

Extended to May 16, 2022

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Temple University Hospital, Inc.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): 3509 N Broad Street Room/suite 936  
 City or town, state or province, country, and ZIP or foreign postal code: Philadelphia, PA 19140

**D** Employer identification number: 23-2825878

**E** Telephone number: 215-707-6686

**F** Name and address of principal officer: Michael DiFranco, CPA  
 3509 N Broad Street, Philadelphia, PA 19140

**G** Gross receipts \$: 1,881,935,393.

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included? Yes  No

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: <http://tuh.templehealth.org>

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1995 **M** State of legal domicile: PA

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	7278
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	10,792.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	10,792.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	93,454,801.	52,913,102.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,371,798,682.	1,779,739,184.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,753,212.	40,419,481.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,717.	10,792.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,471,010,412.	1,873,082,559.
Expenses	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	7,778,355.	51,547,580.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	568,869,531.	629,941,504.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	948,406.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	750,953,520.	1,058,665,694.
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,327,601,406.	1,740,154,778.
	<b>20</b> Total assets (Part X, line 16)	143,409,006.	132,927,781.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,106,930,415.	1,371,112,402.
		745,661,486.	829,876,303.
		361,268,929.	541,236,099.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Michael DiFranco* Date: 5-16-22  
 Michael DiFranco, CPA, Assistant Treasurer  
 Type or print name and title

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

May the IRS discuss this return with the preparer shown above? See instructions Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

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 \$ 1,546,226,446. including grants of \$ 51,547,580. ) (Revenue \$ 1,779,739,184. ) See Schedule O

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

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

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

4e Total program service expenses 1,546,226,446.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (1024 or 1024-A, 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 [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records
Michael DiFranco - 2157076686
3509 N. Broad Street, Philadelphia, PA 19140

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Young President & CEO & Director	39.00 11.00	X		X				1,186,425.	0.	23,741.
(2) Dr. Richard Englert Director	2.00 48.00	X						0.	796,695.	84,793.
(3) Beth Koob Secretary	2.00 48.00			X				0.	641,921.	84,331.
(4) Tony Stuart Reed Chief Medical Officer (from 10/27/20)	50.00 0.00			X				514,071.	0.	41,112.
(5) Tony Stuart Reed Chief Medical Officer	50.00 0.00				X			514,071.	0.	41,112.
(6) Claire Raab Chief Clinical Officer	50.00 0.00				X			448,247.	0.	48,948.
(7) Abhinav Rastogi Chief Operating Officer (from 10/27/)	50.00 0.00			X				442,833.	0.	40,526.
(8) Abhinav Rastogi President & CEO	50.00 0.00				X			442,833.	0.	40,526.
(9) Rebecca Armbruster Chief Medical Officer	50.00 0.00				X			409,854.	0.	45,002.
(10) Steven Carson VP Clinical Integration	50.00 0.00					X		400,863.	0.	25,637.
(11) Kathleen Barron Executive Director	48.00 2.00				X			395,123.	0.	24,267.
(12) Angelo Venditti SVP Patient Services/CNE	50.00 0.00				X			367,079.	0.	33,322.
(13) Shidong Li Chief Physicist	50.00 0.00					X		310,079.	0.	56,346.
(14) Ray Lefton Chief Financial Officer	50.00 0.00				X			293,317.	0.	44,009.
(15) Susan Coull VP Medical Education	50.00 0.00					X		317,995.	0.	14,572.
(16) Dennis Sutterfield AVP Clinical Info Systems	50.00 0.00					X		286,877.	0.	44,324.
(17) Christopher Snyder Asst Treasurer	2.00 48.00			X				0.	274,760.	39,361.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Xenia Atienza RN-Staff/Clin Nurse	50.00 0.00					X		301,519.	0.	10,362.
(19) Lisa Corbin Asst Treasurer	2.00 48.00			X				0.	245,701.	54,084.
(20) Michael DiFranco Asst Treasurer	2.00 48.00			X				0.	250,189.	31,090.
(21) Nicholas Barcellona Treasurer (from 10/27/20)	2.00 48.00			X				0.	187,865.	14,649.
(22) Charna Wright Asst Secretary	2.00 48.00			X				0.	83,542.	19,543.
(23) Sandra Harmon-Weiss Chair	2.00 7.00	X		X				0.	0.	0.
(24) John W. Meacham Vice Chair	2.00 2.00	X		X				0.	0.	0.
(25) Jane Cameron Miller Director	2.00 0.00	X						0.	0.	0.
(26) Eleanor Reinhardt Director	2.00 3.00	X						0.	0.	0.
<b>1b Subtotal</b>								6,631,186.	2,480,673.	861,657.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								6,631,186.	2,480,673.	861,657.

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 1,573

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 Faculty Practice Plan, Inc., 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	124,611,182.
Temple University, 400 Carnell Hall, 1803 N Broad Street, Philadelphia, PA 19121	Physicians, Purchased Services	94,097,305.
Temple University Health System, 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	65,348,830.
Temple Physicians Inc, 3509 N Broad Street, No. 936, Philadelphia, PA 19140	Physicians, Purchased Services	4,536,831.
Fox Chase Cancer Center Medical Group Inc, 3509 N Broad Street, No. 936,	Physicians, Purchased Services	2,123,978.

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 63

See Part VII, Section A Continuation sheets



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Janet Yeomans Director	2.00 0.00	X						0.	0.	0.
(28) Jerome Kline Director	2.00 0.00	X						0.	0.	0.
(29) Charles Lockyer, Jr. Director	2.00 4.00	X						0.	0.	0.
(30) Dr. Eugene M. Smolens Director	2.00 0.00	X						0.	0.	0.
(31) Shirley Coker Director	2.00 0.00	X						0.	0.	0.
(32) Michael Bradshaw Director	2.00 0.00	X						0.	0.	0.
(33) Margaret Cobb Director	2.00 0.00	X						0.	0.	0.
(34) Herbert E. Long, Jr. Director	2.00 0.00	X						0.	0.	0.
(35) Rebecca Rakoski Isbill Director	2.00 0.00	X						0.	0.	0.
(36) Martin Ogletree Director	2.00 3.00	X						0.	0.	0.
(37) Mitchell Morgan Director	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	38,464.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	47,695,836.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,178,802.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 380,027.				
	<b>h Total.</b> Add lines 1a-1f			52,913,102.			
Program Service Revenue	<b>2 a</b> Patient Service Revenue	<b>Business Code</b>					
		622110	1,760,511,584.	1,760,511,584.			
	<b>b</b> Rent from Tax Exempt A	531120	4,096,154.	4,096,154.			
	<b>c</b> Parking Fees	812930	3,734,049.	3,734,049.			
	<b>d</b> Cafeteria Sales	722210	3,316,937.	3,316,937.			
	<b>e</b>						
	<b>f</b> All other program service revenue	900099	8,080,460.	8,080,460.			
<b>g Total.</b> Add lines 2a-2f			1,779,739,184.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		40,324,382.			40,324,382.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	8,947,933.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	8,852,834.				
	<b>c</b> Gain or (loss)	<b>7c</b>	95,099.				
<b>d</b> Net gain or (loss)			95,099.		95,099.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> Lab Revenue	<b>Business Code</b>					
		621500	10,792.		10,792.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			10,792.				
<b>12 Total revenue.</b> See instructions			1,873,082,559.	1,779,739,184.	10,792.	40,419,481.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	51,547,580.	51,547,580.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,743,320.		4,743,320.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	475,576,710.	458,044,272.	17,532,438.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,315,810.	28,147,554.	1,168,256.	
<b>9</b> Other employee benefits .....	83,819,342.	80,114,934.	3,704,408.	
<b>10</b> Payroll taxes .....	36,486,322.	34,817,205.	1,669,117.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	8,159,978.	824,533.	6,410,198.	925,247.
<b>b</b> Legal .....	449,810.	74,309.	375,501.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	9,446.		9,446.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	397,425,784.	300,814,986.	96,610,798.	
<b>12</b> Advertising and promotion .....	3,760,325.	207,562.	3,552,763.	
<b>13</b> Office expenses .....	421,738,143.	421,702,088.	27,873.	8,182.
<b>14</b> Information technology .....	22,187,902.	21,540,483.	647,419.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	21,674,155.	17,585,192.	4,088,963.	
<b>17</b> Travel .....	957,026.	901,298.	40,751.	14,977.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	233,352.	229,260.	4,092.	
<b>20</b> Interest .....	18,500,783.	18,221,965.	278,818.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	80,497,359.	71,740,456.	8,756,903.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Tax Assessment	56,255,391.	18,404,404.	37,850,987.	
<b>b</b> Equipment Rental and Ma	21,511,134.	18,987,976.	2,523,158.	
<b>c</b> Other Expenses	5,305,106.	2,320,389.	2,984,717.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,740,154,778.	1,546,226,446.	192,979,926.	948,406.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	352,485,882.	<b>1</b>	303,515,479.
	<b>2</b> Savings and temporary cash investments .....	2,027,630.	<b>2</b>	3,910,245.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	235,082,610.	<b>4</b>	294,950,358.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	37,336,238.	<b>8</b>	42,213,178.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 842,947,500.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 638,664,718.	184,682,070.	<b>10c</b> 204,282,782.
	<b>11</b> Investments - publicly traded securities .....	93,343,952.	<b>11</b>	274,552,891.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,585,185.	<b>12</b>	54,236,757.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	176,386,848.	<b>15</b>	193,450,712.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,106,930,415.	<b>16</b>	1,371,112,402.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	117,316,005.	<b>17</b>	149,872,279.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	16,118,011.	<b>24</b>	12,917,321.
	<b>25</b> 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 .....	612,227,470.	<b>25</b>	667,086,703.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	745,661,486.	<b>26</b>	829,876,303.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	299,605,280.	<b>27</b>	468,811,276.
	<b>28</b> Net assets with donor restrictions .....	61,663,649.	<b>28</b>	72,424,823.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	361,268,929.	<b>32</b>	541,236,099.
<b>33</b> Total liabilities and net assets/fund balances .....	1,106,930,415.	<b>33</b>	1,371,112,402.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,873,082,559.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,740,154,778.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	132,927,781.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	361,268,929.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,606,317.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	36,433,072.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	541,236,099.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 VI 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 - 2019.</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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 ..... ►



