

Extended to May 15, 2017

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

**2015**

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.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Temple University Hospital, Inc.</b>		<b>D</b> Employer identification number <b>23-2825878</b>		
	Doing business as		E Telephone number <b>215-707-4533</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>3509 N Broad Street</b>		Room/suite <b>936</b>	<b>G</b> Gross receipts \$ <b>1,112,681,116.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Philadelphia, PA 19140</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
	<b>F</b> Name and address of principal officer: <b>Gerald P. Oetzel</b> <b>3509 N Broad Street, Philadelphia, PA 19140</b>		<b>H(c)</b> Group exemption number ▶		

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

**J** Website: ▶ **www.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				
<b>Part I Summary</b>				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5640
	6	Total number of volunteers (estimate if necessary)	6	136
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,742,028.	2,428,799.
	9	Program service revenue (Part VIII, line 2g)	932,907,328.	1,029,474,152.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,666,971.	3,484,261.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-82,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	946,316,327.	1,035,304,752.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,215,022.	22,457,276.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	426,064,932.	454,461,284.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>583,595.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	490,512,124.	561,691,635.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	934,792,078.	1,038,610,195.	
	19 Revenue less expenses. Subtract line 18 from line 12	11,524,249.	-3,305,443.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	717,173,174.	757,933,321.
	21	Total liabilities (Part X, line 26)	509,346,239.	576,502,650.
	22 Net assets or fund balances. Subtract line 21 from line 20	207,826,935.	181,430,671.	

**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 <i>Gerald P. Oetzel</i>		Date <i>5/8/17</i>	
	Gerald P. Oetzel, Chief Financial Officer Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.

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

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

**Part III Tax Computation**

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

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

37 Proxy tax. See instructions ..... 37

38 Alternative minimum tax ..... 38

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

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 40a  
 b Other credits (see instructions) ..... 40b  
 c General business credit. Attach Form 3800 ..... 40c  
 d Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 40d  
 e Total credits. Add lines 40a through 40d ..... 40e

41 Subtract line 40e from line 39 ..... 41 0.

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

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

44 a Payments: A 2014 overpayment credited to 2015 ..... 44a  
 b 2015 estimated tax payments ..... 44b  
 c Tax deposited with Form 8868 ..... 44c  
 d Foreign organizations: Tax paid or withheld at source (see instructions) ..... 44d  
 e Backup withholding (see instructions) ..... 44e  
 f Credit for small employer health insurance premiums (Attach Form 8941) ..... 44f  
 g Other credits and payments:  Form 2439  Other ..... Total 44g

45 Total payments. Add lines 44a through 44g ..... 45

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

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ..... 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... 48 0.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax ..... Refunded ..... 49

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  ..... Yes No X

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

3 Enter the amount of tax-exempt interest received or accrued during the tax year  \$ ..... Yes No

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

1 Inventory at beginning of year ..... 1  
 2 Purchases ..... 2  
 3 Cost of labor ..... 3  
 4a Additional section 263A costs (att. schedule) ..... 4a  
 b Other costs (attach schedule) ..... 4b  
 5 Total. Add lines 1 through 4b ..... 5

6 Inventory at end of year ..... 6  
 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... 7  
 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... Yes No

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

Signature of officer: Gerald O'Neil Date: 5/8/17 Title: Chief Financial Officer

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

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.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 886,266,997. including grants of \$ 22,457,275. ) (Revenue \$ 1,029,311,297. ) See Schedule O

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

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

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

4e Total program service expenses 886,266,997.

**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 temporarily restricted endowments, permanent endowments, or 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

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

	Yes	No
<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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee counts, unrelated 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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	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).		
<b>16a</b>	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
<b>16b</b>	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Maricar Collins - 2157077855**  
**2450 W. Hunting Park Ave, Philadelphia, PA 19129**

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

Check if Schedule O contains a response 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jane Scaccetti Chair	2.00 4.00	X		X				0.	0.	0.
(2) John W. Meacham Vice Chair	2.00 0.00	X		X				0.	0.	0.
(3) George Corson, Jr. Director	2.00 1.00	X						0.	0.	0.
(4) Dr. Solomon C. Luo Director	2.00 8.00	X						0.	0.	0.
(5) Samuel M. Lehrer Director	2.00 0.00	X						0.	0.	0.
(6) Dr. Donald B. Parks Director	2.00 2.00	X						0.	0.	0.
(7) Dr. Eugene M. Smolens Director	2.00 0.00	X						0.	0.	0.
(8) Herbert E. Long, Jr. Director	2.00 0.00	X						0.	0.	0.
(9) Margaret Cobb Director	2.00 0.00	X						0.	0.	0.
(10) Jane Cameron Miller Director	2.00 0.00	X						0.	0.	0.
(11) Jerome Kline Director	2.00 0.00	X						0.	0.	0.
(12) Charles Lockyer Jr. Director	2.00 5.00	X						0.	0.	0.
(13) Michael Bradshaw Director	2.00 0.00	X						0.	0.	0.
(14) Dr. Neil Theobald Director	2.00 48.00	X						0.	686,646.	53,278.
(15) Patrick J. O'Connor Director	2.00 2.00	X						0.	0.	0.
(16) Larry Kaiser, MD Director	2.00 48.00	X						0.	1,806,846.	22,185.
(17) Verdi DiSesa, MD President & CEO	37.00 13.00			X				0.	897,627.	45,565.

