-34, 21% higher than the national average. 33.5% of the TUH service area population is age 35-64, 15% less than the national average of 39.5%. 9.6% of the TUH service area population is over 65 years old, which is 25.7% less than the national average of 12.9%.

The average age of the TUH service area is projected to increase slightly over the next five years. Under 18 population is projected to remain unchanged from 2012 to 2017. The 65 and over population is projected to increase from 44,870 in 2012 to 48,159 in 2017, a projected increase of 7.3%.

**C. Education Level**

In 2012, the population in the TUH service area consisted of 67.0% with high school education or less, a rate approximately 53.6% higher than the national average of 43.7%. The TUH service area population consists of

**Part VI** Supplemental Information

33.0% with education beyond high school, approximately 42% less than the national average of 56.3%.

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

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

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

**Household Income**

Approximately 76% of households in the TUH service area earn less than \$50,000 per year, approximately 51% greater than the national average of 50.4%. 24% of TUH service area households earn over \$50,000 per year, which is approximately half the national average of 49.6%.

**E. Population Below Federal Poverty Level**

Approximately 35% of the population living within Temple University Hospital's service area live at or below the federal poverty level. This is greater than the national level of 15.1%.

**F. Race/Ethnicity**

In TUH's service area, 51.5% of the total population is Black, over four times the national level of 12.3%. Hispanics are the second largest population in TUH's service area, comprising 26.3% of the population, compared to the national average of 17.0%. The percentage of White population is lower than the nationally level, 16.1% in the TUH service area compared to 62.8% nationwide.

**Part VI Supplemental Information**G. Payer Mix in 2011

Approximately 79% of people in the TUH service area are covered by either Medicaid or Medicare; 47.9% for Medicaid and 30.9% for Medicare. This represents approximately three times the national average of 16.5% for Medicaid, and approximately two times of the national level of 15.2% for Medicare.

(Note: the actual percentage of inpatients discharged from Temple University Hospital covered by Medicaid and Medicare is somewhat higher than the percentage of residents living in our primary service area.)

Part VI, Line 5: Temple University Hospital serves one of our nation's most diverse and economically challenged urban areas, with about 85% of its patients covered by government programs, including 31% covered by Medicare and 53% covered by Medicaid. Temple University Hospital is in a federally designated Urban Renewal Area and is located in a federally designated Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone.

Temple University Hospital provides substantial charitable care to its community, with nearly \$68 million in charity and unreimbursed care, at cost, provided last year. In addition to this charity care, Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods. In addition to those community-building activities described above, we provide programs and activities that advance the health of people and the quality of life in our vulnerable communities:



**Part VI Supplemental Information**

PROVIDING CRITICAL SOCIAL RESOURCES. Temple connected about 15,000 people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. Temple University Hospital reached more than 21,000 people, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care, cancer, smoking cessation, and other topics; and providing many other outreach activities. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods.

CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Temple employs 35 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. At a cost of about \$1.4 million, this team processes about 5,500 applications annually.

FOSTERING VOLUNTEERISM. Members of Temple University Hospital's Board of Directors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation. Similarly, members of Temple University Hospital's executive staff

**Part VI Supplemental Information**

routinely participate in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. Through our chaplaincy, family support, and other programs, our volunteers touch more than 12,000 people annually, helping to advance healing through their compassionate services to patients and their families.

PROMOTING MULTI-CULTURAL SERVICES. With an annual investment of \$1.5 million, Temple University Hospital has 339 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department, including 10 full-time medical interpreters, 2 medical interpreters in leadership roles, 47 active dual-role interpreters, 160 language proficient physicians, 21 RNs, 2 social workers, and 97 other language proficient bi-lingual staff.

KEEPING PATIENTS OUT OF THE EMERGENCY DEPARTMENT. Temple University Hospital's Northeastern Campus includes its unique ReadyCare physician practice. ReadyCare offers expanded hours 365 days per year, and provides care that is specifically designed to meet the needs of the community, and to prevent unnecessary visits to a hospital Emergency Room.