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. Department of Health and Human Services  200 Independence Avenue  S. W. Washington, DC 20201	\$ 47,695,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Robert and Nancy Witty  35 Union Street  Dryden, NY 13053	\$ 998,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EH Foundation  1801 Market Street  Philadelphia, PA 19103	\$ 928,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HGE Health Care Solutions LLC  1301 Virginia Drive Suite 100  Fort Washington, PA 19034	\$ 657,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EPIC  1979 Milky Way  Verona, WI 53593	\$ 386,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Percival Roberts, Jr. Trust  1 South Broad Street Floor 6  Philadelphia, PA 19107	\$ 197,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Hospital and Healthsystem Association of Pennsylvania  30 N 3rd Street #600  Harrisburg, PA 17101	\$ 176,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CVC Philanthropy  712 5th Avenue Floor 43  New York, NY 10019	\$ 100,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Anna T. Jeanes Foundation  7600 Central Avenue  Philadelphia, PA 19111	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Athole Jacobi  50 Belmont Avenue  Bala Cynwyd, PA 19004-2437	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Dr. Daniel T. Dempsey  1100 Stratford Avenue  Melrose Park, PA 19027-3027	\$ 51,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Eli Lilly  33 Imclone Dr  Branchburg, NJ 08876	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Kathleen and Lawrence Stuardi  3 Village Road Suite 200  Horsham, PA 19044-3818	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Raymond James and Associates  880 Carillon Parkway  Saint Petersburg, FL 33716-1100	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Robert Green  1633 North Street  Philadelphia, PA 19130-3304	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Schechter Family Fund  5119 New Hope Road  New Hope, PA 18938-5408	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Jeanes Hospital Auxiliary  3509 N Broad Street  Philadelphia, PA 19140	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Gift Accrual FY2021  3509 N Broad Street  Philadelphia, PA 19140	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Judith Hart  185 Asylum Street Floor 3  Hartford, CT 06103-3402	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Karen Wiesniewski  313 North 3rd Street Apartment 5A  Philadelphia, PA 19106-1245	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Lillie W. Baker Trust  One South Broad Street Floor 6  Philadelphia, PA 19107	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	David L. Forbes  1219 Village Run Northeast  Brookhaven, GA 30319-5304	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Independence Blue Cross  1901 Market Street Floor 38  Philadelphia, PA 19103-1465	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Karen A Young  1 Woodstock Court  Mechanicsburg, PA 17050-8230	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Medical Staff  3509 N Broad Street  Philadelphia, PA 19140	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Michael Young  3509 N broad Street Boyer Pavillion, 9th Floor  Philadelphia, PA 19140	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Nicholas Karalis  776 Parkes Run Lane  Villanova, PA 19085-1123	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Parx Casino and Racing  2999 Street Road  Bensalem, PA 19020-2060	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Polett Enterprises, Inc.  568 West Lancaster Avenue  Haverford, PA 19041-1209	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Sellers Dorsey  1635 Market Street Apartment 301  Philadelphia, PA 19103-2217	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Temple University Hospital Medical Staff  3509 N Broad Street  Philadelphia, PA 19140	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	The Rose and Isador Form  Post Office Box 9509  Warwick, RI 02889-0509	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Colorectal Cancer Fund  3509 N Broad Street  Philadelphia, PA 19140	\$ 22,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Abbott  104 Windsor Center Dr  East Windsor, NJ 08520	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Greenwood Gaming and Entertainment  3001 Street Road Suite 7031  Bensalem, PA 19020-2006	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Ride Hard Breath Easy  1119 Coventry Road  Cheltenham, PA 19012-1003	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Acclara Solutions  Delaware Dr  Fort Washington, PA 19034	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Charles Zacney  361 Vista Drive  Phoenixville, PA 19460-1054	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Daniel Polett  400 Pottstown Pike  Chester Springs, PA 19425-3619	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Dean Bollendorf  3509 N Broad Street  Philadelphia, PA 19140	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Greenfield Donation Grant  PO Box 189  Fort Washington, PA 19034	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Health Partners Plans, Inc.  901 Market Street Suite 599  Philadelphia, PA 19107-3111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Healthfleet Ambulance, Inc.  3820 North 2nd Street  Philadelphia, PA 19140-3334	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Mrs. Margo Polett  954 Stony Lane  Gladwyne, PA 19035-1126	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Northeastern Health System  3509 N Broad Street  Philadelphia, PA 19140	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Stewart Business Systems  6000 Irwin Road  Mount Laurel, NJ 08054-4635	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	The Lydia Fisher Warner  100 North Main Street Suite 708  Winston Salem, NC 27101-4063	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Vizient  10745 Westside Way Suite 100  Alpharetta, GA 30009-7640	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Dolchin, Slotkin & Todd  50 South 16th Street  Philadelphia, PA 19102-2516	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Estate of Ann M. Keely  940 Meadowbrook Drive  Huntingdon Valley, PA 19006-6957	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Jane Scaccetti  1600 Market Street Suite 3300  Philadelphia, PA 19103-7214	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	TUH Emergency Fund  3509 N Broad Street  Philadelphia, PA 19140	\$ 12,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Hospital Fund  3509 N Broad Street  Philadelphia, PA 19140	\$ 10,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Richard C. Weiss, D.M.D.  42 Holly Knoll Drive  Cape May Courthouse, NJ 08210-1472	\$ 10,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Sandra R. Harmon-Weiss, M.D.  42 Holly Knoll Drive  Cape May Courthouse, NJ 08210-1472	\$ 10,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Amy J. Goldberg, M.D.  440 South Broad Street Unit 2301  Philadelphia, PA 19146-4917	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Ballard Spahr, LLP  1735 Market Street Floor 51  Philadelphia, PA 19103-7599	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Caring Heart  6445 Germantown Ave  Philadelphia, PA 19119	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Enrique Hernandez  636 Manor Road  Narberth, PA 19072-1617	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	First Step Pediatrics  206 Laurel Heights Drive  Bridgeton, NJ 08302-3634	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Gordon H. Morewood, M.D.  512 Telner Street  Philadelphia, PA 19118-4214	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Home Front Build Inc,  715 Cypress Avenue  Los Angeles, CA 90065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Jerry Burton  1008 Clemmers Mill Road  Schwenksville, PA 19473-1916	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	Kindred Healthcare, Inc.  680 South 4th Street  Louisville, KY 40202-2412	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	Locks Foundation  3509 N Broad Street  Philadelphia, PA 19140	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Martin Winter  3 Cypress Point Drive  Purchase, NY 10577-1503	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	McNamara Giving Fund  Post Office Box 770001  Cincinnati, OH 45277-0001	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	Meredith Cross  254 Penfield Road  Fairfield, CT 06824-8406	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Mrs. Carla Rossetti Hernandez  636 Manor Road  Narberth, PA 19072-1617	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	Mrs. Mary McNamara  830 Foxwood Circle  Lafayette Hill, PA 19444-1645	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	Post & Schell P C, H0526  1600 John F Kennedy Boulevard Floor 14  Philadelphia, PA 19103-7480	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	Richard Englert  325 Covered Bridge Road  Cherry Hill, NJ 08034-2948	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	Robert M. McNamara, M.D.  830 Foxwood Circle  Lafayette Hill, PA 19444-1645	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	Rubin, Fortunato & Harbison P. C.  3509 N Broad Street  Philadelphia, PA 19140	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	Temple University Alumni  3509 N Broad Street  Philadelphia, PA 19140	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	The Philadelphia Award  20th Street And The Parkway  Philadelphia, PA 19103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	Thomas Fekete  7 North Columbus Boulevard Apartment 215  Philadelphia, PA 19106-1424	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	J.P. Morgan Chase & Co  1650 Market Street Floor 47  Philadelphia, PA 19103-7308	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	CDHA Management  3509 N Broad Street  Philadelphia, PA 19140	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	Deloitte LLP  1700 Market Street Floor 25  Philadelphia, PA 19103-3922	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	Dr. Ellen Tedaldi  421 East Gowen Avenue  Philadelphia, PA 19119-1025	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	Gift of Life Donor Program  401 North 3rd Street  Philadelphia, PA 19123-4106	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	MRA Realty Inc.,  3 Village Road Suite 200  Horsham, PA 19044-3818	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	Wu  3509 N Broad Street  Philadelphia, PA 19140	\$ 7,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	Sam Wu  1001 City Avenue Unit EE822  Wynnewood, PA 19096-3926	\$ 7,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	BURN FOUND. Soar Program  3509 N Broad Street  Philadelphia, PA 19140	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	Broncus Medical  125 Nicholson Lane  San Jose, CA 95134-1359	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	Chris McNichol  1650 Market Street Floor 43  Philadelphia, PA 19103-7343	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	Huron Consulting Group  550 West Van Buren Street Suite 1700  Chicago, IL 60607-3861	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	Marc P. Hurowitz, D.O.  1606 Chestnut Street Unit 2  Philadelphia, PA 19103-5130	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	Mrs. Debbie Kaplan Lefkowitz  60 East 8th Street Apartment 22J  New York, NY 10003-6519	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	O'Brien & Ryan, LLP  2250 Hickory Road Suite 300  Plymouth Meeting, PA 19462-1065	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	Stanley Lefkowitz  60 East 8th Street Apartment 22J  New York, NY 10003-6519	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	Tandigm Health  300 Four Falls Corporate Center  West Conshohocken, PA 19428	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	Tony Reed  1555 Commissioners Road  Mullica Hill, NJ 08062-4611	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	Tulip Special Care LLC  3300 Henry Avenue  Philadelphia, PA 19129-1141	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	Joseph W. Marshall III, Esq.  4139 Presidential Drive  Lafayette Hill, PA 19444-1609	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	Marshall Filomela  4139 Presidential Drive  Lafayette Hill, PA 19444-1609	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	Martin Spitz  108 Autumn Run Way  Napa, CA 94558-6724	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	Michaek W. Weaver Jr.  218 Lynnebrook Lane  Philadelphia, PA 19118-2709	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	Michael Bradshaw  1 Rockwell Green  Pennington, NJ 08534-2328	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	Mike and Nancy Miller Charitable Fund  3509 N Broad Street  Philadelphia, PA 19140	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	Owens & Minor  1220 Forest Parkway  Paulsboro, NJ 08066-1796	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	Sheila Weaver  218 Lynnebrook Lane  Philadelphia, PA 19118-2709	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	Stevens & Lee, PC  1818 Market Street Floor 29  Philadelphia, PA 19103-3652	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  Temple University Hospital, Inc.	Employer identification number  23-2825878
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on 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 (for example, recreation or education)  Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	54,564,472.	35,872,119.	36,142,078.	34,928,027.	30,063,362.
b Contributions		21,271,758.			
c Net investment earnings, gains, and losses	10,711,070.	-2,579,405.	-269,959.	1,214,051.	4,864,665.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	65,275,542.	54,564,472.	35,872,119.	36,142,078.	34,928,027.