**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) John Kastanis Former President & CEO	47.00 3.00			X				730,580.	0.	22,031.
(19) Beth C. Koob Secretary	3.00 47.00			X				0.	595,072.	86,694.
(20) Betty McAdams Asst Secretary	2.00 48.00			X				0.	109,528.	21,321.
(21) Gerald Oetzel Treasurer	50.00 0.00			X				363,415.	0.	48,118.
(22) Joseph G. Klos Asst Treasurer	1.00 49.00			X				0.	290,204.	20,661.
(23) Herbert P. White Asst Treasurer	2.00 48.00			X				0.	320,535.	35,277.
(24) Rose Nolan COO	50.00 0.00			X				417,463.	0.	24,598.
(25) Rebecca Armbruster Former CMO of TUH	25.00 25.00				X			178,154.	147,528.	33,472.
(26) Kathleen Barron Executive Director of TUH/	48.00 2.00				X			359,880.	0.	22,038.
<b>1b Sub-total</b>								2,049,492.	4,853,986.	435,238.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,357,601.	0.	253,763.
<b>d Total (add lines 1b and 1c)</b>								4,407,093.	4,853,986.	689,001.

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 **934**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University, 400 Carnell Hall, 1803 N Broad Street, Philadelphia, PA 1912	Physicians, Purchased Services	89,894,820.
Temple University Health System, 2450 West Hunting Park Avenue, Philadelphia, PA	Purchased Services, Related Organization	46,806,849.
Shoemaker Construction, One Tower Bridge Suite 365, West Conshohocken, PA 19428	Construction	10,086,302.
The Chartis Group 27308 Network Place, Chicago, IL 60673	Healthcare Consulting Services	6,928,546.
Allied Barton, 1617 Washington Street, Suite 600, Conshohocken, PA 19428	Purchased Guard Services	5,379,174.

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 **94**

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	584,345.				
	<b>d</b> Related organizations .....	<b>1d</b>	137,735.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	33,600.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,673,119.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		37,705.				
	<b>h Total.</b> Add lines 1a-1f .....		2,428,799.				
	<b>Program Service Revenue</b>	<b>2 a</b> Patient Service Revenue .....	<b>Business Code</b> 622110	1,013,055,127.	1,013,055,127.		
<b>b</b> Parking Fees .....		812930	4,675,276.	4,675,276.			
<b>c</b> Cafeteria Sales .....		722210	3,672,332.	3,672,332.			
<b>d</b> Rent from Tax Exempt Affiliates .....		531120	3,617,883.	3,617,883.			
<b>e</b> Student Tuition .....		611600	305,458.	305,458.			
<b>f</b> All other program service revenue .....		900099	4,148,076.	4,148,076.			
<b>g Total.</b> Add lines 2a-2f .....			1,029,474,152.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,792,482.			3,792,482.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....			-308,221.			-308,221.
	<b>8 a</b> Gross income from fundraising events (not including \$ 584,345. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	162,855.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	245,315.			
<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>a</b>						
<b>b</b> Less: direct expenses .....	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			1,035,304,752.	1,029,474,152.	0.	3,401,801.	

**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	22,457,276.	22,457,276.		
<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	2,734,863.		2,734,863.	
<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	340,748,480.	322,067,369.	18,681,111.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,388,057.	21,160,918.	1,227,139.	
<b>9</b> Other employee benefits	62,940,411.	59,481,613.	3,458,798.	
<b>10</b> Payroll taxes	25,649,473.	24,243,569.	1,405,904.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	5,452,859.	233,359.	4,635,905.	583,595.
<b>b</b> Legal	617,420.	166,754.	450,666.	
<b>c</b> Accounting	206.	206.		
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	31,107.		31,107.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	200,383,943.	125,111,887.	75,272,056.	
<b>12</b> Advertising and promotion	3,149,569.	122,351.	3,027,218.	
<b>13</b> Office expenses	193,734,530.	188,615,159.	5,119,371.	
<b>14</b> Information technology	15,127,213.	14,309,739.	817,474.	
<b>15</b> Royalties				
<b>16</b> Occupancy	22,474,955.	18,673,464.	3,801,491.	
<b>17</b> Travel	883,532.	749,245.	134,287.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	374,553.	351,877.	22,676.	
<b>20</b> Interest	17,952,349.	17,867,796.	84,553.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	25,850,591.	25,582,094.	268,497.	
<b>23</b> Insurance	13,651,511.	13,651,511.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Tax Assessment</b>	40,139,235.	17,280,271.	22,858,964.	
<b>b</b> <b>Equipment Rental and Ma</b>	16,035,151.	13,737,839.	2,297,312.	
<b>c</b> <b>Other Expenses</b>	5,832,911.	402,700.	5,430,211.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,038,610,195.	886,266,997.	151,759,603.	583,595.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response 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 .....	31,934,291.	<b>1</b>	45,703,582.	
	<b>2</b> Savings and temporary cash investments .....	165,128,986.	<b>2</b>	92,187,594.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	159,656,594.	<b>4</b>	223,961,655.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	20,916,407.	<b>8</b>	22,610,104.	
	<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> 631,867,953.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 409,177,353.			
	<b>11</b> Investments - publicly traded securities .....	212,794,272.	<b>10c</b>	222,690,600.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	28,538,742.	<b>11</b>	37,141,054.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	98,203,882.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	717,173,174.	<b>15</b>	113,638,732.		
		<b>16</b>	757,933,321.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	88,604,316.	<b>17</b>	125,754,133.	
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<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 .....	5,669,792.	<b>24</b>	10,850,331.	
	<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 .....	415,072,131.	<b>25</b>	439,898,186.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	509,346,239.	<b>26</b>	576,502,650.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	173,724,274.	<b>27</b>	148,965,772.	
	<b>28</b> Temporarily restricted net assets .....	2,725,005.	<b>28</b>	2,401,537.	
	<b>29</b> Permanently restricted net assets .....	31,377,656.	<b>29</b>	30,063,362.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	207,826,935.	<b>33</b>	181,430,671.	
	<b>34</b> Total liabilities and net assets/fund balances .....	717,173,174.	<b>34</b>	757,933,321.	

