

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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	C Name of organization Temple University Hospital, Inc.		D Employer identification number 23-2825878
	Doing business as		E Telephone number 215-707-6686
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,476,328,994.
	3509 N Broad Street	936	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Philadelphia, PA 19140		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Michael DiFranco, CPA 3509 N Broad Street, Philadelphia, PA 19140		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ http://tuh.templehealth.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995	
M State of legal domicile: PA			

Part I Summary			
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.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5996
	6 Total number of volunteers (estimate if necessary)	6	170
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,717.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		2,760,980.	93,454,801.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,274,615,149.	1,371,798,682.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,179,147.	5,753,212.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-422,069.	3,717.
		1,282,133,207.	1,471,010,412.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,350,794.	7,778,355.
	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)	525,019,518.	568,869,531.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,518,342.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	706,313,070.	750,953,520.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,267,683,382.	1,327,601,406.	
19 Revenue less expenses. Subtract line 18 from line 12	14,449,825.	143,409,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	830,638,041.	1,106,930,415.
	22 Net assets or fund balances. Subtract line 21 from line 20	584,767,832.	745,661,486.
	245,870,209.	361,268,929.	

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	Date 5-10-2021	
	Michael DiFranco, CPA, Assistant Treasurer Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's address ▶	Firm's EIN ▶	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.

4a (Code:) (Expenses \$ 1,178,753,124. including grants of \$ 7,778,355.) (Revenue \$ 1,371,798,682.) See Schedule O

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

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

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

4e Total program service expenses 1,178,753,124.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 5996		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Michael DiFranco - 2157076686**
3509 N. Broad Street, Philadelphia, PA 19140

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John W. Meacham Director/Vice Chair	2.00 2.00	X		X				0.	0.	0.
(2) Mitchell Morgan Director	2.00 12.00	X						0.	0.	0.
(3) Sandra Harmon-Weiss Director/Chair	2.00 12.00	X		X				0.	0.	0.
(4) Dr. Eugene M. Smolens Director	2.00 0.00	X						0.	0.	0.
(5) Herbert E. Long, Jr. Director	2.00 0.00	X						0.	0.	0.
(6) Margaret Cobb Director	2.00 0.00	X						0.	0.	0.
(7) Jane Cameron Miller Director	2.00 0.00	X						0.	0.	0.
(8) Eleanor Reinhardt Director	2.00 3.00	X						0.	0.	0.
(9) Jerome Kline Director	2.00 0.00	X						0.	0.	0.
(10) Charles Lockyer, Jr. Director	2.00 3.00	X						0.	0.	0.
(11) Michael Bradshaw Director	2.00 0.00	X						0.	0.	0.
(12) Dr. Richard Englert Director	2.00 48.00	X						0.	925,030.	74,878.
(13) Martin Ogletree Director (from 10/21/19)	2.00 3.00	X						0.	0.	0.
(14) Dr. Larry Kaiser Director (Until 9/30/19)	2.00 50.00	X						0.	2,104,200.	23,246.
(15) Janet Yeomans Director	2.00 0.00	X						0.	0.	0.
(16) Shirley Coker Director	2.00 0.00	X						0.	0.	0.
(17) Rebecca Rakoski Isbill Director	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) Michael Young Director (from 2/6/20)/President&CEO	40.00 10.00	X		X				756,309.	0.	25,317.
(19) Michael DiFranco Asst Treasurer (from 4/8/20)	2.00 48.00			X				0.	196,542.	30,661.
(20) Beth Koob Secretary	2.00 48.00			X				0.	688,953.	83,962.
(21) Charna Wright Asst Secretary	2.00 48.00			X				0.	80,323.	19,561.
(22) Christopher Snyder Asst Treasurer (from 4/8/20)	2.00 48.00			X				0.	224,067.	47,562.
(23) Lisa Corbin Asst Treasurer (from 4/8/20)	0.00 50.00			X				0.	238,351.	56,032.
(24) Maricar Collins Asst Treasurer (until 12/31/19)	2.00 48.00			X				0.	281,803.	51,263.
(25) Herbert P. White Asst Treasurer (until 3/27/20)	2.00 48.00			X				0.	426,986.	65,730.
(26) Kathleen Barron Executive Director	48.00 2.00				X			399,050.	0.	23,966.
1b Subtotal								1,155,359.	5,166,255.	502,178.
c Total from continuation sheets to Part VII, Section A								3,166,985.	0.	360,554.
d Total (add lines 1b and 1c)								4,322,344.	5,166,255.	862,732.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,243**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple Faculty Practice Plan, Inc., 3509 N broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	119,782,471.
Temple University, 400 Carnell Hall, 1803 N Broad Street, Philadelphia, PA 19121	Physicians, Purchased Services	82,867,081.
Temple University Health System, 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	50,229,240.
Elwyn Specialty Care, 3070 McCann Farm Dr #101, Garnet Valley, PA 19060	Purchased Services, Pharmacy	3,819,780.
Vizient, Inc., 75 Remittance Drive, Suite 1855, Chicago, IL 60675	Purchased Services	3,385,799.