- 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  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		6,199,829.		6,199,829.
b Buildings		419,171,030.	313,281,108.	105,889,922.
c Leasehold improvements				
d Equipment		411,972,799.	322,759,474.	89,213,325.
e Other		5,603,842.	2,624,136.	2,979,706.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				204,282,782.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Self-Insurance Assets	19,353,654.
(2) Assets Held in Perpetual Trust	63,743,651.
(3) Due From Affiliated Companies	32,435,688.
(4) Health Partners Investment	59,658,862.
(5) Other Assets	18,258,857.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	193,450,712.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Self-Insurance Program Liability	101,273,858.
(3) Unfunded Post-Retirement Benefits	-4,784,710.
(4) Reserve Liability	86,371,162.
(5) Long-Term Debt, Intercompany	250,907,950.
(6) Other Liabilities	104,865,580.
(7) Due to Affiliated Companies	54,845,765.
(8) Estimated Settlements, 3rd Party Payers	73,607,098.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	667,086,703.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

Part 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)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

<b>Name of the organization</b> Temple University Hospital, Inc.	<b>Employer identification number</b> 23-2825878
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			27,894,371.		27,894,371.	1.60%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		213,985	746,996,671.	767,172,346.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....		213,985	774,891,042.	767,172,346.	27,894,371.	1.60%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	385	223,689	12,786,490.	3,567,608.	9,218,882.	.53%
<b>f</b> Health professions education (from Worksheet 5) .....			154,544,422.	35,280,139.	119,264,283.	6.85%
<b>g</b> Subsidized health services (from Worksheet 6) .....		61,716	50,751,313.	31,201,183.	19,550,130.	1.12%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			6,259,139.		6,259,139.	.36%
<b>j Total.</b> Other Benefits .....	385	285,405	224,341,364.	70,048,930.	154,292,434.	8.86%
<b>k Total.</b> Add lines 7d and 7j .....	385	499,390	999,232,406.	837,221,276.	182,186,805.	10.46%

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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (-34,353). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B. Row 5: Enter total revenue received from Medicare (including DSH and IME) (236,371,483). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (253,897,101). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-17,525,618). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (Yes: X).

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://tuh.templehealth.org/content/community_health_informa</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>https://tuh.templehealth.org/content/community_health_information.htm</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

	Yes	No
<p><b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	X	
<p><b>18</b> 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 the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

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

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

Name of hospital facility or letter of facility reporting group Facility Reporting Group A

		Yes	No
<p><b>22</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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....</p> <p>If "Yes," explain in Section C.</p>		<b>23</b>	x
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....</p> <p>If "Yes," explain in Section C.</p>		<b>24</b>	x

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: Temple University Hospital, Inc
- Facility 3: Temple Univ. Hosp @ Episcopal Campus
- Facility 4: Northeastern Ambulatory Care Center
- Facility 5: Temple Univ Hosp Infusion Rm @Fox Chase Cancer
- Facility 2: Temple University Hospital @ Jeanes Campus

Group A-Facility 1 -- Temple University Hospital, Inc

Part V, Section B, line 5: In conducting its CHNA, Temple University

Hospital took into account input from representatives of the community

served by its facility, including those with special knowledge or

expertise in public health. Our processes, as well as the persons with

whom Temple University Hospital consulted are set forth on pages 12 to 16

of the CHNA of our Main Campus and pages 12-15 of the CHNA of our Jeanes

Campus. Both are posted in plain view on the hospital's website at

<https://www.templehealth.org/locations/temple-university-hospital/about/>

[community-health](https://www.templehealth.org/community-health) and [https://www.templehealth.org/](https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-health)

[locations/jeanes-campus-tuh/about/community-health](https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-health). As noted in the

CHNAs, Temple University Hospital held four community stakeholder focus

groups at its various facilities, which included 46 external community

leaders representing our immediate neighborhoods. Our CHNA also reflected

responses to a survey of 181 residents living in our service area that was

conducted by Temple University's Institute for Survey Research (ISR) on

behalf of Temple University Hospital.

Group A-Facility 1 -- Temple University Hospital, Inc

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, line 11: Temple University Hospital is addressing most

of the needs identified in our CHNA. Our approach to addressing unmet

needs is identified in our CHNA Implementation strategy, which is posted

in plain view on the hospital's websites at <https://www.templehealth>

[.org/locations/temple-university-hospital/about/community-health](https://www.templehealth.org/locations/temple-university-hospital/about/community-health) and at

<https://www.templehealth.org/locations/jeanes-campus-tuh/>

[about/community-health.](https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-health)

Group A-Facility 2 -- Temple University Hospital @ Jeanes Camp

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 2 -- Temple University Hospital @ Jeanes Camp

Part V, Section B, line 11: Refer to Facility 1 description.

Group A-Facility 3 -- Temple Univ. Hosp @ Episcopal Campus

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 3 -- Temple Univ. Hosp @ Episcopal Campus

Part V, Section B, line 11: Refer to Facility 1 description.

Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 11: Refer to Facility 1 description.

Group A-Facility 5 -- Temple Univ. Hosp Infusion Rm @Fox Chase

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 5 -- Temple Univ. Hosp Infusion Rm @Fox Chase

Part V, Section B, line 11: Refer to Facility 1 description.





**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 Hospital Emergency Care, Charity Care, Financial Assistance, and Uninsured Discount Policy, 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

**Part VI** Supplemental Information (Continuation)

by total expenses divided by the total gross charges.

Part I, Line 7g:

Temple University Hospital invested nearly \$20 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 II, Community Building Activities:

Temple University Hospital engages in numerous community building activities throughout the year. These activities, separate from our "community health improvement" activities, advance the health or safety of the neighborhoods we serve.

A summary of our community building and other community benefit activities is provided in our Community Benefit Report posted in plain view on our hospital's website at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health>

COMMUNITY SUPPORT.

(1) Emergency Preparedness and Research: This program helps ensure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care under the most austere conditions. This program is a critical link in federal, state and local disaster response

**Part VI** Supplemental Information (Continuation)

plans. Our Emergency Preparedness Department is involved in three local committees, including the North Philadelphia Emergency Healthcare Support Zone, the Regional Hospital Subcommittee, and the Emergency Support Function-8 Work Group. These committees focus on creation of drills, policy development, and continuing education.

(2) Housing Smart: In collaboration with Health Partners Plans, Keystone First and Resources for Human Development launched a two-year program to help 25 homeless Medicaid patients who frequently use hospital emergency departments. Patients are provided free housing and caseworkers to connect them with health and social services. Caseworkers assist patients by furnishing apartments, connecting with healthy meals, and helping with applications for income assistance such as Social Security.

(3) At Your Service: Temple University Hospital's volunteer intern program connected undergraduate students who engage in pro-active non-clinical rounding on inpatient and outpatient units and interact with patients and families. Volunteer interns gain familiarity with hospital settings while enhancing the experience of patients and visitors.

(4) Southeast Pennsylvania Collaborative Opportunities to Advance Community Health (COACH) initiative: In partnership with the U.S. Department of Health & Human Services, Philadelphia Department of Health and the Healthcare Improvement Foundation, Temple helps address food insecurity. In selected clinical settings, a member of our hospital staff asks patients about their access to sufficient food. If a patient indicates food insecurity, we refer the patient to community resources for SNAP food assistance, food banks and other needs.

**Part VI** Supplemental Information (Continuation)

(5) Employee Community Engagement: Temple University Hospital conducts numerous engagement activities throughout the year, including collections for new coats and clothing, holiday gifts, food, and school supplies to benefit low income families living in our communities. We are particularly proud of the support that we provide to local public schools, where many families have limited resources to purchase cold weather clothing and school supplies for young children.