REDUCING THE GOVERNMENT BURDEN. Temple maintains strong affiliations with the City of Philadelphia, Federally Qualified Health Centers, and numerous community health organizations to help ensure access to care for our vulnerable population. We are also partnering with government on numerous innovative programs to improve care delivery and reduce costs.

**Part VI** Supplemental Information

Part VI, Line 6: Temple University Hospital is a member of the Temple University Health System, Inc. (TUHS). It is the chief clinical teaching site for the Temple University School of Medicine. Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the Temple Health System Transport Team, Inc. mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; and, Temple Physicians, Inc., (TPI) mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of the Temple University Health System. TPI is a network of about 110 community-based physicians, nurse practitioners, and physician assistants in about 48 practice sites, with a focus on family medicine, internal medicine, gynecology, and pediatrics. All Temple physicians accept patients covered by Medicaid.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**Temple University Hospital, Inc.**

Employer identification number  
**23-2825878**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth System of Higher Education - 1109 Wachman Hall, 1805 North Broad Street -	23-1365971		8,828,921.	0.			General Support
Temple University Health System 3509 North Broad Street 9th floor Philadelphia, PA 19140	23-2825881		8,200,000.	0.			General Support
Temple University of the Commonwealth System of Higher Education - 3509 North Broad Street 9th floor - Philadelphia,	23-1365971		10,000.	0.			Resident Education

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

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

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

Schedule I (Form 990) (2011)

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

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

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

**Schedule I, part I, Line 2**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

**Temple University Hospital, Inc.**

Employer identification number  
**23-2825878**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dr. Richard Englert	0.	0.	0.	0.	0.	0.	0.
	301,290.	35,000.	14,511.	46,269.	15,551.	412,621.	0.
2 Dr. Ann Weaver Hart	0.	0.	0.	0.	0.	0.	0.
	576,898.	0.	75,000.	32,489.	15,551.	699,938.	0.
3 Larry Kaiser, MD	0.	0.	0.	0.	0.	0.	0.
	973,007.	0.	32,400.	0.	14,747.	1,020,154.	0.
4 Sandra Gomborg	0.	0.	0.	0.	0.	0.	0.
	469,617.	0.	5,972.	27,044.	16,314.	518,947.	0.
5 Beth C. Koob	0.	0.	0.	0.	0.	0.	0.
	406,974.	17,649.	19,963.	32,544.	21,010.	498,140.	0.
6 Robert H. Lux	0.	0.	0.	0.	0.	0.	0.
	448,542.	24,828.	12,733.	32,544.	21,748.	540,395.	0.
7 Joseph G. Klos	0.	0.	0.	0.	0.	0.	0.
	221,556.	0.	50.	26,017.	6,885.	254,508.	0.
8 Herbert P. White	0.	0.	0.	0.	0.	0.	0.
	228,453.	0.	0.	25,775.	14,814.	269,042.	0.
9 Dr. Susan Freeman	0.	0.	0.	0.	0.	0.	0.
	379,477.	0.	50.	27,044.	6,885.	413,456.	0.
10 Kathleen Barron	0.	0.	0.	0.	0.	0.	0.
	294,932.	0.	6,429.	27,044.	7,266.	335,671.	0.
11 Craig Menta	0.	0.	0.	0.	0.	0.	0.
	185,796.	0.	3,196.	24,764.	16,486.	230,242.	0.
12 Pam Teufel	0.	0.	0.	0.	0.	0.	0.
	274,717.	0.	127.	11,025.	16,222.	302,091.	0.
13 Betty Craig	0.	0.	0.	0.	0.	0.	0.
	144,279.	0.	9,389.	6,412.	9,155.	169,235.	0.
14 Rose Nolan	0.	0.	0.	0.	0.	0.	0.
	205,044.	0.	10,991.	8,827.	4,806.	229,668.	0.
15 William Keenan	0.	0.	0.	0.	0.	0.	0.
	300,350.	10,000.	0.	0.	0.	310,350.	0.
16 Julie Hyland	0.	0.	0.	0.	0.	0.	0.
	205,313.	0.	95,000.	22,709.	6,885.	329,907.	0.
	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Marc Hurowitz	(i) 270,521.	0.	50.	12,250.	7,262.	290,083.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 Steven Carson	(i) 251,860.	0.	443.	27,044.	9,032.	288,379.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 John Cacciamani	(i) 248,289.	0.	0.	27,044.	16,145.	291,478.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 Attach to Form 990. See separate instructions.