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 **41**

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	9,541,597.				
	e Government grants (contributions)	1e	78,375,057.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,538,147.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 862,196.				
	h Total. Add lines 1a-1f		93,454,801.				
	Program Service Revenue	2 a Patient Service Revenue	Business Code	622110	1,355,564,790.	1,355,564,790.	
b Parking Fees			812930	4,183,834.	4,183,834.		
c Rent from Tax Exempt Affiliates			531120	3,633,871.	3,633,871.		
d Cafeteria Sales			722210	3,475,466.	3,475,466.		
e							
f All other program service revenue			900099	4,940,721.	4,940,721.		
g Total. Add lines 2a-2f				1,371,798,682.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			5,650,542.		5,650,542.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,421,252.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,318,582.				
	c Gain or (loss)	7c	102,670.				
	d Net gain or (loss)			102,670.		102,670.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Lab Revenue	Business Code	621500	3,717.	3,717.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			3,717.			
	12 Total revenue. See instructions			1,471,010,412.	1,371,798,682.	3,717.	5,753,212.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,778,355.	7,778,355.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,628,999.		1,628,999.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	437,291,119.	423,400,052.	13,891,067.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,585,846.	26,666,956.	918,890.	
9 Other employee benefits	69,710,852.	67,289,027.	2,421,825.	
10 Payroll taxes	32,652,715.	31,504,195.	1,148,520.	
11 Fees for services (nonemployees):				
a Management	6,782,340.	1,258,881.	4,918,607.	604,852.
b Legal	1,197,156.	42,500.	1,154,656.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	312,859,485.	235,811,974.	77,009,648.	37,863.
12 Advertising and promotion	2,430,090.	136,469.	2,293,621.	
13 Office expenses	249,467,537.	248,584,861.	16,797.	865,879.
14 Information technology	16,168,670.	15,848,168.	320,502.	
15 Royalties				
16 Occupancy	24,251,853.	19,865,275.	4,386,578.	
17 Travel	1,214,182.	1,152,629.	61,553.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338,507.	329,297.	9,210.	
20 Interest	16,917,835.	16,717,361.	200,474.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,322,842.	21,313,683.	7,009,159.	
23 Insurance	17,507,022.	16,232,990.	1,274,032.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Tax Assessment	54,796,811.	27,567,330.	27,229,481.	
b Equipment Rental and Ma	15,815,388.	15,175,625.	639,763.	
c Other Expenses	2,883,802.	2,077,496.	796,558.	9,748.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,327,601,406.	1,178,753,124.	147,329,940.	1,518,342.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	106,336,378.	1	352,485,882.	
	2 Savings and temporary cash investments	994,371.	2	2,027,630.	
	3 Pledges and grants receivable, net		3	0.	
	4 Accounts receivable, net	271,386,758.	4	235,082,610.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7	0.	
	8 Inventories for sale or use	22,594,879.	8	37,336,238.	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 805,863,914.			
	b Less: accumulated depreciation	10b 621,181,844.			
	11 Investments - publicly traded securities	179,717,070.	10c	184,682,070.	
	12 Investments - other securities. See Part IV, line 11	89,752,770.	11	93,343,952.	
	13 Investments - program-related. See Part IV, line 11	25,530,454.	12	25,585,185.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	134,325,361.	14		
16 Total assets. Add lines 1 through 15 (must equal line 33)	830,638,041.	15	176,386,848.		
		16	1,106,930,415.		
Liabilities	17 Accounts payable and accrued expenses	185,492,955.	17	117,316,005.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	16,779,308.	24	16,118,011.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	382,495,569.	25	612,227,470.	
	26 Total liabilities. Add lines 17 through 25	584,767,832.	26	745,661,486.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	206,116,213.	27	299,605,280.	
	28 Net assets with donor restrictions	39,753,996.	28	61,663,649.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	245,870,209.	32	361,268,929.	
33 Total liabilities and net assets/fund balances	830,638,041.	33	1,106,930,415.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,471,010,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,327,601,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	143,409,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245,870,209.
5	Net unrealized gains (losses) on investments	5	-3,605,107.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-24,405,179.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	361,268,929.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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 stop here. 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 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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 Part VI 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
1 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 Part VI 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
1 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?		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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 Part VI .			
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 Part VI 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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,872,119.	36,142,078.	34,928,027.	30,063,362.	31,377,656.
b Contributions	21,271,758.				
c Net investment earnings, gains, and losses	-2,579,405.	-269,959.	1,214,051.	4,864,665.	-1,314,294.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,564,472.	35,872,119.	36,142,078.	34,928,027.	30,063,362.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		4,603,971.		4,603,971.
b Buildings		408,917,229.	302,106,849.	106,810,380.
c Leasehold improvements				
d Equipment		388,084,144.	316,482,568.	71,601,576.
e Other		4,258,570.	2,592,427.	1,666,143.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				184,682,070.

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)		
Total. (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)		
Total. (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	23,444,913.
(2) Assets Held in Perpetual Trust	53,032,582.
(3) Due From Affiliated Companies	33,892,278.
(4) Health Partners Investment	49,293,194.
(5) Other Assets	16,723,881.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	176,386,848.

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	71,833,217.
(3) Unfunded Post-Retirement Benefits	34,780,512.
(4) Reserve Liability	26,252,001.
(5) Long-Term Debt, Intercompany	253,044,564.
(6) Other Liabilities	61,694,820.
(7) Due to Affiliated Companies	60,630,993.
(8) Estimated Settlements, 3rd Party	
(9) Payers	103,991,363.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	612,227,470.

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

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

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

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

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.

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

Part XIII Supplemental Information.