(6) Support for Early Learning: Temple University Hospital's Episcopal Campus provides facility use for the charitable purpose of providing early learning education for low-income children with autism and disabilities.

## WORKFORCE DEVELOPMENT

(1) Investment in Community's Healthcare Workforce: The purpose of this program is to build local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education for workers living in our community, which helps to adapt and improve skills that 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 those receiving public assistance. Career pathways include nursing, behavioral health, allied health, childcare, and health IT. Education services include GED classes and testing as well as ESL and safety instruction.

(2) Community Health Worker Program: In partnership with Temple University's Center for Social Policy, District Council 1199c Training and

**Part VI** Supplemental Information (Continuation)

Upgrade Fund and Philadelphia Workforce Development Corporation, this program trains unemployed members of our community to become Community Health Workers. Through this program, we are helping residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes and cost.

## Part III, Line 2:

Effective July, 1, 2018, the Health System adopted a new revenue recognition accounting standard that resulted in significant changes to the methodology for reporting bad debt expense. Under the previous standard, estimates for amounts not expected to be collected based on historical experience were recorded within net patient service revenue and then recognized as bad debt expense. Under the new standard, estimates for unrealizable amounts are recognized as implicit price concessions that are a direct reduction to net patient service revenues. As a result, the amount of bad debt expense reported in the Health System's financial statements has been greatly reduced, despite the fact that overall collection rates have not changed.

## Part III, Line 8:

Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2021, the cost of providing services to the Medicare population was \$17,525,618, 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 VI** Supplemental Information (Continuation)

Part III, Line 9b:

Temple University Hospital's collection policy contains provisions on the collection practices to be followed for 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. 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 TUH provides free and/or reduced price care to persons who qualify, that TUH provides assistance in applying for and obtaining government funded insurance, and that patients can contact TUH's Financial Services Department for assistance.

Part VI, Line 2:

In addition to our Community Health Needs Assessment described in Part V Section B, Temple University Hospital (TUH) further assesses community health needs using 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:

<https://www.cdc.gov/DataStatistics/>

\*Pennsylvania Department of Health

**Part VI** Supplemental Information (Continuation)

[-http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un](http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un)

\*Pennsylvania and County Health Profiles-

<http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/County>

[HealthProfiles/Documents/County\\_Health\\_Profiles\\_2015.pdf](#)

\*Pennsylvania Health Care Cost Containment Council (PHC4) -

<http://www.phc4.org/reports/utilization/inpatient/>

\*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.

<http://www.phila.gov/health/Commissioner/DataResearch.html>

\*County Health rankings:

<http://www.countyhealthrankings.org/app/pennsylvania/2017/overview>

\*City Data: <http://www.city-data.com/>

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

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Li>

[mitedDataSets/MEDPARLDShospitalNational.html](#)

\*Maternity Care Coalition -

<http://maternitycarecoalition.org/research/#publications-and-reports>

\*Vizient (University Healthcare Consortium) Clinical Database\*Current

literature on evolving health care delivery issues and care delivery

models.

\*Participation in the Southeast Pennsylvania Collaborative Opportunities

to Advance Community Health (COACH) initiative in partnership with the

U.S. Department of Health & Human Services, Philadelphia Department of

Health and the Healthcare Improvement Foundation.



**Part VI** Supplemental Information (Continuation)

Internally, we rely on the following sources:

\*Collaboration of Medical School and Hospital leadership

\*Consensus discussion with key clinical providers and community service

organizations

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

\*Feedback from community members of our board of directors and routine

interaction with neighborhood community organizations.

\*Historic, service line specific utilization data

\*Organizational community risk assessments (Infection Control, Environment

of Care, Emergency Management, Fire Safety Management, Disaster Response).

\*Feedback from our various Patient and Family Advisory Councils (PFAC),

including the separate Temple Physicians, Inc. PFACs connected with six

separate practice locations in our community and Temple University

Hospital's Injury PFAC of our Trauma Unit and the PFAC of our Heart and

Vascular Institute. These groups are organized under Temple University

Hospital's Department of Patient Experience.

\*In addition to assessing data sources, we work closely with the City of

Philadelphia Department of Public Health's Health Centers, other local

Federally Qualified Health Centers (FQHCs), the City's Police and Fire

Departments and other community-based health and social services

organizations to address specific needs of vulnerable populations. These

partnerships enable us to coordinate care delivery in both inpatient and

outpatient settings and address social determinants of health affecting

health outcomes for the communities we serve.

To support moms and newborns, we collaborate with Esperanza Community

Health Center (Esperanza), Maria de los Santos Health Center, and Greater

Philadelphia Health Action to provide a full range of obstetrical

services. In partnership with the Philadelphia Department of Public

**Part VI** Supplemental Information (Continuation)

Health's Philadelphia MOM Program, we connect new mothers and their babies

from birth through their sixth birthday with social, educational, and

healthcare supports.

Temple University Hospital also works closely with our community partners

to provide adult health services. Esperanza Physicians maintain staff

privileges and provide continuity of care for their patients at our

hospital. Additionally, Esperanza participates in our Internal Medicine

Residency Programs. Maria de los Santos Health Center and the Greater

Philadelphia Health Action also refer their patients to Temple University

Hospital for inpatient care.

Representatives of Temple University Hospital serve on several health-and

safety related boards and committees of the City of Philadelphia,

including the Health Department, the Mayor's Task Force to Combat the

Opioid Epidemic, the Managing Director's Resilience Advisory Board, the

Philadelphia Task Force on Sports-Based Youth Development, and the Fire

Commissioner's Medical Advisory Board.

Part VI, Line 3:

34 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.

**Part VI** Supplemental Information (Continuation)

\*Patients who do not qualify for government-funded programs are screened for Temple University Health System's Charity Care program to determine their eligibility for free or reduced cost care.

\*Temple's Charity Care 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:

**Part VI** Supplemental Information (Continuation)

As indicated in Temple University Hospital's Community Health Needs

Assessment available at

<https://www.templehealth.org/locations/temple-university-hospital/about/com>

munity-health and

<https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-he>

alth, our primary service area (TUH Service Area) is comprised of the

following zip codes: 19111, 19115, 19116, 19120; 19121;19122; 19124;

19125; 19129; 19132; 19133; 19134; 19135; 19140; 19144, 19149 and, 19152.

These zip codes represent about 70% of where our patients reside seen on

an inpatient and observation basis. Our service area's population has a

disproportionally high percentage of non-college educated residents living

in poverty compared to the city, state, and nation.

Our immediate service area is also reflected in the City of Philadelphia's

2017 Community Health Assessment, and is represented mainly by the City's

North, Lower North and Riverward Planning Districts. These planning

districts have the lowest life expectancy, poorest health, and highest

incidents of death before age 75, smoking-attributable mortality rate,

level of obesity, cardiovascular disease, HIV diagnosis, cancer-related

mortality rate, number of rat complaints, homicide rate, opioid-related

mortality rate, and number of adults diagnosed with a mental health

condition in the city.

The following data is current as of the time of conducting our most recent

3-year Community Health Needs Assessment referenced above.

**A. Population and Population Growth**

The TUH Service Area's population 5-year growth rate is 1.6%, which nearly

matches the city at 1.5%, but is much greater than the state at 0.5%.

**Part VI** Supplemental Information (Continuation)

However, our service area, city overall, and state lag well behind the

nation's growth rate of 3.5%.

**B. Age Distribution**

The TUH Service Area's age distribution reveals an overall younger

population with 53% under 35 when compared to the city at 50%, state at

43% and nation at 45.7%. While the 35 - 64 and 65+ year range is lower for

TUH, at 34.8% and 12.1%, when compared to the city, at 36.1% and 13.5%,

state, at 38.9% and 18.1%, and nation, at 38.4% and 15.9%.

**C. Education Level**

The population in the TUH service area consists of 63.8% with a high

school education or less, a rate over 50% higher than the national average

of 40.6%. The TUH service area population consists of 36.2% with

education beyond high school, 23% less than the national average of 59.4%.

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

Although employment rates are steadily rising nationally, 5.0% of

Philadelphia's total population is unemployed, which is higher than the

state unemployment rate of 4.8% and national rate of 4.1%.

(Source: Bureau of Labor Statistics, Local Area Unemployment Statistics,

November 2018)

**Household Income**

67.6% of households in the TUH service area earn less than \$50,000 per

year, approximately 45% greater than the national average of 42.4%.

**E. Population Below Federal Poverty Level**

Approximately 36.8% of the population living within TUH's service area

lives at or below the federal poverty level. This is greater than

Philadelphia County at 25.8%, Pennsylvania at 13.1% and the Nation at

**Part VI** Supplemental Information (Continuation)

14.6%.

**F. Race/Ethnicity**

In TUH's service area, 46.1% of the total population is Black, nearly four times the national level of 12.4%. Hispanics are the second largest population in TUH's service area, comprising 29.8% of the population, compared to the national average of 18.2%. The percentage of White Non-Hispanic population of 17.8% is much lower than the national average of 60.4%.

**G. Payer Mix**

Approximately 78% of TUH service area's residents are covered by either Medicaid or Medicare: 48.5% for Medicaid, and 30.8% for Medicare.

**Part VI, Line 5:**

In addition to the Community Building activities described in Section V above, Temple University Hospital organized or participated as a key partner in a number of community health improvement activities. These activities are free to the community, subsidized by Temple University Hospital, do not generate a patient bill, and are carried out for the sole purpose of improving community health.

TUH is 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. About 86% of our inpatients are covered by government programs: 40% by Medicare and 46% by Medicaid. Temple University Hospital is located in a medically underserved area.