**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>	1,035,304,752.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,038,610,195.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,305,443.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	207,826,935.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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 in Schedule O)	<b>9</b>	-23,090,821.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	181,430,671.

**Part XII Financial Statements and Reporting**

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

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



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 - 2014.</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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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 (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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>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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) 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? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			



**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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 (e.g., 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 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) 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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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	31,377,656.	31,333,008.	27,258,955.	24,828,490.	25,627,344.
b Contributions			768,426.		
c Net investment earnings, gains, and losses	-1,314,294.	44,648.	3,305,627.	2,430,465.	-798,854.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,063,362.	31,377,656.	31,333,008.	27,258,955.	24,828,490.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages 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:

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

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		4,615,971.		4,615,971.
b Buildings		313,029,510.	193,469,931.	119,559,579.
c Leasehold improvements				
d Equipment		276,776,435.	214,919,316.	61,857,119.
e Other		37,446,037.	788,106.	36,657,931.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				222,690,600.

**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	34,950,638.
(2) Assets Held in Perpetual Trust	28,616,484.
(3) Due From Affiliated Companies	35,627,199.
(4) Other Assets	14,444,411.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	113,638,732.

**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	65,835,370.
(3) Unfunded Post Retirement Benefit Obligation	48,516,340.
(5) Other Liability General	18,264,057.
(6) Temple University Revenue Bonds	238,314,559.
(7) Other Liabilities	68,967,860.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	439,898,186.

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 FIN 48 (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.

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

**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.

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

**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.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala (event type)	(event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	747,200.			747,200.
	<b>2</b> Less: Contributions .....	584,345.			584,345.
	<b>3</b> Gross income (line 1 minus line 2) .....	162,855.			162,855.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	37,745.			37,745.
	<b>7</b> Food and beverages .....	86,599.			86,599.
	<b>8</b> Entertainment .....	9,390.			9,390.
	<b>9</b> Other direct expenses .....	111,581.			111,581.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				245,315.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-82,460.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

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

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<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: .....	<input checked="" type="checkbox"/>	
<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: .....	<input checked="" type="checkbox"/>	
<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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public?		

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			18,186,652.		18,186,652.	1.75%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		187,999	437,848,619.	387,501,189.	50,347,430.	4.85%
<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 .....		187,999	456,035,271.	387,501,189.	68,534,082.	6.60%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	273	27,211	685,666.	150.	685,516.	.07%
<b>f</b> Health professions education (from Worksheet 5) .....	46		104,791,625.	29,468,512.	75,323,113.	7.25%
<b>g</b> Subsidized health services (from Worksheet 6) .....	2	143,175	56,805,927.	22,902,149.	33,903,778.	3.26%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			7,557,276.		7,557,276.	.73%
<b>j Total.</b> Other Benefits .....	321	170,386	169,840,494.	52,370,811.	117,469,683.	11.31%
<b>k Total.</b> Add lines 7d and 7j .....	321	358,385	625,875,765.	439,872,000.	186,003,765.	17.91%





**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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 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? .....	1	X
2 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 .....	2	X
3 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 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 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 .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>http://tuh.templehealth.org</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 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 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>http://tuh.templehealth.org</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 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.		
12a 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)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c 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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p><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> %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
<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	
<p>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):</p> <p><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</p> <p><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</p> <p><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</p> <p><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</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://tuh.templehealth.org</u></p> <p><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></p> <p><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></p> <p><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)</p> <p><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)</p> <p><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)</p> <p><b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p><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</p> <p><b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>		

**Billing and Collections**

<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 non-payment? .....	X	
<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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

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

		Yes	No
<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? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<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):		
<b>a</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<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? .....	<b>X</b>	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<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? .....		<b>X</b>
If "Yes," explain in Section C.			
<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? .....		<b>X</b>
If "Yes," explain in Section C.			

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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 2: Temple Univ. Hosp @ Episcopal Hospital
- Facility 3: Temple Univ. Hosp Bone Marrow @ Jeanes
- Facility 4: Northeastern Ambulatory Care Center

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 13 to 15, as well as Appendix A of the CHNA, which is posted in plain view on the hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). As noted in the CHNA, Temple University Hospital held three community meetings at its facilities, which included 19 community leaders. Its CHNA also included feedback obtained in four external community CHNA community meetings that were conducted by the Public Health Management Corporation on behalf of Temple University Hospital and other Philadelphia area hospital providers.

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

Part V, Section B, line 11: Temple University Hospital is addressing most of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service that is provided by our

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Department continues to provide services for our patients and families, and is partnering with community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). Our approach to unmet needs is explained in Section 10 of that report.

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

Part V, Section B, line 16i: Temple University Hospital participates with the Pennsylvania Department of Health in connection with development of its State Innovation model as well as with the Pennsylvania Department of Human Services in its efforts to improve health outcomes and efficiency of care delivery in North Philadelphia.