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

Part V, line 4:

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			22,839,580.		22,839,580.	1.72%
b Medicaid (from Worksheet 3, column a)		163,321	609,102,534.	624,315,966.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		163,321	631,942,114.	624,315,966.	22,839,580.	1.72%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	383	53,614	2,983,957.	144,464.	2,839,493.	.21%
f Health professions education (from Worksheet 5)			142,908,973.	33,945,950.	108,963,023.	8.21%
g Subsidized health services (from Worksheet 6)		35,785	45,109,245.	25,819,718.	19,289,527.	1.45%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,265,693.		6,265,693.	.47%
j Total. Other Benefits	383	89,399	197,267,868.	59,910,132.	137,357,736.	10.34%
k Total. Add lines 7d and 7j	383	252,720	829,209,982.	684,226,098.	160,197,316.	12.06%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
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?		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		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	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</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	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://tuh.templehealth.org/content/comm</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>https://tuh.templehealth.org/content/community_health</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 A

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	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?	23	X
	If "Yes," explain in Section C.		
24	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?	24	X
	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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

Facility Reporting Group A consists of:

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

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

Part V, Section B, line 5: In conducting its CHNA, Temple University Hospital took into account input from representatives of the community served by its facility, including those with special knowledge or expertise in public health. Our processes, as well as the persons with whom Temple University Hospital consulted are set forth on pages 12 to 16 of the CHNA of our Main Campus and pages 12-15 of the CHNA of our Jeanes Campus. Both are posted in plain view on the hospital's website at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health> and <https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-health>. As noted in the CHNAs, Temple University Hospital held four community stakeholder focus groups at its various facilities, which included 46 external community leaders representing our immediate neighborhoods. Our CHNA also reflected responses to a survey of 181 residents living in our service area that was conducted by Temple University's Institute for Survey Research (ISR) on behalf of Temple University Hospital.

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

Part V Facility Information *(continued)*

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

Part V, Section B, line 11: Temple University Hospital is addressing most of the needs identified in our CHNA. Our approach to addressing unmet needs is identified in our CHNA Implementation strategy, which is posted in plain view on the hospital's websites at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health> and at <https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-health>.

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

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

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

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

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

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

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

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

Group A-Facility 4 -- Northeastern Ambulatory Care Center

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

Group A-Facility 4 -- Northeastern Ambulatory Care Center

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

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

Part V Facility Information (continued)

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 7:

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

TUH Inc.'s cost to charge ratio for Part 1, lines 7a through 7d is derived

Part VI Supplemental Information (Continuation)

by total expenses divided by the total gross charges.

Part I, Line 7g:

Temple University Hospital invested nearly \$20 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well the inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Part II, Community Building Activities:

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

A summary of our community building and other community benefit activities is provided in our Community Benefit Report posted in plain view on our hospital's website at

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

COMMUNITY SUPPORT.

(1) Violence Prevention and Intervention. Under the leadership of our Department of Surgery, our Trauma Unit conducts a number of programs that address the financial, emotional and social costs of gun violence in Philadelphia. Our "Cradle to Grave" program is a collaborative program with the Juvenile Justice Department and local schools that works with

Part VI Supplemental Information (Continuation)

at-risk youth to break the cycle of gun violence. "Fighting Chance" teaches residents in high violence neighborhoods to administer first aid to gunshot victims until first responders arrive. "Safe Bet" provides gun locks to families to reduce accidental shootings. "Turning Point," with a focus on survivors, helps change attitudes toward gun violence and encourages victims to alter their paths.

(2) Emergency Preparedness and Research. This program helps ensure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care under the most austere conditions. This Program is a critical link in federal, state and local disaster response plans. Our Emergency Preparedness Department is involved in three local committees, including the North Philadelphia Emergency Healthcare Support Zone, the Regional Hospital Subcommittee; and the Emergency Support Function-8 Work Group. These committees focus on creation of drills, policy development, and continuing education.

(3) Philadelphia MOM. 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 they have access to healthcare and educational resources.

(4) Prenatal Education: All expectant mothers at Temple University Hospital receive counseling on pre-natal nutrition and other topics to promote healthy pregnancy. We provide free childbirth classes covering labor and delivery techniques, breastfeeding basics, postnatal recovery and newborn needs. Our free yoga classes also help expectant mothers with

Part VI Supplemental Information (Continuation)

stress reduction, fitness, breathing and overall wellness.

(5) 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.

(6) Mental Health Training. Our staff members provide several hours of free training annually to community-based providers and non-profit organizations on topics such as patient safety and crises response.

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

(8) Temple Center for Population Health (TCPH). 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. TCPH's "Temple Care Transitions" program also employs Community Health Workers and Nurse Navigators to identify patients with complex social and medical health issues through intakes conducted in the hospital, community and by telephone. They also assist with scheduling appointments, coordinating transportation, obtaining home support, and educating patients on how they can manage health issues and avoid future hospitalization.

(9) Southeast Pennsylvania Collaborative Opportunities to Advance

Part VI Supplemental Information (Continuation)

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

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

(11) Temple University Hospital partners with Temple University's Lewis Katz School of Medicine "Block by Block" and other programs to establish partnerships with surrounding communities to improve research and community health.

(12) Support Groups: Temple University Hospital's Episcopal Campus is home to free support groups for patients and family members affected by mental health issues, as well as those fighting addiction. Our Caregivers Group also provides education and support to transplant patients and their caregivers and families post-transplant.