**Part VI** Supplemental Information (Continuation)

During our FYE June 30, 2021, Temple University Hospital engaged in numerous programs and events serving thousands of community members. Below are selected highlights.

(1) Pandemic Response: Temple University Hospital offered a 24/7 COVID-19 hotline to provide community members with information on COVID-19 prevention, infection and recovery. We operate free COVID-19 testing on our hospital campuses. We also partner with community organizations to provide on-site testing in difficult-to-reach neighborhoods. Our Regional Health Collaborative, in partnership with University of Pennsylvania, covers over 300 assisted living, personal care homes, and skilled nursing facilities in Philadelphia, Bucks, Chester, and Lancaster counties with consulting services on COVID-19 care, PPE use and sourcing, testing, infection control, and palliative care. We partner with the Philadelphia Housing Authority (PHA) to provide its residents with COVID-19 education and assistance with food insecurity, prescription delivery, financial assistance, and other social challenges. This program is staffed by a dedicated team of community health workers, all public housing beneficiaries, who we trained and hired.

(2) Addressing the Opioid Epidemic: Temple University is on the front line addressing this public health crisis: 25% of our inpatients have a substance use disorder; our service area's drug overdose mortality rate is seven-times the national rate and has the highest opioid mortality rate in the City of Philadelphia. Our Temple Recovery Using Scientific Treatment (TRUST) Clinic, which is integrated into our family medicine and general internal medicine practices, provides low-barrier substance use disorder treatment with on-site peer recovery and case management services. The

**Part VI** Supplemental Information (Continuation)

TRUST Clinic supports community based primary care providers and Temple University Hospital's Emergency Departments at its main, Episcopal and Jeanes campuses. Our Begin the Turn street side multidisciplinary unit is staffed by a behavioral health professional, case manager, medical practitioner, and outreach workers. This team provides pharmacologic treatment for opioid use disorder and acute care services with a bridge to primary care and social services.

(3) Addressing Public Health Impact of Gun Violence: Temple University Hospital's prevention and intervention programs provide a comprehensive approach to addressing this public health crisis. The homicide mortality rate in our immediate service area is 700% higher than the national rate. With the addition of a full-time psychologist, Turning Point offers cognitive-based and trauma-informed mental health services to patients. Cradle to Grave is our collaborative program with the Juvenile Justice Department and local schools that works with at-risk youth to break the cycle of gun violence. Our Fighting Chance program is one of the nation's few initiatives that teach community members how to provide basic first aid to gunshot wound victims.

(4) Healing Through Work: Our partnership with the Pennsylvania Commission on Crime and Delinquency and Philadelphia Works connects victims of gun violence with gainful employment to disrupt the cycle of interpersonal violence, open pathways, and bring stability to lives. A full-time workforce development specialist on our trauma team enrolls participants, help set career goals, creates access to career pathways, and provides ongoing training and mentorship.



**Part VI** Supplemental Information (Continuation)

(5) Trauma Victim Advocate Program: We provide social, emotional, and material support to patients and families from their time of entry into our hospital through discharge. Our 24/7 advocate team offers counseling and facilitates access to victim's services that aid with post-traumatic recovery and community re-integration. We provide referrals to crime agencies to assist with relocation, recovery of lost wages, unpaid medical bills, and mental health services. In FY21, we linked 469 patients to North Philadelphia-based crime victim service agencies through TUH's 24-hour Trauma Advocate Program, representing a 23% increase in the number of patients served over FY20.

(6) Cure Violence Philadelphia (CVP): This structured violence intervention program is based on the premise that violence is a public health issue. The program is designed to reduce the spread of violence through interrupting its transmission, concentrating on those at highest risk, and changing social norms that propagate violence. As a replication site of the global Cure Violence model created in Chicago, our adapted model works to reduce the level of violence, particularly shootings and homicides, in Philadelphia. Trained outreach workers identify and mediate conflicts in the community. They work with high-risk individuals -- meeting them where they are and helping them obtain the social services they need -- making them less likely to commit violence.

(7) Maternal Health Equity: Geared toward prevention and treatment, this program advances and nurtures the health, wellbeing, and agency of Black, Latinx, and Indigenous birthing families in Philadelphia and beyond. A multidisciplinary team of clinicians, birth workers, and researchers cultivate impactful and sustainable solutions that support health equity

**Part VI** Supplemental Information (Continuation)

at individual, family, health system, and societal levels. This program addresses substance misuse in pregnancy in a trauma-informed, evidence-based way that supports the entire birthing family throughout the pregnancy and one-year post birth.

(8) Philadelphia Healthy and Safe Schools (PHASes): Trauma-informed schools have been shown to protect children who have been traumatized from suffering from substance misuse. A team of trauma specialists use educational coaching, parenting guidance, and social work values to empower the school community. A principal endeavor of the program is to transform two nearby public K-8 schools into urban trauma sensitive beacons. Providing safe and welcoming trauma-informed schools for children to learn, teachers to educate, and a community to grow will elicit openings to achieve educational milestones, generate a climate of sustainability, and engender greater academic and social equity.

10) Transformative Emotional Academic Community Healing (TEACH): This program is designed to create stronger interpersonal relationships and improve the mental health of youth in North Philadelphia through mindfulness and trauma informed programming. TEACH is an innovative, trauma-informed, community-driven model designed for children in K-8th grade levels who lack substantive and supportive out-of-school-time programming. It fosters development of strong, cohesive, independent family systems and communities through the creation of hyper-local, high-quality informal learning spaces. TEACH focuses on enhancing and affirming children's social and emotional literacy, physical and psychological safety, interpersonal support, and community connection -- critical developmental building blocks for success, self-determination,

**Part VI** Supplemental Information (Continuation)

and wellbeing.

(11) COVID-19 Vaccination Collaborative: This program addresses vaccine hesitancy in North Philadelphia and provides community-based access to COVID-19 vaccination. In partnership with the Lewis Katz School of Medicine (LKSOM), Miriam Medical Clinics and Zion Baptist Church, we contributed to the vaccination of 14,197 community members. This was achieved by conducting vaccination clinics at approximately 90 churches, community-based organizations, and schools in Philadelphia.

NOTE: Part VI, Line 5 continues after Part VI, Line 6

Part VI, Line 6:

Temple University Hospital is a member of Temple University Health System, Inc. 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 community and academic settings, Temple University Hospital supports Temple University's Health Sciences Center academic programs by providing a clinical environment and research programs that offers high quality education and training for health care professionals. The missions of other members of Temple University Health System similarly advance the health systems goals, as follows: the hospital of the Fox Chase Cancer Center is devoted solely to cancer treatment, research, and prevention; 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; the Institute for Cancer Research, Fox Chase Cancer Center Medical Group and Fox Chase Network's mission is to prevail over cancer, marshalling heart and mind in

**Part VI** Supplemental Information (Continuation)

bold scientific discovery, pioneering prevention and compassionate care;  
the Temple Physicians, Inc., mission is to provide the highest quality of  
clinical care as well as to support the clinical, administrative and  
corporate activities of Temple University Health System; and the mission  
of Temple Faculty Practice Plan, Inc. is to provide access to the highest  
quality of clinical care to the patients of North and Northeast  
Philadelphia and surrounding areas, and to support the clinical,  
administrative, and corporate activities of Temple University Health  
System while continuing to support the academic and research mission of  
Temple University's Lewis Katz School of Medicine.

Part VI, Line 5

(12) Care Transitions & Community Health Workers Programs: We developed  
a cohesive and robust series of programs that address social  
determinants and link patients to appropriate services. Our Community  
Health Worker (CHW) team serves as a critical resource for our  
surrounding neighborhoods. After identifying patients with complex  
social and medical health issues, CHWs conduct home visits, schedule  
and attend doctor appointments, coordinate transportation, and connect  
with other social supports to improve quality of life and treatment  
outcomes. We also developed a social determinants of health survey tool  
embedded in EPIC that is utilized to identify gaps in basic needs for  
patients such as housing, food, access to internet, transportation,  
utility assistance, and general health literacy. This has been  
implemented in our Emergency Departments and physician practices. When  
patients are identified with a gap, the CHW team coordinates access to  
community based programs. In addition, we invested in a web software  
that identifies community based resources. This site supports our CHWs

**Part VI** Supplemental Information (Continuation)

work and is available to the community as a free service.

(13) Multi-Visit Patient Clinic: Provides a full continuum of care for

patients with high emergency department use and frequent inpatient

admissions. Upon discharge, Community Health Workers link patients with

follow-up healthcare, provide meals and transportation, conduct home

visits, and connect with other social supports. Patients enrolled in

the clinic show a 40% reduction in emergency department use, 21%

reduction in inpatient utilization and over 50% increase in outpatient

services use, demonstrating they are seeking more appropriate care in

effective settings.

(14) Certified Peer Recovery Specialist Team: We hired a team with

lived experience and specialized training that links overdose patients

and families with needed social services after treatment in our

Emergency Departments and Crisis Response Center.

(15) Food Insecurity & Nutrition: Given the limited access to fresh

food in North Philadelphia, our Farm to Families program brings fresh,

low-cost produce to North Philadelphia families through home delivery

and neighborhood distribution to address obesity, food insecurity,

cardiovascular disease, and diabetes related to poor diet and

lifestyle. Families can use SNAP benefits and a "prescription" from a

Temple doctor to purchase local fruits and vegetables helping them

build capacity for healthier eating habits. In partnership with the

Lewis Katz School of Medicine, St. Christopher's Foundation for

Children and the Lancaster Farm Fresh Cooperative, food is sourced,

packaged, and delivered to community food hubs Our Jeanes Campus offers

a seasonal fresh farm market, nutritional cooking demonstrations, and

**Part VI** Supplemental Information (Continuation)

community access to its walking trail.