Group A-Facility 2 -- Temple Univ. Hosp @ Episcopal Hospital

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 13 to 15, as well as Appendix A of the CHNA, which is posted in plain view on the hospital's website at

[http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). As

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

noted in the CHNA, Temple University Hospital held three community meetings at its facilities, which included 19 community leaders. Its CHNA also included feedback obtained in four external community CHNA community meetings that were conducted by the Public Health Management Corporation on behalf of Temple University Hospital and other Philadelphia area hospital providers.

Group A-Facility 2 -- Temple Univ. Hosp @ Episcopal Hospital

Part V, Section B, line 11: Temple University Hospital is addressing most of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service that is provided by our hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Department continues to provide services for our patients and families, and is partnering with community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). Our approach to unmet needs is explained in Section 10 of that report.

Group A-Facility 2 -- Temple Univ. Hosp @ Episcopal Hospital

Part V, Section B, line 16i: Temple University Hospital participates with the Pennsylvania Department of Health in connection with development of its State Innovation model as well as with the Pennsylvania Department of Human Services in its efforts to improve health outcomes and efficiency of

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

care delivery in North Philadelphia.

Group A-Facility 3 -- Temple Univ. Hosp Bone Marrow @ Jeanes

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 13 to 15, as well as Appendix A of the CHNA, which is posted in plain view on the hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). As noted in the CHNA, Temple University Hospital held three community meetings at its facilities, which included 19 community leaders. Its CHNA also included feedback obtained in four external community CHNA community meetings that were conducted by the Public Health Management Corporation on behalf of Temple University Hospital and other Philadelphia area hospital providers.

Group A-Facility 3 -- Temple Univ. Hosp Bone Marrow @ Jeanes

Part V, Section B, line 11: Temple University Hospital is addressing most of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service that is provided by our hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Department continues to provide services for our patients and families, and is partnering with

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). Our approach to unmet needs is explained in Section 10 of that report.

**Group A-Facility 3 -- Temple Univ. Hosp Bone Marrow @ Jeanes**

Part V, Section B, line 16i: Temple University Hospital participates with the Pennsylvania Department of Health in connection with development of its State Innovation model as well as with the Pennsylvania Department of Human Services in its efforts to improve health outcomes and efficiency of care delivery in North Philadelphia.

**Group A-Facility 4 -- Northeastern Ambulatory Care Center**

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 13 to 15, as well as Appendix A of the CHNA, which is posted in plain view on the hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). As noted in the CHNA, Temple University Hospital held three community meetings at its facilities, which included 19 community leaders. Its CHNA also included feedback obtained in four external community CHNA community meetings that were conducted by the Public Health Management Corporation on behalf of Temple University Hospital and other Philadelphia area

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

hospital providers.

Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 11: Temple University Hospital is addressing most of the needs identified in the CHNA. Some needs, such as dental care, however, are not among the clinical service that is provided by our hospital. To address cancer care, we are working in partnership with our affiliated Fox Chase Cancer Center. Although the federal government and HHS-funded Marketplace Navigators are in a better position to address needs of the uninsured, our Financial Services Department continues to provide services for our patients and families, and is partnering with community stakeholders as our resources allow. All unmet needs are identified in our CHNA Implementation strategy, which is posted in plain view on our hospital's website at [http://tuh.templehealth.org/content/community\\_health\\_information.htm](http://tuh.templehealth.org/content/community_health_information.htm). Our approach to unmet needs is explained in Section 10 of that report.

Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 16i: Temple University Hospital participates with the Pennsylvania Department of Health in connection with development of its State Innovation model as well as with the Pennsylvania Department of Human Services in its efforts to improve health outcomes and efficiency of care delivery in North Philadelphia.



**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.

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Part I, Line 7:

As set forth in the Charity Care Policy adopted effective 7/1/2014, 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 hospital's 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 the hospital in qualifying them for financial assistance.

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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 \$34 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 a number of community building activities throughout the year, serving more than 80,000 people, and indirectly serving tens of thousands more. These activities include the following programs:

Community Support:

(1) Temple University Hospital Emergency Preparedness and Research Program. This program helps make sure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We ensure that our staff and facilities are prepared for disasters and other emergencies by working on many levels, both within the hospital and in the communities we serve. The TUH Emergency Preparedness and Research Program is also a critical link in the 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

**Part VI** Supplemental Information (Continuation)

Group. These committees are focused on creation of drills, policy development, and continuing education.

(2) Cradle to Grave Anti-Violence. This program helps reduce the financial, emotional, and societal costs of gun violence in the City of Philadelphia. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, reaching more than 1,200 people this year. Since the program began in 2006, Cradle to Grave has connected with more than 10,000 middle and high school students, as well as at-risk youth from area alternative schools and the Juvenile Justice Center of Philadelphia.

(3) Blood Drives. Temple University Hospital works closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. This year, Temple helped collect 464 pints of blood from employees and physicians.

(4) Philadelphia MOM program: Temple University Hospital assists the Philadelphia Department of Health in providing early interventions for healthy newborns. After identification at Temple University Hospital, city social workers make home visitations through the child's 6th birthday to ensure that they have access to healthcare and educational resources.

(5) Temple University Hospital conducts numerous employees 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

**Part VI** Supplemental Information (Continuation)

support that we provide to local public schools, where many families have limited resources to purchase warm weather clothing and school supplies for their young children.

(6) Temple Center for Population Health: Serves as an interface with federal, state and local agencies and with community based organizations to collaborate on initiatives to improve the health of our low-income, diverse, medically complex population.

**Workforce Development:**

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 to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and Welfare recipients.