(13) Addressing Philadelphia's Opioid Epidemic. Temple Health is working

Part VI Supplemental Information (Continuation)

closely with the Commonwealth of Pennsylvania and City of Philadelphia Department of Behavioral Health and Disability Services' (DBHIDS) Office of Addiction Services (OAS) to address Philadelphia's opioid epidemic. Temple University Hospital's Episcopal Campus is located at the epicenter of our State's opioid crisis and has the highest number of opioid related deaths in Philadelphia. With support from the Commonwealth, we are expanding medication-assisted treatment programs to several community-based sites throughout Philadelphia using multidisciplinary care teams and social supports. With Temple's Department of Family Medicine's TRUST Clinic (Temple Recovery Using Scientific Treatment) central to this "hub-and-spoke" model, we are coordinating services among our emergency departments, local health centers, physician offices and outreach organizations. Additionally, in partnership with the City, our "Recovery Overdose Survivor Project" employs certified peer recovery specialists that help link overdose patients and their families with needed services and provide follow-up 48 hours after treatment in our Emergency Department or Crisis Response Center. We are also working with Philadelphia's Office of Homeless Services to establish a 40-bed respite center to address homelessness among opioid users.

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

WORKFORCE DEVELOPMENT

(1) Investment in Community's Healthcare Workforce. The purpose of this program is to build local workforce and improve skills sets needed to

Part VI Supplemental Information (Continuation)

deliver quality healthcare. This involves comprehensive training and education for workers living in our community, which helps to adapt and improve skills that enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and those receiving public assistance. Career pathways include nursing, behavioral health, allied health, childcare, health IT. Education services include GED classes and testing as well as ESL and safety instruction.

(2) Community Health Worker Program. In partnership with Temple University's Center for Social Policy, District Council 1199c Training and Upgrade Fund and Philadelphia Workforce Development Corporation, this program trains unemployed members of our community to become Community Health Workers. Through this program, we are helping residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes and cost.

Part III, Line 2:

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

Part VI Supplemental Information (Continuation)

collection rates have not changed.

Part III, Line 8:

Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2020, the cost of providing services to the Medicare population was \$16,750,802 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. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that TUH provides free and/or reduced price care to persons who qualify, that TUH provides assistance in applying for and obtaining government funded insurance, and that patients can contact TUH's Financial Services Department for assistance.

Part VI Supplemental Information (Continuation)

Part VI, Line 2:

In addition to our Community Health Needs Assessment described in Part V Section B, Temple University Hospital (TUH) further assesses community health needs using comprehensive sets of internal and external data sources. Externally, we rely largely on health data compiled by federal, state, city and community based health organizations, including the following:

*United States Center for Disease Control:

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

*Pennsylvania Department of Health

-<http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un>

* Pennsylvania and County Health Profiles-

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

*Pennsylvania Health Care Cost Containment Council (PHC4) -

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

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

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

*County Health rankings:

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

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

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

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

Part VI Supplemental Information (Continuation)

*Maternity Care Coalition -

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

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

* Participation in the Southeast Pennsylvania Collaborative Opportunities to Advance Community Health (COACH) initiative in partnership with the U.S. Department of Health & Human Services, Philadelphia Department of Health and the Healthcare Improvement Foundation.

Internally, we rely on the following sources:

*Collaboration of Medical School and Hospital leadership

*Consensus discussion with key clinical providers and community service organizations

*Performance Improvement, Risk Management and Patient Safety outcomes.

*Feedback from community members of our board of directors and routine interaction with neighborhood community organizations.

*Historic, service line specific utilization data

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

*Feedback from our various Patient and Family Advisory Councils (PFAC), including the separate Temple Physicians, Inc. PFACs connected with six separate practice locations in our community and Temple University Hospital's Injury PFAC of our Trauma Unit and the PFAC of our Heart and Vascular Institute. These groups are organized under Temple University Hospital's Department of Patient Experience.

*In addition assessing data sources, we work closely with the City of Philadelphia Department of Public Health's Health Centers, other local Federally Qualified Health Centers (FQHCs), the City's Police and Fire

Part VI Supplemental Information (Continuation)

Departments and other community-based health and social services organizations to address specific needs of vulnerable populations. These partnerships enable us to coordinate care delivery in both inpatient and outpatient settings and address social determinants of health affecting health outcomes for the communities we serve.

To support moms and newborns, we collaborate with Esperanza Community Health Center (Esperanza), Maria de los Santos Health Center, and Greater Philadelphia Health Action to provide a full range of obstetrical services. In partnership with Philadelphia's Department of Public Health's Philadelphia MOM Program, we connect new mothers and their babies from birth through their sixth birthday with social, educational, and healthcare supports.

Temple University Hospital also works closely with our community partners to provide adult health services. Esperanza Physicians maintain staff privileges and provide continuity of care for their patients at our hospital. Additionally, Esperanza participates in our Internal Medicine Residency Programs. Maria de los Santos Health Center and the Greater Philadelphia Health Action also refer their patients to Temple University Hospital for inpatient care.

Representative of Temple University Hospital serve on several health-and safety related boards and committees of the City of Philadelphia, including the Health Department, the Mayor's Task Force to Combat the Opioid Epidemic, the Managing Director's Resilience Advisory Board, the Philadelphia Task Force on Sports-Based Youth Development and the Fire Commissioner's Medical Advisory Board.

Part VI, Line 3:

34 Financial Counselors assigned to Temple University Hospital screen all

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

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

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

*Hospital website.