(16) Community Health Outreach: Temple University Hospital participated

in numerous health fairs serving our immediate community to build trust

and break down barriers to care. We often collaborate with Temple

University's Schools of Medicine, Public Health, Dentistry, and

Pharmacy to provide health screenings and education on a variety of

health issues affecting residents, including diabetes, obesity, cancer,

depression, anxiety, addiction, and PTSD. Health professionals from

across Temple University Hospital's departments engaged in numerous

outreach activities with government offices and community-based

organizations. These include free health screenings and education on

cancer, behavioral health, substance abuse, burn prevention, childbirth

education and yoga instruction for expecting moms, diabetes care,

smoking cessation, LGBTQ health, stroke prevention, and other topics.

(17) Social Supports: Our Social workers connected thousands of people

with community-based social services, including free transportation,

legal services, clothing, pharmaceuticals, co-pays, and medical

supplies. We provide these supports for our vulnerable patient

population to ease their transition to home after discharge or

outpatient treatment.

(18) Behavioral Health Community Education. Our physicians and staff

provide community-based education on seeking help for depression,

suicidal behavior, and other mental health issues. We are proud to

partner with the community organization, "Michael's Giving H.A.N.D."

(Handling Anxiety Navigating Depression), which engages teenagers at

**Part VI** Supplemental Information (Continuation)

area high schools.

In addition to the above, Temple University Hospital offers a number of culturally competent services to augment our ability to provide access to high quality care and improve outcomes for our patients and their caregivers. Below are selected highlights.

(19) Financial Services: Temple employs Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage as well as providing assistance with out of pocket medical expense.

Our team of knowledgeable and caring professionals help patients understand their insurance coverage, limitation and out of pocket obligations. They assist patients and their families by answering their questions regarding the cost of healthcare services, providing information and guidance in comparing health plans, and enrolling them in government funded insurance plans such as Medicaid, Medicare and ACA Marketplace plans. All of our counselors are CMS Certified Application Counselors. In addition, they assist patients in applying for Temple Hospitals' Charity Care and Sliding-Scale Financial Assistance program and setting up payment plans. The financial counselors also assist patients in qualifying for patient assistance programs to cover most of the out of pocket costs for expensive medications.

(20) Linguistic and Cultural Services: Our language proficient bilingual staff, who we train and credential, performed thousands of interpretations this year. This unique program, known for its excellence, is one of many resources we provide to non-English speaking patients and families. We also assist other area hospitals that call on

**Part VI** Supplemental Information (Continuation)

us to adapt our linguistic services module to their patient populations.

(21) Patient Family Advisory Councils (PFACs): Under the leadership of Temple University Hospital's Office of Patient Experience, we continued the six (6) Temple Physicians Incorporated (TPI), Temple Heart and Vascular Institute (THVI), and Temple Trauma Unit Injury PFACs for a total of 8 PFACs. The goal of these committees is to engage and encourage the participation of patients, their families, and members of the community in evaluating patient satisfaction. Our PFACs are currently setting priorities as well as developing recommendations for improving Temple University Hospital's services, programs, communications, and policies to better meet the needs of patients and families with the full support of Temple Health leadership.

A summary of our community health improvement and other community benefit activities is also provided in our Community Benefit Report posted in plain view on our hospital's website at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health>



**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Temple University Health System 3509 North Broad Street Philadelphia, PA 19140	23-2825881	501(c)(3)	0.	43,750,000.			General Support
Temple University of the Commonwealth of Higher Education - 1109 Wachman Hall, 1805 North Broad Street - Philadelphia, PA	23-1365971	501(c)(3)	0.	6,259,139.			General Support
Temple Faculty Physicians Practice 3509 North Broad Street Philadelphia, PA 19140	83-1002191	501(c)(3)	0.	1,470,000.			General Support
The Hospital & Healthsystem Association of Pennsylvania - 30 North Third Street, Suite 600 - Harrisburg, PA 17101			0.	12,000.			General Support
Feast of Justice 3101 Tyson Avenue Philadelphia, PA 19149	26-0392596	501(c)(3)	0.	5,000.			General Support
Upper Moreland Youth and Drug Council aka Aldersgate Youth Service Bureau - 42 North York Road - Willow Grove, PA 19090			0.	5,000.			General Support

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

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grants were made only for tax-exempt purposes and were mostly to related organizations.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Temple University Hospital, Inc.

Employer identification number  
23-2825878

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

**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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Michael Young President & CEO & Director	(i)	1,079,424.	107,001.	0.	12,825.	10,916.	1,210,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Dr. Richard Englert Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	746,667.	0.	50,028.	63,500.	21,293.	881,488.	0.
(3) Beth Koob Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	506,791.	51,881.	83,249.	52,759.	31,572.	726,252.	0.
(4) Tony Stuart Reed Chief Medical Officer (from 10/27/20	(i)	462,571.	51,500.	0.	14,250.	26,862.	555,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Tony Stuart Reed Chief Medical Officer	(i)	462,571.	51,500.	0.	14,250.	26,862.	555,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Claire Raab Chief Clinical Officer	(i)	348,247.	100,000.	0.	13,597.	35,351.	497,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Abhinav Rastogi Chief Operating Officer (from 10/27/	(i)	379,804.	45,000.	18,029.	12,825.	27,701.	483,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Abhinav Rastogi President & CEO	(i)	379,804.	45,000.	18,029.	12,825.	27,701.	483,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Rebecca Armbruster Chief Medical Officer	(i)	370,396.	28,802.	10,656.	20,850.	24,152.	454,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Steven Carson VP Clinical Integration	(i)	342,207.	34,457.	24,199.	12,825.	12,812.	426,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Kathleen Barron Executive Director	(i)	370,866.	0.	24,257.	12,825.	11,442.	419,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Angelo Venditti SVP Patient Services/CNE	(i)	303,079.	64,000.	0.	12,150.	21,172.	400,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Shidong Li Chief Physicist	(i)	308,579.	1,500.	0.	28,500.	27,846.	366,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Ray Lefton Chief Financial Officer	(i)	268,315.	25,002.	0.	20,422.	23,587.	337,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Susan Coull VP Medical Education	(i)	287,327.	15,701.	14,967.	12,448.	2,124.	332,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Dennis Sutterfield AVP Clinical Info Systems	(i)	257,445.	21,392.	8,040.	12,972.	31,352.	331,201.	0.
	(ii)	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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Christopher Snyder Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	242,180.	17,501.	15,079.	11,264.	28,097.	314,121.	0.
(18) Xenia Atienza RN-Staff/Clin Nurse	(i)	297,519.	4,000.	0.	8,762.	1,600.	311,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Lisa Corbin Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,669.	12,032.	0.	24,179.	29,905.	299,785.	0.
(20) Michael DiFranco Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,489.	14,700.	0.	0.	31,090.	281,279.	0.
(21) Nicholas Barcellona Treasurer (from 10/27/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	162,865.	25,000.	0.	5,971.	8,678.	202,514.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**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
HGE Health Care Solutions	Substantial Contrib	406,250.	Purchased S		X
EPIC	Substantial Contrib	1,947,279.	Equipment L		X
Hospital and Healthsystem	Substantial Contrib	12,448.	Purchased S		X
Vizient	Substantial Contrib	569,520.	Purchased S		X
Caring Heart	Substantial Contrib	42,123.	Equipment L		X
Gift of Life Donor Program	Substantial Contrib	10,684,633.	Purchased S		X
MRA Realty Inc.,	Substantial Contrib	22,166.	Purchased S		X
Owens & Minor	Substantial Contrib	9,456,309.	Medical Sup		X

**Part V Supplemental Information.**

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: HGE Health Care Solutions LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: EPIC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Interested Person:

Hospital and Healthsystem Association of Pennsylvania

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Vizient

(b) Relationship Between Interested Person and Organization:

Substantial Contributor



**Part V Supplemental Information**

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

(d) Description of Transaction: Purchased Services

(a) Name of Person: Caring Heart

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: Gift of Life Donor Program

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: MRA Realty Inc.,

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Owens & Minor

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Medical Supplies

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,262.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	345.	FMV
20 Drugs and medical supplies	X	2	970.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Subscriptions)	X	1	365,050.	FMV
26 Other (Trips/Outings)	X	14	6,576.	FMV
27 Other (Dining/Wine)	X	11	2,804.	FMV
28 Other (Tickets/Membe)	X	4	1,020.	FMV

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

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

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Temple University Institutional Advancement department manages the fundraising for Temple University Hospital, Inc.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

Form 990, Part I, Line 1, Description of Organization 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  
quality research programs.

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

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. As  
the chief academic teaching hospital of the Lewis Katz School of  
Medicine at Temple University, Temple University Hospital (TUH) is an  
879-bed non-profit acute care hospital that provides a comprehensive  
range of medical services to its low-income communities, and a broad  
spectrum of secondary, tertiary, and quaternary care to patients  
throughout Southeastern Pennsylvania and beyond. TUH is accredited as  
an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems  
Foundation.

TUH is an indispensable provider of health care in the largest city in  
America without a public hospital. Within our immediate service area,  
about 45% of individuals live below the federal poverty level. Among  
Pennsylvania's full-service safety-net providers, Temple University  
Hospital serves the greatest volume and highest percentage of patients  
covered by Medicaid.