Community Health Worker Program: Work in partnership with TU Center for Social Policy, District Council 1199c Training and Upgrade Fund and Philadelphia Workforce Development Corporation to develop job skills for unemployed individuals living in our community while achieving the national goals of improving healthcare quality, improving the health of our communities, and reducing the cost of quality care.

**Part III, Line 2:**

Bad debt expense is calculated based on the product of monthly gross charges and a rolling six month average of the ratio of bad debt transfers

**Part VI** Supplemental Information (Continuation)

to gross charges. This ratio is derived by dividing the cumulative bad debt transfers with discharge dates between 12 to 18 months prior to each closing month by the corresponding gross charges in the same 12 to 18 month period.

## Part III, Line 8:

Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2016, the cost of providing services to the Medicare population was \$9,998,206 higher than revenue. Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by TUH provides a community benefit because it benefits a charitable class, the elderly.

## Part III, Line 9b:

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

**Part VI** Supplemental Information (Continuation)

insurance, and that patients can contact TUH's Financial Services Department for assistance.

Part VI, Line 2:

In addition to the formal community needs assessment described in Part V Section B, Temple University Hospital 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 - (sample reports or data sets)

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

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

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

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

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

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

\* Vizient (University Healthcare Consortium) ) Clinical Database\*Current literature on evolving health care delivery issues and care delivery models.

Internally, we rely on the following sources:

**Part VI** Supplemental Information (Continuation)

\*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.

\*Historic, service line specific utilization data

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

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

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

In Woman's Health TUH collaborates with three FQHCs, Esperanza Community Health Center, Maria Del los Santos Health Center, and Greater Philadelphia Health Action to provide Obstetrical Care. Through this partnership community physicians are integrated with the Temple faculty and community practices to provide a full range of obstetrical services for their patients. In addition, TUH participates with the City of Philadelphia MOM Program. This early intervention program consists of

**Part VI** Supplemental Information (Continuation)

frequent phone calls and home visits to encourage mothers to have their babies immunized on schedule and to participate in needed developmental and educational services. The program seeks to fill the gap between children's need for services and mothers' ability to assure their children's participation in those services.

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

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

Part VI, Line 3:

37 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

**Part VI** Supplemental Information (Continuation)

process. Medicaid applications are submitted by TUH on the patient's behalf and tracked until final determination.

\*Patients who do not qualify for government-funded programs are screened 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** Supplemental Information (Continuation)

Part VI, Line 4:

Temple University Hospital's (TUH) service area is consists of the following zip codes: 19111, 19120, 19121, 19122, 19124, 19125, 19132, 19133, 19134, 19138, 19140, 19141, 19144, and 19149. The Service Area's population has a disproportionally high percentage of poor and non-college educated compared to the City, State, and Nation.

**A. Population and Population Growth**

The TUH Service Area's population 5-year growth rate has been revised down to 1.9%, which is slightly less than the City, but much greater than the State. However, the 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 (0 - 34) than the City, State or Nation; especially the 0 - 17 year olds. While the 35 - 64 & 65+ year range is 3 to 4 points lower for TUH and the City compared to the State and Nation.

**C. Education Level**

In 2012, the population in the TUH service area consisted of 63.9% with high school education or less, a rate 50% higher than the national average of 42.6%. The TUH service area population consists of 36.1% with education beyond high school, approximately 37% less than the national average of 57.4%. It appears that the TUH Service Area's education level has shown no improvement in percentage of those who have a level beyond high school; however, there is a micro trend of an increase of those

**Part VI** Supplemental Information (Continuation)

completing high school and a decrease in people with no high school degree.

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

Although employment rates are steadily rising; however, in the city of Philadelphia, 6.6% of the total population were unemployed in November 2015, higher than the state unemployment rate of 5.0% and the national unemployment rate of 5.0%. Unemployment figures have returned to their prerecession levels and Philadelphia's unemployment rate remains considerably higher than the surrounding counties and also higher than the State or Nation. But not reflected in those numbers are the underemployed and those out of the job market which remains stubborn.

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

**Household Income**

71% of households in the TUH service area earn less than \$50,000 per year, approximately 45% greater than the national average of 47%. 29% of TUH service area households earn over \$50,000 per year, far less than the national average of 51.1%.

**E. Population Below Federal Poverty Level**

Approximately 29.6% of the population living within Temple University Hospital's service area live at or below the federal poverty level. This is greater than the Philadelphia County, Pennsylvania and National averages, respectively, at 21.2%; 9.3% and 11.5%.

**Part VI** Supplemental Information (Continuation)

## F. Race/Ethnicity

In TUH's service area, 47.0% of the total population is Black, nearly four times the national level of 12.0%. Hispanics are the second largest population in TUH's service area, comprising 24.0% of the population, compared to the national average of 18.0%. The percentage of White Non-Hispanic population of 21.0% is lower than the national average of 62.0%.

## G. Payer Mix in 2014

Approximately 77% of cases in the Temple University Hospital service area were covered by either Medicaid or Medicare: 47.0% for Medicaid, and 29.9% for Medicare.

## Part VI, Line 5:

Temple University Hospital serves one of our nation's most diverse and economically challenged urban areas, with about 86% of its patients covered by government programs, including 37% covered by Medicare and 49% covered by Medicaid. Temple University Hospital is in a federally designated Urban Renewal Area and is located in a federally designated Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone.