Part VI, Line 4:

Temple University Hospital's primary service area for its main campus comprises 11 zip codes: 19120; 19121; 19122; 19124; 19125; 19129; 19132; 19133; 19134; 19140; and 19144. About 70% of our main campus patients reside within these zip codes. This population has a disproportionately high percentage of non-college educated residents living in poverty compared to the city, state, and nation. This service area is also reflected in the City of Philadelphia's 2017 Community Health Assessment and is represented mainly by the City's North, Lower North, and Riverward Planning Districts. These districts have the lowest life expectancy and highest levels of obesity, cardiovascular disease, HIV diagnosis, and the highest mortality rates related to smoking, cancer, opioids, and homicide in the City.

The primary service area for our Jeanes campus comprises 9 zip codes: 19111; 19115; 19116; 19120; 19124; 19134; 19135; 19149; and 19152. About 70% of our Jeanes campus patients reside within these zip codes. This service area roughly corresponds to the City of Philadelphia's Lower Northeast, Central Northeast, and North Delaware Planning Districts. The demographics of this service area range from the affluent to those in

Part VI Supplemental Information (Continuation)

chronic poverty.

A. Population and Population Growth

The TUH Service Area's population 5-year growth rate is 1.6%, which nearly matches the City at 1.5%, but is much greater than the State at 0.5%. However, our Service Area, City overall, and State lag well behind the Nation's growth rate of 3.5%.

B. Age Distribution

The TUH Service Area's age distribution reveals an overall younger population with 53% under 35 when compared to the City at 50%, State at 43% and Nation at 45.7%. While the 35 - 64 and 65+ year range is lower for TUH, at 34.8% and 12.1%, when compared to the City, at 36.1% and 13.5%, the State, at 38.9% and 18.1%, and Nation, at 38.4% and 15.9%.

C. Education Level

In 2018, the population in the TUH service area consisted of 63.8% with a high school education or less, a rate over 50% higher than the national average of 40.6%. The TUH service area population consists of 36.2% with education beyond high school, 23% less than the national average of 59.4%. It appears the TUH Service Area's education level has shown no improvement in the percentage of those with beyond a high school education; however, there is a small increase in those completing high school.

D. Unemployment and Household Income**Unemployment**

Although employment rates are steadily rising nationally, 5.0% of Philadelphia's total population was unemployed in November 2018, which is higher than the State unemployment of 4.8% and Nation of 4.1%.

(Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, November 2018)

Part VI Supplemental Information (Continuation)

Household Income

67.6% of households in the TUH service area earn less than \$50,000 per year, approximately 45% greater than the national average of 42.4%. 32.4% of TUH service area households earn over \$50,000 per year, far less than the national average of 57.5%.

E. Population Below Federal Poverty Level

Approximately 36.8% of the population living within TUH's service area lives at or below the federal poverty level. This is greater than Philadelphia County at 25.8%, Pennsylvania at 13.1% and the Nation at 14.6%.

F. Race/Ethnicity

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

G. Payer Mix in 2017

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

Part VI, Line 5:

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

Part VI Supplemental Information (Continuation)

TUH is an indispensable provider of health care in the largest city in America without a public hospital. Among Pennsylvania's full-service safety-net providers, Temple University Hospital serves the greatest volume and highest percentage of patients covered by Medicaid. About 86% of our inpatients are covered by government programs: 40% by Medicare and 46% by Medicaid. Temple University Hospital is located in a medically underserved area.

During our FYE June 30, 2020, Temple University Hospital engaged in numerous programs and events serving thousands of community members. Below are selected highlights.

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

Part VI Supplemental Information (Continuation)

(2) Community Health Fairs. Temple University Hospital participated in numerous health fairs serving our immediate community to build trust and break down barriers to care. We often collaborate with Temple University's Schools of Medicine, Public Health, Dentistry, and Pharmacy to provide health screenings and education on a variety of health issues affecting residents, including diabetes, obesity, cancer, depression, anxiety, addiction, and PTSD.

(3) Temple Health Force. Health professionals from across Temple University Hospital's departments engaged in numerous outreach activities with government offices and community-based organizations. These include free health screenings and education on cancer, behavioral health, substance abuse, burn prevention, childbirth education and yoga instruction for expecting moms, diabetes care, smoking cessation, LGBTQ health, stroke prevention and other topics.

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

(5) Behavioral Health Community Education. Our physicians and staff provide community-based education on seeking help for depression, suicidal behavior and other mental health issues. We are proud to partner with the community organization, "Michael's Giving H.A.N.D." (Handling Anxiety Navigating Depression), which engages teenagers at area high schools.

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

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

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

Part VI, Line 6:

Temple University Hospital is a member of Temple University Health System, Inc. It is the chief clinical teaching site for the Temple University School of Medicine. Consistent with its mission to provide access to the highest quality of health care in community and academic settings, Temple University Hospital supports Temple University's Health Sciences Center academic programs by providing a clinical environment and research programs that offers high quality education and training for health care professionals. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: the

Part VI Supplemental Information (Continuation)

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) 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)	6,265,693.	0.			General Support
Temple Faculty Physicians Practice 3509 North Broad Street Philadelphia, PA 19140	83-1002191	501(c)(3)	1,470,000.	0.			General Support
Healthcare Improvement Foundation 1801 Market Street, Suite 710 Philadelphia, PA 19103	23-2152039	501(c)(3)	40,000.	0.			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

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) (2019)