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

Schedule O (Form 990 or 990-EZ) 2020

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In addition to its main campus in North Philadelphia, TUH includes its Episcopal, Jeanes and Northeastern campuses, which all serve economically and socially disadvantaged communities. As our chief clinical teaching site, TUH is staffed by over 400 physicians of Temple Faculty Physicians as well as physician scientists from our affiliated Fox Chase Cancer Center and our community-based Temple Physicians, Inc. The Temple Faculty Practice Plan represents about 20 academic departments including subspecialties in emergency medicine, oncology, gastroenterology, obstetrics, gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery, and psychiatry.

Temple University Hospital's Episcopal Campus provides a recovery oriented behavioral health treatment program, offering a welcoming approach and hope for those whose lives have been affected by mental illness and/or co-occurring disorders. It serves adults, age 18 or older, experiencing severe psychiatric symptoms that markedly impair their capacity to function adequately within the community. Many of its patients are diagnosed with psychiatric plus one or more substance/alcohol disorders. Almost half have one or both diagnosis of hypertension and or diabetes. Many have multiple co-existing medical illnesses.

Temple physicians also staff important clinics that address major public health concerns, such as the Comprehensive NeuroAids Center at Temple University, which is dedicated to improving the public health impact of bench-to-clinic research associated with HIV-induced neurological diseases and cognitive disorders.

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Among our distinctions is the achievement of Magnet status from the

American Nurses Credentialing Center, a prestigious recognition of

quality nursing care, community commitment and staff dedication

bestowed upon only 8% of U.S. healthcare organizations.

Temple's nationally renowned physicians offer state of the art

treatment options for patients with complex medical problems, some of

whom were previously considered untreatable. Using sophisticated

technologies and personalized treatments, Temple physicians are working

to alter the course of serious disease. In over a dozen research

centers, our faculty is speeding the transformation of fundamental

scientific discoveries into practical therapies with the potential to

dramatically improve human health.

As a premier transplant center, Temple University Hospital performed

298 transplants last year, including 138 lung transplants and 92 bone

marrow transplants. We also participate in countless research studies

to promote life-saving treatment modalities.

Our affiliated Temple Center for Population Health, LLC, (TCPH)

promotes and manages our population health efforts. Its mission is to

attain a sustainable model of health care delivery through clinical and

business integration, community engagement, and academic distinction to

promote healthy populations. The TCPH includes an extensive network of

Patient Centered Medical Homes; chronic disease management programs for

high risk populations utilizing nurse navigators; an extensive

inpatient and outpatient community health worker program, peer

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coaching, and a central access center for appointment scheduling and acute care follow-up. The TCPH ambulatory performance improvement platform provides the infrastructure on which outpatient clinics can continue to achieve better care, smarter spending and healthier communities. The TCPH collaborates closely with TUH to assure smooth transitions of care, access to community resources and management of value-based purchasing.

Virtually all Temple physicians, whether faculty or community-based, care for patients covered by Medicaid in both the inpatient and outpatient setting. About 87% of Temple University Hospital's inpatients are covered by government programs: 41% by Medicare and 46% by Medicaid. Patients dually eligible for both Medicare and Medicaid comprise about half of our Medicare inpatient base. Approximately 49% of our total inpatient cases include a behavioral health diagnosis.

TUH serves as a critical access point for vital public health services.

Last year we handled about 152,000 patients in our Emergency Department; 10,000 patients in our Psychiatric Crisis Response Center; and 1,500 discharges from our inpatient Behavioral Health unit. We delivered about 2,200 babies, of whom nearly 90% were covered by Medicaid.

During our FYE June 30, 2021, Temple University Hospital engaged in numerous programs and events serving thousands of community members.

Below are selected highlights.

(1) Pandemic Response: Temple University Hospital offered a 24/7

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COVID-19 hotline to provide community members with questions on COVID-19 prevention, infection, and recovery. We operate free COVID-19 testing on our hospital campuses. We also partner with community organizations to provide on-site testing in difficult-to-reach neighborhoods. Our Regional Health Collaborative, in partnership with University of Pennsylvania, covers over 300 assisted living, personal care homes, and skilled nursing facilities in Philadelphia, Bucks, Chester, and Lancaster counties with consulting services on COVID-19 care, PPE use and sourcing, testing, infection control, and palliative care. We partner with the Philadelphia Housing Authority (PHA) to provide its residents with COVID-19 education and assistance with food insecurity, prescription delivery, financial assistance, and other social challenges. This program is staffed by a dedicated team of community health workers, all public housing beneficiaries, who we trained and hired.

(2) Addressing the Opioid Epidemic: Temple University is on the front line addressing this public health crisis: 25% of our inpatients have a substance use disorder; our service area's drug overdose mortality rate is seven-times the national rate and has the highest opioid mortality rate in the City of Philadelphia. Our Temple Recovery Using Scientific Treatment (TRUST) Clinic, which is integrated into our family medicine and general internal medicine practices, provides low-barrier substance use disorder treatment with on-site peer recovery and case management services. The TRUST Clinic supports community based primary care providers and Temple University Hospital's Emergency Departments at its main, Episcopal and Jeanes campuses. Our Begin the Turn street side multidisciplinary unit is staffed by a behavioral health professional,



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case manager, medical practitioner, and outreach workers. This team provides pharmacologic treatment for opioid use disorder and acute care services with a bridge to primary care and social services.

(3) Addressing Public Health Impact of Gun Violence: Temple University

Hospital's prevention and intervention programs provide a comprehensive approach to addressing this public health crisis. The homicide mortality rate in our immediate service area is 700% higher than the national rate. With the addition of a full-time psychologist, Turning Point offers cognitive-based and trauma-informed mental health services to patients. Cradle to Grave is our collaborative program with the Juvenile Justice Department and local schools that works with at-risk youth to break the cycle of gun violence. Our Fighting Chance program is one of the nation's few initiatives that teach community members how to provide basic first aid to gunshot wound victims.

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

(4) Healing Through Work: Our partnership with the Pennsylvania

Commission on Crime and Delinquency and Philadelphia Works connects victims of gun violence with gainful employment to disrupt the cycle of interpersonal violence, open pathways, and bring stability to lives. A full-time workforce development specialist on our trauma team enrolls participants, help set career goals, creates access to career pathways, and provides ongoing training and mentorship.

(5) Trauma Victim Advocate Program: We provide social, emotional, and

material support to patients and families from their time of entry into our hospital through discharge. Our 24/7 advocate team offers

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counseling and facilitates access to victim's services that aid with post-traumatic recovery and community reintegration. We provide referrals to crime agencies to assist with relocation, recovery of lost wages, unpaid medical bills, and mental health services. In FY21, we linked 469 patients to North Philadelphia-based crime victim service agencies through TUH's 24-hour Trauma Advocate Program, representing a 23% increase in the number of patients served over FY20.

(6) Cure Violence Philadelphia (CVP): This structured violence intervention program is based on the premise that violence is a public health issue. The program is designed to reduce the spread of violence through interrupting its transmission, concentrating on those at highest risk, and changing social norms that propagate violence. As a replication site of the global Cure Violence model created in Chicago, our adapted model works to reduce the level of violence, particularly shootings and homicides, in Philadelphia. Trained outreach workers identify and mediate conflicts in the community. They work with high-risk individuals -- meeting them where they are and helping them obtain the social services they need -- making them less likely to commit violence.

(7) Maternal Health Equity: Geared toward prevention and treatment, this program advances and nurtures the health, wellbeing, and agency of Black, Latinx, and Indigenous birthing families in Philadelphia and beyond. A multidisciplinary team of clinicians, birth workers, and researchers cultivate impactful and sustainable solutions that support health equity at individual, family, health system, and societal levels. This program addresses substance misuse in pregnancy in a

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trauma-informed, evidence-based way that supports the entire birthing

family throughout the pregnancy and one-year post birth.

(8) Philadelphia Healthy and Safe Schools (PHASes): Trauma-informed

schools have been shown to protect children who have been traumatized

from suffering from substance misuse. A team of trauma specialists use

educational coaching, parenting guidance, and social work values to

empower the school community. A principal endeavor of the program is to

transform two nearby public K-8 schools into urban trauma sensitive

beacons. Providing safe and welcoming trauma-informed schools for

children to learn, teachers to educate, and a community to grow will

elicit openings to achieve educational milestones, generate a climate

of sustainability, and engender greater academic and social equity.

(9) Transformative Emotional Academic Community Healing (TEACH): This

program is designed to create stronger interpersonal relationships and

improve the mental health of youth in North Philadelphia through

mindfulness and trauma-informed programming. TEACH is an innovative,

trauma-informed, community-driven model designed for children in K-8

grade levels who lack substantive and supportive out-of-school-time

programming. It fosters development of strong, cohesive, independent

family systems and communities through the creation of hyper-local,

high-quality, informal learning spaces. TEACH focuses on enhancing and

affirming children's social and emotional literacy, physical and

psychological safety, interpersonal support, and community connection

-- critical developmental building blocks for success,

self-determination, and wellbeing.

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(10) COVID-19 Vaccination Collaborative: This program addresses vaccine hesitancy in North Philadelphia and provides community-based access to COVID-19 vaccination. In partnership with the Lewis Katz School of Medicine (LKSOM), Miriam Medical Clinics and Zion Baptist Church, we contributed to the vaccination of 14,197 community members. This was achieved by conducting vaccination clinics at approximately 90 churches, community-based organizations, and schools in Philadelphia.