Temple University Hospital provides substantial charitable care to its community, with nearly \$69 million in charity and unreimbursed care, at cost, provided last year. In addition to this charity care, Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods. In

**Part VI** Supplemental Information (Continuation)

addition to those community-building activities described above, we provide programs and activities that advance the health of people and the quality of life in our vulnerable communities:

**PROVIDING CRITICAL SOCIAL RESOURCES.** Temple connected about 13,000 people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

**REACHING OUT TO THE COMMUNITY.** Temple University Hospital reached over 90,000 people through our many community outreach and community building initiatives, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care, cancer, smoking cessation, and other topics; and providing many other outreach activities. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods. We are also proud of the AT YOUR SERVICE-VOLUNTEER PROGRAM, has grown in strength to serve about 57,000 patients and family members annually.

**FOSTERING VOLUNTEERISM.** Members of Temple University Hospital's Board of Governors are comprised of dedicated volunteers from diverse backgrounds

**Part VI** Supplemental Information (Continuation)

who offer expertise and govern the organization without compensation. Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. As noted above, through our chaplaincy, family support, and other programs, our volunteers touch more than 57,000 people annually, helping to advance healing through their compassionate services to patients and their families.

CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Temple employs about 37 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. This team processes about 6,000 applications annually.

PROMOTING MULTI-CULTURAL SERVICES. With an annual investment of about \$1.8 million, Temple University Health System has 327 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department. This includes 9 full-time medical interpreters, 2 medical interpreters in leadership roles, 23 active dual-role interpreters, 134 language proficient physicians, 21 RNs, 1 social worker, and 138 other language proficient bi-lingual staff.

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

**Part VI** Supplemental Information (Continuation)

to prevent unnecessary visits to a hospital Emergency Room.

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

Part VI, Line 6:

Temple University Hospital is a member of the Temple University Health System, Inc. (TUHS). It is the chief clinical teaching site for the Temple University School of Medicine. Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the 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 bold scientific discovery, pioneering prevention and

**Part VI** Supplemental Information (Continuation)

compassionate care; and, Temple Physicians, Inc., (TPI) mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of the Temple University Health System.

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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 non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Temple University of the Commonwealth of Higher Education - 1109 Wachman Hall, 1805 North Broad Street - Philadelphia, PA	23-1365971	501(c)(3)	7,557,276.	0.			General Support
Temple University Health System 3509 North Broad Street Philadelphia, PA 19140	23-2825881	501(c)(3)	14,900,000.	0.			General Support

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

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

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

Schedule I (Form 990) (2015)

**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 non-cash 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 to related organizations .

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dr. Neil Theobald Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	616,646.	70,000.	0.	35,117.	18,161.	739,924.	0.
(2) Larry Kaiser, MD Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,642,646.	160,000.	4,200.	0.	22,185.	1,829,031.	0.
(3) Verdi DiSesa, MD President & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	815,627.	82,000.	0.	29,118.	16,447.	943,192.	0.
(4) John Kastanis Former President & CEO	(i)	659,453.	63,650.	7,477.	11,925.	10,106.	752,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Beth C. Koob Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	471,667.	95,447.	27,958.	49,791.	36,903.	681,766.	0.
(6) Gerald Oetzel Treasurer	(i)	329,515.	30,000.	3,900.	22,524.	25,594.	411,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Joseph G. Klos Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	241,859.	14,076.	34,269.	11,012.	9,649.	310,865.	0.
(8) Herbert P. White Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,459.	16,884.	17,192.	11,925.	23,352.	355,812.	0.
(9) Rose Nolan COO	(i)	380,463.	37,000.	0.	13,250.	11,348.	442,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Rebecca Armbruster Former CMO of TUH	(i)	178,154.	0.	0.	11,925.	21,547.	211,626.	0.
	(ii)	147,528.	0.	0.	0.	0.	147,528.	0.
(11) Kathleen Barron Executive Director of TUH/	(i)	317,489.	19,200.	23,191.	11,925.	10,113.	381,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Craig Menta AHD Finance of TUH/EHC	(i)	202,217.	15,000.	27,873.	9,225.	4,577.	258,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Betty Craig Chief Nursing Officer	(i)	304,689.	30,000.	7,506.	13,250.	23,891.	379,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Herbert Cushing Chief Medical Officer	(i)	378,868.	18,750.	0.	11,925.	28,144.	437,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Steven Carson VP Clinical Integration	(i)	307,679.	14,683.	23,042.	11,925.	11,864.	369,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Shidong Li Chief Physician	(i)	264,888.	0.	0.	22,524.	24,309.	311,721.	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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Karen Javie COO of THVI	(i)	250,424.	6,250.	0.	11,683.	26,534.	294,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Michael Grady Director Finance	(i)	251,776.	0.	0.	13,114.	9,365.	274,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Xenia Atienza RN-Staff Clinical Nurse	(i)	253,956.	0.	0.	8,163.	23,270.	285,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(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
Kathleen Lux	Daughter of Robert	77,670.	Employment		X
Laurie Parks	Daughter of Donald	131,583.	Employment		X
John Testa	Brother-In-Law of J	25,404.	Employment		X
Epic	Substantial Contrib	5,291,872.	Computer Co		X
Boston Scientific	Substantial Contrib	5,415,786.	Medical Sup		X
Medtronic	Substantial Contrib	7,753,500.	Medical Sup		X
Elekta	Substantial Contrib	528,108.	Equipment L		X
General Electric Healthcare	Substantial Contrib	1,597,330.	Equipment L		X
Ballard Spahr LLP	Substantial Contrib	140,044.	Legal Servi		X
Biotronik Inc	Substantial Contrib	1,023,090.	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: Kathleen Lux