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

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

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

Part I, Line 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> 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 (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dr. Richard Englert Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	800,000.	0.	125,030.	61,020.	13,858.	999,908.	0.
(2) Dr. Larry Kaiser Director (Until 9/30/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,100,000.	0.	4,200.	0.	23,246.	2,127,446.	0.
(3) Michael Young Director(from 2/6/20)/President&CEO	(i)	717,559.	38,750.	0.	12,600.	12,717.	781,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Michael DiFranco Asst Treasurer (from 4/8/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,936.	11,606.	0.	0.	30,661.	227,203.	0.
(5) Beth Koob Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	496,758.	51,881.	140,314.	52,017.	31,945.	772,915.	0.
(6) Christopher Snyder Asst Treasurer (from 4/8/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	192,931.	20,001.	11,135.	19,520.	28,042.	271,629.	0.
(7) Lisa Corbin Asst Treasurer (from 4/8/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	224,313.	14,038.	0.	23,524.	32,508.	294,383.	0.
(8) Maricar Collins Asst Treasurer (until 12/31/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,302.	26,501.	0.	20,435.	30,828.	333,066.	0.
(9) Herbert P. White Asst Treasurer (until 3/27/20)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	401,238.	25,000.	748.	30,420.	35,310.	492,716.	0.
(10) Kathleen Barron Executive Director	(i)	357,052.	18,180.	23,818.	12,600.	11,366.	423,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Claire Raab Chief Clinical Officer	(i)	279,582.	23,850.	0.	12,600.	35,699.	351,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Betty Craig Chief Nursing Officer	(i)	232,110.	0.	31,402.	20,187.	19,493.	303,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Abhinav Rastogi Chief Operating Officer	(i)	265,063.	18,300.	16,611.	11,960.	28,049.	339,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Herbert Cushing Chief Medical Officer	(i)	76,931.	0.	273,649.	4,183.	21,623.	376,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Tony Stuart Reed Chief Medical Officer	(i)	371,689.	25,000.	350.	13,441.	30,283.	440,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Steven Carson VP Clinical Integration	(i)	330,710.	33,292.	23,903.	12,600.	12,861.	413,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Joseph McComb Assoc Pro Clinician Educator	(i)	302,413.	0.	8,163.	13,693.	23,696.	347,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Shidong Li Chief Physician	(i)	299,671.	0.	0.	28,000.	28,006.	355,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Susan Coull VP Medical Education	(i)	270,475.	15,266.	0.	16,628.	2,746.	305,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Howard L. Rudnick Medical Director	(i)	249,555.	0.	19,000.	12,605.	12,201.	293,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, line 4a.

In calendar year 2019, Herbert Cushing, Chief Medical Officer of Temple University Hospital, Inc., received severance payments in the amount of \$225,871.20.

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
Caring Heart Rehab and Nur	Substantial Contrib	42,123.	Equipment L		X
Epic Systems Corporation	Substantial Contrib	1,947,279.	Equipment L		X
Gift of Life Donor Program	Substantial Contrib	10,684,633.	Purchased S		X
Hospital & Health Sys Asso	Substantial Contrib	12,448.	Purchased S		X
Medtronic, Inc.	Substantial Contrib	4,657,775.	Consulting		X
MRA Realty Inc	Substantial Contrib	22,166.	Purchased S		X
Quest Diagnostics Inc	Substantial Contrib	1,659,484.	Purchased S		X
Special Smiles Ltd	Substantial Contrib	12,549.	Professiona		X
Wawa Inc	Substantial Contrib	138,104.	Supplies		X
Patrick White	Son of Herb White	108,742.	Employee of		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: Caring Heart Rehab and Nursing Ctr

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: Epic Systems Corporation

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

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

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Hospital & Health Sys Assoc of PA

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

Part V Supplemental Information

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

(a) Name of Person: Medtronic, Inc.

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(a) Name of Person: MRA Realty Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Quest Diagnostics Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Special Smiles Ltd

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Professional Fees

(a) Name of Person: Wawa Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(a) Name of Person: Patrick White

(d) Description of Transaction: Employee of Temple University Hospital

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,250.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	32,597	273,775.	FMV
20 Drugs and medical supplies	X	310,761	581,171.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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

Schedule M, Line 32b:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

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

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

Temple University Hospital was founded in 1892 as "Samaritan Hospital," with the mission of caring for patients with limited incomes and ensuring access to medical care in its surrounding neighborhoods. As the chief academic teaching hospital of the Lewis Katz School of Medicine at Temple University, Temple University Hospital (TUH) is a 879-bed non-profit acute care hospital that provides a comprehensive range of medical services to its low-income communities, and a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania and beyond. TUH is accredited as an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems Foundation.

In addition to its main campus in North Philadelphia, TUH includes its Episcopal, Northeastern, and Jeanes campuses, all of which serve economically and socially disadvantaged communities.

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

As our chief clinical teaching site, TUH is staffed by over 400 physicians of Temple Faculty Physicians as well as physician scientists from our affiliated Fox Chase Cancer Center and our community-based Temple Physicians, Inc. The Temple Faculty Practice Plan represent about 20 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.

Among our distinctions is the achievement of Magnet status from the American Nurses Credentialing Center, a prestigious recognition of quality nursing care, community commitment and staff dedication bestowed upon only 8% of U.S. healthcare organizations.

Temple's nationally renowned physicians offer state of the art treatment options for patients with complex medical problems, some of whom were previously considered untreatable. Using sophisticated technologies and personalized treatments, Temple physicians are working to alter the course of serious disease. In over a dozen research centers, our faculty is speeding the transformation of fundamental scientific discoveries into practical therapies with the potential to dramatically improve human health.