(11) Care Transitions & Community Health Workers Programs: We developed a cohesive and robust series of programs that address social determinants and link patients to appropriate services. Our Community Health Worker (CHW) team serves as a critical resource for our surrounding neighborhoods. After identifying patients with complex social and medical health issues, CHWs conduct home visits, schedule and attend doctor appointments, coordinate transportation, and connect with other social supports to improve quality of life and treatment outcomes. We also developed a social determinants of health survey tool embedded in EPIC that is utilized to identify gaps in basic needs for patients such as housing, food, access to internet, transportation, utility assistance, and general health literacy. This has been implemented in our Emergency Departments and physician practices. When patients are identified with a gap, the CHW team coordinates access to community-based programs. In addition, we invested in a web software that identifies community based resources. This site supports our CHWs work and is available to the community as a free service.

(12) Multi-Visit Patient Clinic: Provides a full continuum of care for patients with high emergency department use and frequent inpatient

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admissions. Upon discharge, Community Health Workers link patients with follow-up healthcare, provide meals and transportation, conduct home visits, and connect with other social supports. Patients enrolled in the clinic show a 40% reduction in emergency department use, 21% reduction in inpatient utilization and over 50% increase in outpatient services use, demonstrating they are seeking more appropriate care in effective settings.

(13) Certified Peer Recovery Specialist Team: We hired a team with lived experience and specialized training that link overdose patients and families with needed social services after treatment in our Emergency Departments and Crisis Response Center.

(14) Food Insecurity & Nutrition: Given the limited access to fresh food in North Philadelphia, our Farm to Families program brings fresh, low-cost produce to North Philadelphia families through home delivery and neighborhood distribution to address obesity, food insecurity, cardiovascular disease, and diabetes related to poor diet and lifestyle. Families can use SNAP benefits and a "prescription" from a Temple doctor to purchase local fruits and vegetables helping them build capacity for healthier eating habits. In partnership with the Lewis Katz School of Medicine, St. Christopher's Foundation for Children and the Lancaster Farm Fresh Cooperative, food is sourced, packaged, and delivered to community food hubs Our Jeanes Campus offers a seasonal fresh farm market, nutritional cooking demonstrations, and community access to its walking trail.

(15) Community Health Outreach: Temple University Hospital participated

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in numerous health fairs serving our immediate community to build trust and break down barriers to care. We often collaborate with Temple University's Schools of Medicine, Public Health, Dentistry, and Pharmacy to provide health screenings and education on a variety of health issues affecting residents, including diabetes, obesity, cancer, depression, anxiety, addiction, and PTSD. Health professionals from across Temple University Hospital's departments engaged in numerous outreach activities with government offices and community-based organizations. These include free health screenings and education on cancer, behavioral health, substance abuse, burn prevention, childbirth education and yoga instruction for expecting moms, diabetes care, smoking cessation, LGBTQ health, stroke prevention, and other topics.

(16) Housing Smart: In collaboration with Health Partners Plan, Keystone First and Resources for Human Development launched a two-year program to help 25 homeless Medicaid patients who frequently use hospital emergency departments. Patients are provided free housing and caseworkers to connect them with health and social services. Caseworkers assist patients by furnishing apartments, connecting with healthy meals, and helping with applications for income assistance such as Social Security.

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

(17) Social Supports: Our Social workers connected thousands of people with community-based social services, including free transportation, legal services, clothing, pharmaceuticals, co-pays and medical supplies. We provide these supports for our vulnerable patient population to ease their transition to home after discharge or

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outpatient treatment.

(18) Behavioral Health Community Education. Our physicians and staff

provide community-based education on seeking help for depression,

suicidal behavior, and other mental health issues. We are proud to

partner with the community organization, "Michael's Giving H.A.N.D."

(Handling Anxiety Navigating Depression), which engages teenagers at

area high schools.

In addition to the above, Temple University Hospital offers a number of

culturally competent services to augment our ability to provide access

to high quality care and improve outcomes for our patients and their

caregivers. Below are selected highlights.

(19) Financial Services: Temple employs Financial Counselors dedicated

to helping uninsured and under-insured patients obtain medical coverage

as well as providing assistance with out-of-pocket medical expense.

Our team of knowledgeable and caring professionals help patients

understand their insurance coverage, limitation, and out-of-pocket

obligations. They assist patients and their families by answering their

questions regarding the cost of healthcare services, providing

information and guidance in comparing health plans, and enrolling them

in government funded insurance plans such as Medicaid, Medicare and ACA

Marketplace plans. All of our counselors are CMS Certified Application

Counselors. In addition, they assist patients in applying for Temple

Hospitals' Charity Care and Sliding-Scale Financial Assistance program

and setting up payment plans. The financial counselors also assist

patients in qualifying for patient assistance programs to cover most of

the out-of-pocket costs for expensive medications.

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(20) Linguistic and Cultural Services: Our language proficient

bilingual staff, who we train and credential, performed thousands of interpretations this year. This unique program, known for its excellence, is one of many resources we provide to non-English speaking patients and families. We also assist other area hospitals that call on us to adapt our linguistic services module to their patient populations.

(21) Patient Family Advisory Councils (PFACS): Under the leadership of

Temple University Hospital's Office of Patient Experience, we continued the six (6) Temple Physician Incorporated (TPI), Temple Heart and Vascular Institute (THVI), and Temple Trauma Unit Injury PFACs for a total of 8 PFACs. These committees engage and encourage the participation of patients, their families, and members of the community in evaluating patient satisfaction. Our PFACs are currently setting priorities as well as developing recommendations for improving Temple University Hospital's services, programs, communications, and policies to better meet the needs of patients and families with the full support of Temple Health leadership.

(22) Workforce Development. The purpose of our labor-management

workforce development and education programs are 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. Career pathways include nursing, behavioral health, allied health, childcare, and



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health IT. Education services include GED classes and testing as well

as ESL and safety instruction. In addition to our partnership with

Temple University's Center for Social Policy, District Council 1199c

Training and Upgrade Fund, and Philadelphia Workforce Development

Corporation, our Community Health Worker program helps local residents

develop valuable job skills while also achieving national goals of

improving healthcare quality, outcomes, and cost.

(23) Health Professions Education. Temple provides a significant

investment in the education and training of the next professional

healthcare workforce to benefit the broader community. This includes

part of the cost of training nearly 700 residents and fellows in 46

teaching programs. 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.

(24) Emergency Preparedness and Research. This program helps ensure

that our staff and hospital facilities are prepared to continue to

provide safe, quality patient care under the most austere conditions.

This program is a critical link in federal, state, and local disaster

response plans. Our Emergency Preparedness Department is involved in

three local committees including the North Philadelphia Emergency

Healthcare Support Zone, the Regional Hospital Subcommittee, and the

Emergency Support Function-8 Work Group. These committees focus on

creation of drills, policy development, and continuing education.

A summary of our community health improvement and other community

benefit activities is also provided in our Community Benefit Report

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posted in plain view on our hospital's website at

<https://www.templehealth.org/locations/temple-university-hospital/about/>

community-health

Form 990, Part VI, Section A, line 1:

Pursuant to the organization's bylaws, the Executive Committee consists of

no less than seven members of the Board, including the President of Temple

University, the Chair, the Vice Chair, and the Chairs of the Standing

Committees. The Executive Committee is authorized to act for the Board

between its regular meetings.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System,

Inc. The member has the power to appoint and remove the organization's

Board of 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;

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(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

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 11b:

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.

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## Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

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

## Form 990, Part VI, Section B, Line 15:

There is a compensation committee that reviews and approves all total compensation of executive/key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

## Form 990, Part VI, Section C, Line 19:

The unaudited internal financial statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health System's financial web site. The annual audited financial statements are also released to the public in the same manner. To the extent required

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by applicable law, the organization makes its governing documents available  
to the public upon request.

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

## Corporate Charge:

Program service expenses	0.
Management and general expenses	65,984,541.
Fundraising expenses	0.
Total expenses	65,984,541.

## Healthcare Professional:

Program service expenses	218,076,527.
Management and general expenses	9,394,627.
Fundraising expenses	0.
Total expenses	227,471,154.

## Professional Fees:

Program service expenses	9,649,042.
Management and general expenses	3,466,569.
Fundraising expenses	0.
Total expenses	13,115,611.

## Purchased Services:

Program service expenses	73,089,417.
Management and general expenses	17,765,061.
Fundraising expenses	0.
Total expenses	90,854,478.

Total Other Fees on Form 990, Part IX, line 11g, Col A	397,425,784.
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Form 990, Part XI, line 9, Changes in Net Assets:

Other Comprehensive Pension Income 36,433,072.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Temple University Health System, Inc. - 23-1365971, 300 Sullivan Hall 1330 W Berks St, Philadelphia, PA 19122	Education	Pennsylvania	501c3	Line 2	N/A		X
Temple University Health System, Inc. - 23-2825881, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University of the Commonwealth		X
Temple University Health System Foundation, Inc. - 23-2916108, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital Inc	X	
TUH - Jeanes Campus Auxiliary - 23-1917776 7601 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 10	Temple University Hospital, Inc.		X

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital Inc	X	
American Ongologic Hospital - 23-1352156 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Fox Chase Cancer Center Medical Group - 45-4540585, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital		X
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 12b, II	American Oncologic Hospital		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital		X
Temple Faculty Practice Plan, Inc. - 83-1002191, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Anna T Jeanes Foundation - 23-2203406 3509 N broad Street Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12d, III-O	N/A		X



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUHS Insurance Company, LTD - 98-1203189 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Reinsurance	Bermuda	Temple University Health System						X
Fox Chase, LTD - 23-2396731 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Healthcare	PA	American Oncologic Hospital	C CORP					X

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....	X	
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Episcopal Hospital	K	2,121,335.	Negotiated Rate
(2) Episcopal Hospital	O	1,670,080.	Actual Hours Worked
(3) Episcopal Hospital	Q	356,626.	Actual Cost
(4)			
(5)			
(6)			