(b) Relationship Between Interested Person and Organization:

Daughter of Robert Lux, TUHS CFO

(a) Name of Person: Laurie Parks

(b) Relationship Between Interested Person and Organization:

Daughter of Donald Parks, Governor

(a) Name of Person: John Testa

(b) Relationship Between Interested Person and Organization:

Brother-In-Law of Jane Scacetti, Governor

(a) Name of Person: Epic

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Computer Consulting

(a) Name of Person: Boston Scientific

(b) Relationship Between Interested Person and Organization:

**Part V Supplemental Information**

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

Substantial Contributor

(d) Description of Transaction: Medical Supplies

(a) Name of Person: Medtronic

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Medical Supplies

(a) Name of Person: Elekta

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: General Electric Healthcare

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: Ballard Spahr LLP

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Legal Services

(a) Name of Person: Biotronik Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Medical Supplies

**Part V Supplemental Information**

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

(a) Name of Person: The Chartis Group LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 5,297,694.

(d) Description of Transaction: Consulting Services

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Keystone Quality Transport

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 213,429.

(d) Description of Transaction: Medical Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Medassets Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 272,179.

(d) Description of Transaction: Medical Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Price Waterhouse Coopers LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 547,822.

(d) Description of Transaction: Consulting Services

(e) Sharing of Organization Revenues? = No

**Part V Supplemental Information**

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

(a) Name of Person: Language Services Assoc Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 436,817.

(d) Description of Transaction: Translation Services

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Medline Industries, Inc.

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 107,013.

(d) Description of Transaction: Medical Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Tierney & Partners

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Amount of Transaction \$ 106,699.

(d) Description of Transaction: Advertising Agency

(e) Sharing of Organization Revenues? = No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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		1,122.	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	X	17	6,307.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Dining/Wine P )	X	8	15,734.	FMV
26 Other ▶ ( Trips )	X	8	8,740.	FMV
27 Other ▶ ( Tickets )	X	8	3,086.	FMV
28 Other ▶ ( Outings/Consu )	X	4	1,550.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee 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 is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

**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  
Gala.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 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 of Temple University, Temple University Hospital (TUH) is a 722-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

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

throughout Southeastern Pennsylvania and beyond. TUH is accredited as an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems Foundation.

In addition to its main campus in North Philadelphia, TUH includes its Episcopal and Northeastern campuses, both of which are in economically distressed areas within three miles of the TUH main and medical school campus.

As our chief clinical teaching site, TUH is staffed by over 400 physicians of Temple University Physicians, our faculty-based practice plan, as well as physician scientists from our affiliated Fox Chase Cancer Center and our community-based Temple Physicians, Inc. Temple physicians represent 17 academic departments including subspecialties in emergency medicine, oncology, gastroenterology, obstetrics, gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery and psychiatry.

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.

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

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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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 that may one day dramatically improve human health.

The Fox Chase-Temple Bone Marrow Transplant Program, a formal affiliation between Fox Chase Cancer Center and TUH, is an example of this type of transformative medicine. Since its inception in 1988, the program has performed over 1,500 transplants, and has participated in countless research studies to promote life-saving treatment modalities.

In addition to the academic mission, The Temple Center for Population Health, LLC, (TCPH) promotes and supports the population health efforts of TUH and North Philadelphia. We align our efforts with the goals of the United States Department of Health and Human Services' three-part aim of achieving better care for patients, better health for our communities, and lower costs through health care system improvement.

The TCPH 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 (24 in the community based Temple Physicians Inc. practice and 3 in the Temple University Physician practices); chronic disease management programs for high risk populations utilizing nurse navigators; an extensive inpatient and outpatient community health worker program, peer coaching, and a central access center for appointment scheduling and acute care follow-up. The TCPH ambulatory

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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.

All Temple physicians, whether faculty or community based, care for patients covered by Medicaid in both the inpatient and outpatient setting. About 86% of our inpatients are covered by government programs: 37% by Medicare and 49% by Medicaid Patients. Patients who are dually eligible for both Medicare and Medicaid comprise about 51% of our Medicare inpatient base. Approximately 42% of our total inpatient cases include a behavioral health diagnosis.

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 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. Patients often present with difficult medical issues including severe burns, leg trauma due to suicide attempts, pregnant patients, advanced cancer, and orthopedic injuries.

TUH also serves as a critical access point for vital public health

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

services. Last year we handled more than 139,000 patients in our Emergency Department; 9,700 patients in our Psychiatric Crisis Response Center; 2,400 discharges from our inpatient Behavioral Health unit; 400 victims of gun and stab violence in our Trauma Unit, the highest number in Pennsylvania; and more than 280 patients in our Burn Center. We performed 296 transplants. We delivered about 2,850 babies, of whom 89% were covered by Medicaid.

TUH is located in a federally designated Medically Underserved Area. Within our service area, about 30% of individuals live below the federal poverty level; about 64% have achieved a high school education level or less; about 47% of individuals identify as Black, 24% as Hispanic, 21% as White; 6% as Asian & Pacific, and 2% as other.

Temple University Hospital 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.

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

PROVIDING CRITICAL SOCIAL RESOURCES. Temple connected about 13,000 people with community-based social services, including free transportation services, legal services, and clothing to destitute

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. Temple University Hospital reached more than 90,000 people through our numerous outreach and community building programs. We provide free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods.

CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Temple employs 37 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. This team processes about 6,000 applications annually.