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

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. Last year, the program performed 119 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 Faculty Practice Plan); 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 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

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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 Temple University Hospital's inpatients are covered by government programs: 41% by Medicare and 45% by Medicaid. Patients dually eligible for both Medicare and Medicaid comprise about half of our Medicare inpatient base. Approximately 49% of our total inpatient cases include a behavioral health diagnosis.

TUH serves as a critical access point for vital public health services. Last year we handled about 142,000 patients in our Emergency Department; 11,000 patients in our Psychiatric Crisis Response Center; and 2,100 discharges from our inpatient Behavioral Health unit. We delivered about 2,400 babies, of whom nearly 90% were covered by Medicaid.

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

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

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

older, experiencing severe psychiatric symptoms that markedly impair their capacity to function adequately within the community. Many of its patients are diagnosed with psychiatric plus one or more substance/alcohol disorders. Almost half have one or both diagnosis of hypertension and or diabetes. Many have multiple co-existing medical illnesses.

Throughout the COVID-19 pandemic, Temple University Hospital has ensured that our vulnerable and medically complex patients received the best medical care with outcomes that met or exceeded care in less challenged communities.

Our success is demonstrated through the Medicare Catchment Area Report 2021 for Temple University of the Association of American Medical Colleges and Teaching Hospitals (AAMC).

This is a January-June 2020 performance snapshot of Temple University Hospital's Medicare inpatients with a COVID-19 diagnosis, relative to state and national benchmarks. During those six months, 13% of our nearly 3,000 Medicare Fee-for-Service (FFS) inpatient cases had a COVID-19 diagnosis, compared to 7% in our five-county catchment area, 4% in PA, and 3% in the U.S.

The AAMC Report compared Temple University Hospital's performance relative to Medicare FFS inpatient cases with a COVID-19 diagnosis to the performance of other hospitals in Pennsylvania and the United States. The AAMC report showed that Temple takes care of a segment of the population recognized as highest risk of getting the sickest and

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

dying from COVID: 64.7% identified as Black, Hispanic or other compared with the U.S. average of 39.1%. Furthermore, 69.5% were dually eligible for Medicare and Medicaid compared with the U.S. average of 52.3%

Despite the high vulnerability of our patient population, our inpatient COVID mortality rate was 15% lower than Pennsylvania and 28% lower than the United States. Within 30-days post-discharge, our COVID patient mortality rates were 32% and 33% lower than the Commonwealth and nation, respectively.

We were just 2% above the state average for percent of COVID inpatients requiring ventilator care, and 21% lower than national. The percent of our COVID patients requiring the ICU was 28% lower than Pennsylvania and 9% lower than nation. Our average length of stay for COVID patients was just a half-day longer than the Commonwealth average, and the same as the national.

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

Temple University Hospital takes great pride in the broad array of free community outreach, education and neighborhood building programs 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:

PANDEMIC RESPONSE. Temple University Hospital offered 24/7 COVID-19

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

TEMPLE HEALTH OUTREACH. Health professionals from across Temple University Hospital's departments are engaged in numerous outreach activities with government offices and community-based organizations. These include free health screenings and education on cancer, behavioral health, substance abuse, burn prevention, diabetes care, smoking cessation, LGBTQ health, stroke prevention and other topics

VIOLENCE PREVENTION AND INTERVENTION. Under the leadership of our Department of Surgery, our Trauma Unit conducts a number of programs that address the financial, emotional and social costs of gun violence in Philadelphia. Our "Cradle to Grave" program is a collaborative program with the Juvenile Justice Department and local schools that

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

works with at-risk youth to break the cycle of gun violence. "Fighting Chance" teaches residents in high violence neighborhoods to administer first aid to gunshot victims until first responders arrive. "Safe Bet" provides gun locks to families to reduce accidental shootings. "Turning Point," with a focus on survivors, helps change attitudes toward gun violence and encourages victims to alter their paths.

PHILADELPHIA MOM. 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 they have access to healthcare and educational resources.

PRENATAL EDUCATION. All expectant mothers at Temple University Hospital receive counseling on pre-natal nutrition and other topics to promote healthy pregnancy. We provide free childbirth classes covering labor and delivery techniques, breastfeeding basics, postnatal recovery and newborn needs. Our free yoga classes also help expectant mothers with stress reduction, fitness, breathing and overall wellness.

BEHAVIORAL HEALTH COMMUNITY EDUCATION. Our physicians and staff provide community-based education on depression, suicidal behavior and other mental health issues. We are proud to partner with the community organization, "Michael's Giving H.A.N.D." (Handling Anxiety Navigating Depression), which engages teenagers at area high schools. Our staff members provide several hours of free training annually to community-based providers and non-profit organizations on topics such as patient safety and crisis response.

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

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

TEMPLE CENTER FOR POPULATION HEALTH (TCPH). 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. TCPH's "Temple Care Transitions" program also employs Community Health Workers and Nurse Navigators to identify patients with complex social and medical health issues through intakes conducted in the hospital, community and by telephone. They also assist with scheduling appointments, coordinating transportation, obtaining home support, and educating patients on how they can manage health issues and avoid future hospitalization.

SOUTHEAST PENNSYLVANIA COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH) INITIATIVE. In partnership with the U.S. Department of Health & Human Services, Philadelphia Department of Health and the Healthcare Improvement Foundation, Temple helps address food insecurity. In selected clinical settings, a member of our hospital staff asks patients about their access to sufficient food. If a patient indicates food insecurity, we refer the patient to community resources

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

for SNAP food assistance, food banks and other needs.