Name of the organization: **Temple University Hospital, Inc.** Employer identification number: **23-2825878**

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	Hospitals & Higher Ed A Fac Auth of Phila	23-1929132717903R59	02/17/93	164,911,891.	Refunding of Series of 1993		X		X			X
B												
C												
D												

Part II Proceeds	1 Amount of bonds retired	2 Amount of bonds legally defeased	3 Total proceeds of issue	4 Gross proceeds in reserve funds	5 Capitalized interest from proceeds	6 Proceeds in refunding escrows	7 Issuance costs from proceeds	8 Credit enhancement from proceeds	9 Working capital expenditures from proceeds	10 Capital expenditures from proceeds	11 Other spent proceeds	12 Other unspent proceeds	13 Year of substantial completion	14 Were the bonds issued as part of a current refunding issue?		15 Were the bonds issued as part of an advance refunding issue?		16 Has the final allocation of proceeds been made?		17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	
														Yes	No	Yes	No	Yes	No		Yes
			164,911,891.	13,428,906.	86,343,576.	390,525.				64,748,884.			1986								

Part III Private Business Use	1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
	2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.12	%						%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.00	%						%
6 Total of lines 4 and 5	1.12	%						%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	N/A							
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	West LB Bnk Term'ed							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Laurie Parks	Daughter of Donald	74,503.	Family Memb		X
John Testa	Brother-In-Law of J	73,827.	Family Memb		X

**Part V Supplemental Information**

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

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

(a) Name of Person: Laurie Parks

(b) Relationship Between Interested Person and Organization:

Daughter of Donald Parks

(d) Description of Transaction: Family Member

(a) Name of Person: John Testa

(b) Relationship Between Interested Person and Organization:

Brother-In-Law of Jane Scacetti

(d) Description of Transaction: Family Member

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

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

providing the clinical environment and service to support the highest  
quality teaching and training programs for health care students and  
professionals, and to support the highest quality research programs.

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

quality research programs.

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

programs, including 31% by Medicare and 53% by Medicaid. We are an  
indispensable provider of health care in the largest city in America  
without a public hospital. Among Pennsylvania's full-service  
safety-net providers, Temple University Hospital serves the greatest  
volume and highest percentage of patients covered by Medicaid.

Temple University Hospital also serves as a critical access point for  
vital public health services. It is the only Level 1 Trauma Center in  
Southeast Pennsylvania with a Burn Unit. Its Episcopal Campus  
contains all of Temple's behavioral health services, including a  
psychiatric Crisis Response Center, a full-service Emergency  
Department, and a 21-bed medical telemetry unit.

Last year we handled more than 130,000 patients in our Emergency  
Department; 11,000 patients in our Crisis Response Center; 700 victims  
of gun and stab violence in our Trauma Unit; and more than 300 patients  
in our Burn Center. We also delivered about 3,400 babies, of whom 90%

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were covered by Medicaid.

Temple University Hospital is in a federally designated urban Renewal Area and is located in a federally designated Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone. About 35% of individuals in Temple's primary service area live below the federal poverty level.

Temple University Hospital is staffed by 400 employed physicians of the Temple University School of Medicine's practice plan. Temple University Physicians represents 17 academic departments including subspecialties in emergency medicine, family practice and pediatrics, cardiology, gastroenterology, oncology, obstetrics and gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery, and psychiatry. All Temple University Physicians care for patients covered by Medicaid in both the inpatient and outpatient settings.

Temple University Hospital provides substantial charitable care to its community, with nearly \$68 million in charity and unreimbursed care, at cost, provided last year.

Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods and the Southeast Pennsylvania region. Below is a summary of this year's programs and activities that advance the health of people and the quality of life in our communities:

PROVIDING CRITICAL SOCIAL RESOURCES. Temple connected about 15,000

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people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. Temple University Hospital reached more than 21,000 people, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods.

CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Temple employs 35 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. This team processes about 5,500 applications annually.

COMBATING GUN VIOLENCE. Philadelphia leads the nation's 10 largest cities in homicides per capita. Three police districts with the highest number of shootings fall within our footprint. Last year Temple treated more than 500 gunshot wound victims, the highest number in Pennsylvania. To address this epidemic, Temple's Cradle to Grave

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program works with at-risk youth to help break the cycle of gun violence. Cradle to Grave engaged 1,250 teens this year, and engaged more than 6,000 teens since the program began in 2006. Its Turning Point intervention program takes advantage of teachable moments that exist during the post-injury/pre-discharge period for survivors of violence.

INVESTING IN HEALTH PROFESSIONS EDUCATION. Temple invest about \$37 million to provide the education and training necessary to develop a professional healthcare workforce to benefit the broader community. This includes part of the cost of training more than 500 residents and fellows in over 45 teaching programs. Our residents and fellows are involved in various efforts that directly impact the community, including our Cradle to Grave program, the Temple CAREs primary clinic, our HIV clinic, and other community outreach initiatives. The exposure that our Residents receive caring for our diverse, low-income community helps Temple address health disparities while developing our nation's future physicians. Our investment in health professions also includes part of the cost of operating the Northeastern School of Nursing RN Diploma Program, providing an affordable option for diverse, community members who would not otherwise be able to attend traditional collegiate programs.

INVESTING IN OUR HOSPITAL WORKFORCE. Temple University Hospital's Community Healthcare Workforce program provided comprehensive training and education to help frontline workers living in the community adapt and build skills to enable them to participate in a changing healthcare workplace. About half of the students are union members, and half from



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the general community, many of whom are laid-off workers and Welfare recipients.

**FOSTERING VOLUNTEERISM.** Members of Temple University Hospital's Board of Directors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation. Similarly, Temple University Hospital's executive team routinely participates in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. Through our chaplaincy, family support, and other programs, our volunteers touch more than 12,000 people annually, helping to advance healing through their compassionate services to patients and their families.

**PROMOTING MULTI-CULTURAL SERVICES.** With an annual investment of \$1.5 million, Temple University Hospital has 339 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department, including 10 full-time medical interpreters, 2 medical interpreters in leadership roles, 47 active dual-role interpreters, 160 language proficient physicians, 21 RNs, 2 social workers, and 97 other language proficient bi-lingual staff.

**EMERGENCY PREPAREDNESS AND RESEARCH.** With an investment of more than \$127,000.00, this program helps ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels,

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both inside and outside the Temple Health System, educating our communities about the importance of personal preparedness. Temple's Emergency Preparedness and Research Program is a critical link in the federal, state, and local disaster response plans.

DONATING BLOOD. Working with the American Red Cross, we help ensure that our nation has a safe and reliable blood supply. Through our investment of nearly \$31,000.00, Temple University Hospital helped collect 600 pints of blood from employees, physicians and community members.

PHILADELPHIA "MOM" PROGRAM: Temple's nursing staff and social workers assist the City in enrolling the new mothers shortly after delivering their infant and prior to discharge. New mothers and their babies from birth through age 5 are connected with social, educational, and healthcare supports.