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

COMBATING GUN VIOLENCE. Philadelphia leads the nation's 10 largest cities in homicides per capita. Three police districts with the highest number of shootings fall within our footprint. Temple treats more than 400 victims of penetrating wounds annually. To address this

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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epidemic, Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence. Cradle to Grave engaged 1,200 teens this year, and engaged more than 10,000 teens since the program began in 2006. Its Turning Point intervention program takes advantage of teachable moments that exist during the post-injury/pre-discharge period for survivors of violence. Its Fighting Chance (first aid education for penetrating wounds) and Safe Bet (gun lock) programs together served an additional 1,200 community members.

INVESTING IN 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 more than 500 residents and fellows in over 45 teaching programs. Our residents and fellows are involved in various efforts that directly impact the community, including our Cradle to Grave program, our HIV clinic, and other community outreach initiatives. The exposure that our Residents receive caring for our diverse, low-income community helps Temple address health disparities while developing our nation's future physicians. Our investment in health professions also includes part of the cost of operating the Northeastern School of Nursing RN Diploma Program, providing an affordable option for diverse, community members who would not otherwise be able to attend traditional collegiate programs.

INVESTING IN OUR HOSPITAL WORKFORCE. Temple University Hospital's Community Healthcare Workforce Program provided comprehensive training and education to help frontline workers living in the community adapt and build skills to enable them to participate in a changing healthcare

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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workplace. About half of the students are union members, and half from the general community, many of whom are laid-off workers and Welfare recipients.

**FOSTERING VOLUNTEERISM.** Members of Temple University Hospital's Board of Directors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation. Similarly, Temple University Hospital's executive team routinely participates in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital through our At Your Service program engages volunteer community members to help advance its healthcare mission. Through our chaplaincy, family support, and other programs, our volunteers served more than 57,000 people last year, helping to advance healing through their compassionate services to patients and their families.

**PROMOTING MULTI-CULTURAL SERVICES.** With an annual investment of about \$1.8 million, Temple University Health System has 327 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department. This includes 9 full-time medical interpreters, 2 medical interpreters in leadership roles, 23 active dual-role interpreters, 134 language proficient physicians, 21 RNs, 1 social worker, and 138 other language proficient bi-lingual staff.

**EMERGENCY PREPAREDNESS AND RESEARCH** This program helps ensure our staff

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels, both inside and outside the Temple Health System, educating our communities about the importance of personal preparedness. Temple's Emergency Preparedness and Research Program is a critical link in the federal, state, and local disaster response plans.

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

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

ordinary course of business;

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

comprehensive tertiary acute care services through the organization;

(g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's;

(h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine or the Temple University School of Podiatric Medicine;

(i) the adoption of the organization's annual capital and operating budgets;

(j) the issuance or assumption of any indebtedness in excess of Two Million Five Hundred Thousand Dollars (\$2,500,000); and

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

Form 990, Part VI, Section A, line 7a:

See Part VI Section A Line 6 Statement above

Form 990, Part VI, Section A, line 7b:

See Part VI Section A Line 6 Statement above

Form 990, Part VI, Section B, line 11:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

within 2 weeks and contact the Chief Financial Officer about any questions. In addition to the above process, the Audit Committee is provided a copy and the 990 and 990T are reviewed at a regularly scheduled meeting.

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

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

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health Systems financial web site. The Annual Audited Financial Statements are also released to the public in the same manner. To the extent required by applicable law, the organization makes its governing documents available to the public upon request.

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

Corporate Charge:

Program service expenses	0.
Management and general expenses	46,806,849.
Fundraising expenses	0.
Total expenses	46,806,849.

Healthcare Professional:

Program service expenses	99,262,456.
Management and general expenses	3,026,964.
Fundraising expenses	0.
Total expenses	102,289,420.

Professional Fees:

Program service expenses	8,804,880.
Management and general expenses	13,043,467.
Fundraising expenses	0.
Total expenses	21,848,347.

Purchased Services:

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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Program service expenses	17,044,551.
Management and general expenses	12,394,776.
Fundraising expenses	0.
Total expenses	29,439,327.
Total Other Fees on Form 990, Part IX, line 11g, Col A	200,383,943.

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

Net Unrealized Loss on Investments	-4,459,011.
Other Comprehensive Pension Income	-17,362,269.
Net Unrealized Gain on Beneficial Interest	-1,314,294.
Rounding	-2.
Recognition of Non Cash Contribution	44,755.
Total to Form 990, Part XI, Line 9	-23,090,821.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

**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 of the Commonwealth System of Higher Ed - 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 11a, 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 11a, I	Temple University Hospital Inc	X	
Jeanes Hospital - 23-2826045 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Jeanes Hospital Auxiliary - 23-1917776 7601 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 9	Jeanes Hospital		X
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System Inc		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System Inc		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital Inc	X	
Temple University Hospital Auxiliary - 23-6390560, 2450 West Hunting Park Avenue, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 11c, III-FI			X
American Oncologic 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 11b, 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

**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, 9th Floor-TUCMC c/o Lega Philadelphia, PA 19140	Malpractice Insurance	Bermuda	Temple University Health System						X
Fox Chase, LTD - 23-2396731 3509 N Broad Street, 9th Floor-TUCMC c/o Lega 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.

	Yes	No
<b>1</b> 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?		
<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	2,105,182.	Negotiated Rate
(2) Episcopal Hospital	O	1,424,901.	Actual Hours Worked
(3) Episcopal Hospital	Q	633,391.	Actual Cost
(4)			
(5)			
(6)			