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

SUPPORT GROUPS. Temple University Hospital's Episcopal Campus is home to free support groups for patients and family members affected by mental health issues, as well as those fighting addiction. Our Caregivers Group also provides education and support to transplant patients and their caregivers and families post-transplant.

ADDRESSING PHILADELPHIA'S OPIOID EPIDEMIC. Temple Health is working closely with the Commonwealth of Pennsylvania and City of Philadelphia Department of Behavioral Health and Disability Services' (DBHIDS) Office of Addiction Services (OAS) to address Philadelphia's opioid epidemic. Temple University Hospital's Episcopal Campus is located at the epicenter of the State's opioid crisis and has the highest number of opioid related deaths in Philadelphia. With support from the Commonwealth, we are expanding medication-assisted treatment programs to several community-based sites throughout Philadelphia using multidisciplinary care teams and social supports. With Temple's Department of Family Medicine's TRUST Clinic (Temple Recovery Using Scientific Treatment) central to this "hub-and-spoke" model, we are

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

coordinating services among our emergency departments, local health centers, physician offices and outreach organizations. Additionally, in partnership with the City, our "Recovery Overdose Survivor Project" employs certified peer recovery specialists that help link overdose patients and their families with needed services and provide follow-up 48 hours after treatment in our Emergency Department or Crisis Response Center. We are also working with Philadelphia's Office of Homeless Services to establish a 40-bed respite center to address homelessness among opioid users.

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 those receiving public assistance. Career pathways include nursing, behavioral health, allied health, childcare, health IT. Education services include GED classes and testing as well as ESL and safety instruction.

COMMUNITY HEALTH WORKER PROGRAM. In partnership with Temple University's Center for Social Policy, District Council 1199c Training and Upgrade Fund and Philadelphia Workforce Development Corporation, this program trains unemployed members of our community to become Community Health Workers. Through this program, we are helping residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes and cost.

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

SOCIAL SUPPORTS. Last year, our Social workers connected thousands of people with community-based social services, including free transportation legal services, clothing, pharmaceuticals, co-pays and medical supplies to our most destitute to ease their transition to home after discharge or outpatient treatment.

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 600 residents and fellows in 44 teaching programs. The exposure that our Residents receive caring for our diverse, low-income community helps Temple address health disparities while developing our nation's future physicians.

CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Our Financial Counselors are dedicated to helping uninsured and under-insured patients obtain medical coverage as well as providing assistance with out of pocket medical expense. Our team of knowledgeable and caring professionals help patients understand their insurance coverage, limitation and out of pocket obligations. They assist patients and their families by answering their questions regarding the cost of healthcare services, providing information and guidance in comparing health plans, and enrolling them in government funded insurance plans such as Medicaid, Medicare and ACA Marketplace plans. All of our counselors are CMS Certified Application Counselors. In addition, they assist patients in applying for Temple hospitals' Charity Care and Sliding-Scale Financial

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

Assistance program and setting up payment plans. The financial counselors also assist patients in qualifying for patient assistance programs to cover most of the out of pocket costs for expensive medications.

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

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

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

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

lives.

EMERGENCY PREPAREDNESS AND RESEARCH This program helps ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels, 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;

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

(e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;

(f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization;

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

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

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

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

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

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

See Part VI Section A Line 6 Statement above

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

See Part VI Section A Line 6 Statement above

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

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board Member is contacted and provided with the web address. A Board Member without

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer about any questions. In addition to the above process, the Audit Committee is provided a copy and the 990 and 990T are reviewed at a regularly scheduled meeting.

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

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

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

The unaudited internal financial statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health System's financial web site. The annual audited financial statements are also released to the public in the same manner. To the extent required 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	50,190,734.
Fundraising expenses	0.
Total expenses	50,190,734.

Healthcare Professional:

Program service expenses	159,296,563.
Management and general expenses	5,207,180.
Fundraising expenses	0.
Total expenses	164,503,743.

Professional Fees:

Program service expenses	7,540,806.
Management and general expenses	4,679,150.
Fundraising expenses	37,863.
Total expenses	12,257,819.

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

Purchased Services:

Program service expenses	68,974,605.
Management and general expenses	16,932,584.
Fundraising expenses	0.
Total expenses	85,907,189.
Total Other Fees on Form 990, Part IX, line 11g, Col A	312,859,485.

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

Other Comprehensive Pension Income	-15,034,662.
Transfer Due to Jeanes Merger	-9,370,517.
Total to Form 990, Part XI, Line 9	-24,405,179.

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
TUH - Jeanes Campus Auxiliary - 23-1917776 7601 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 10	Temple University Hospital, Inc.		X
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital Inc	X	
American Ongologic Hospital - 23-1352156 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Fox Chase Cancer Center Medical Group - 45-4540585, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital		X
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 12b, II	American Oncologic Hospital		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital		X
Temple Faculty Practice Plan, Inc. - 83-1002191, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Anna T Jeanes Foundation - 23-2203406 3509 N broad Street Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12d, III-O	N/A		X

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	2,120,000.	Negotiated Rate
(2) Episcopal Hospital	O	1,670,080.	Actual Hours Worked
(3) Episcopal Hospital	Q	349,039.	Actual Cost
(4)			
(5)			
(6)			