Form 990, Part III, Line 4b, Program Service Accomplishments: strong affiliations with the City of Philadelphia, Federally Qualified Health Centers, and numerous community health organizations to help ensure access to care for our vulnerable population. We are also partnering with government on the following innovative programs to improve care delivery and reduce costs: (1) In partnership with CMS, the Albert Einstein Medical Center and the Philadelphia Corporation for Aging, our Community-based Care Transitions program will improve transitions of beneficiaries from the inpatient setting to other care settings, improve care quality, reduce readmissions for high-risk Medicare beneficiaries; (2) Temple's Episcopal Campus is participating

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in the "Extended Acute Care Pilot" with the City of Philadelphia and its contractor Community Behavioral Health to improve patient care and recovery, to reduce long-term behavioral health costs and integrate patients into community settings; (3) In collaboration with Temple University School of Social Policy, the American Health Information Community (AHIC) and Local 1199C Training and Upgrade Fund, we are developing a program to certify Community Health Peer Coaches. This program will train community members to work with providers to help coordinate care, improve patient compliance, and encourage wellness; and (4) Agency for Healthcare Quality and Research- Reducing Readmissions in Medicaid. Along with two high-volume Medicaid Hospitals in Boston (Bay State in Springfield) and Texas (University Health System in San Antonio), as well as with the Pennsylvania Department of Public Welfare, Temple is assisting AHRQ in a project focused on implementing best practices for reducing readmission in hospitals serving a high volume of Medicaid patients.

KEEPING PATIENTS OUT OF THE EMERGENCY DEPARTMENT. Temple University Hospital's Northeastern Campus includes its unique ReadyCare physician practice. ReadyCare offers expanded hours 365 days per year, and provides care that is specifically designed to meet the needs of the community - and to prevent unnecessary visits to a hospital Emergency Room.

SUBSIDIZING CRITICAL HEALTH SERVICES. Temple University Hospital invested about \$10 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well as the

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inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Form 990, Part VI, Section A, line 6: The sole member of the organization is Temple University Health System, Inc. The member has the power to appoint and remove the organization's Board of Governors. The approval of the member is required for any of the following actions by the organization:

- (a) any dissolution or liquidation;
- (b) any merger;
- (c) any amendments to the Articles of Incorporation;
- (d) any amendments to the Bylaws regarding the member, the number of Governors, quorum or voting requirements;
- (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;
- (f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization;
- (g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's;
- (h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine or the Temple University School of Podiatric Medicine;
- (i) the adoption of the organization's annual capital and operating budgets;
- (j) the issuance or assumption of any indebtedness in excess of Two Million

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Five Hundred Thousand Dollars (\$2,500,000); and

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

Form 990, Part VI, Section A, line 7a: See Part VI Section A Line 6 Statement above

Form 990, Part VI, Section A, line 7b: See Part VI Section A Line 6 Statement above

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's Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer about any questions. In addition to the above process, the Audit Committee is provided a copy and the 990 and 990T are reviewed at a regularly scheduled meeting.

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

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directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

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

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

Form 990, Part VI, Section C, Line 19: The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health 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.

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

Other Comprehensive Pension Income (Loss)	-13,984,639.
Permanently Restricted Contributions	-798,854.
<b>Net Unrealized Gain or Loss</b>	<b>-11,814,910.</b>

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Total to Form 990, Part XI, Line 5 -26,598,403.

Form 990, Part VII, Section A, Column B.

Hours of Members at other Organizations

Jane Scaccetti - 6

John Kastanis - 4

Beth Koob - 40

Betty McAdams - 38

Robert Lux - 47

Joseph Klos - 48

Herbert White - 48

Kathleen Barron - 3

Dr. Soloman Luo - 2

Dr. Donald Parks - 2

Joseph Evans - 2

Dr. Richard Englert - 48

Patrick O'Connor - 6

Dr. Ann Weaver Hart - 48

Larry Kaiser MD - 47









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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) <u>Episcopal Hospital</u>	K	1,382,328.	Negotiated Purchase Agreement
(2) <u>Episcopal Hospital</u>	F	161,388.	Negotiated Purchase Agreement
(3) <u>Episcopal Hospital</u>	P	464,497.	Negotiated Purchase Agreement
(4) <u>Episcopal Hospital</u>	J	2,100,708.	Negotiated Rate
(5) <u>Temple East, Inc</u>	N	51,588.	Actual Hours Worked
(6) <u>Temple East, Inc</u>	P	97,933.	Actual Cost



