

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

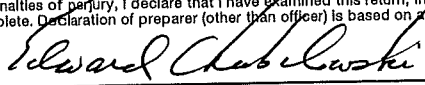
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Temple University Hospital, Inc. Doing Business As		D Employer identification number 23-2825878
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 North Broad Street Rm 936		E Telephone number 215-707-4533
		City or town, state or country, and ZIP + 4 Philadelphia, PA 19140		G Gross receipts \$ 914,014,814.
		F Name and address of principal officer: Edward Chabalowski 3509 North Broad Street, Philadelphia, PA 1		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527
J Website: ▶ www.tuh.templehealth.org
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1995 **M State of legal domicile:** PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Our mission is to support Temple University and its Health Sciences Center academic programs by		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	5148
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	591,759.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-252,582.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,019,919.	1,703,275.
	9 Program service revenue (Part VIII, line 2g)	702,399,010.	763,719,173.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,866,259.	14,752,720.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,446,205.	2,364,848.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	721,731,393.	782,540,016.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,458,508.	52,634,656.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	329,897,378.	341,201,255.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 240,287.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	374,205,135.	446,545,183.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	744,561,021.	840,381,094.
19 Revenue less expenses. Subtract line 18 from line 12	-22,829,628.	-57,841,078.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 625,164,097.	End of Year 599,487,348.
	21 Total liabilities (Part X, line 26)	396,085,232.	445,515,836.
	22 Net assets or fund balances. Subtract line 21 from line 20	229,078,865.	153,971,512.

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 5/12/11
	Edward Chabalowski, CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: See Schedule O for Continuation
Our mission is to support Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 721,276,982. including grants of \$ 52634656.) (Revenue \$ 765,492,262.)
Temple University Hospital is a 740-bed non-profit acute care hospital that provides a comprehensive range of medical services to its North Philadelphia neighborhoods, as well as a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania.

Temple University Hospital is the only Level 1 Trauma Center in Southeastern Pennsylvania with an adult Burn Unit. Its Episcopal Campus contains all of Temple's behavioral health services, including a psychiatric Crisis Response Center, a full-service Emergency Department, and a 21-bed medical telemetry unit. Episcopal handles more than 10,000 crisis response center visits annually, making it one

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

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

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

4e Total program service expenses \$ 721,276,982.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</i>	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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):		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization 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 11 and 19?	X	
Note. All Form 990 filers are required to complete Schedule O.			

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	154	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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	5148	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
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
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
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
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
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	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			15
b	Enter the number of voting members that are independent		
1b			12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Edward Chabalowski, CFO - 215-707-7766**
3509 North Broad St, Room 936, Philadelphia, PA 19140

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

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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Edmond F. Notebaert Director, Chair	2.00	X		X			0.	2,583,333.	0.	
Jane Scaccetti Director, Vice Chair	2.00	X		X			0.	0.	0.	
George Corson, Jr. Director	2.00	X					0.	0.	0.	
John W. Meacham Director	2.00	X					0.	0.	0.	
Dr. Milton L. Rock Director	2.00	X					0.	0.	0.	
Dr. Soloman C. Luo Director	2.00	X					0.	0.	0.	
Samuel M. Lehrer Director	2.00	X					0.	0.	0.	
Dr. Donald B. Parks Director	2.00	X					0.	0.	0.	
Dr. Eugene M. Smolens Director	2.00	X					0.	0.	0.	
Herbert E. Long, Jr. Director	2.00	X					0.	0.	0.	
Bradford P. Woods Director	2.00	X					0.	0.	0.	
Richard I. Torpey Director	2.00	X					0.	0.	0.	
Joseph Evans Director	2.00	X					0.	0.	0.	
Dr. Ann Weaver Hart Director	2.00	X					0.	532,000.	79,949.	
Patrick J O'Conner Director	2.00	X					0.	0.	0.	
Sandra Gomberg Interim Exec Dir./CEO	50.00			X	X		262,835.	0.	41,138.	
Beth C. Koob Secretary	2.00			X			0.	383,115.	52,785.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Betty McAdams Asst Secretary	2.00			X				0.	90,217.	13,750.
Edward A. Chabalowski Treasurer	50.00			X	X			202,585.	0.	36,274.
Joseph G. Klos Asst Treasurer	2.00			X				0.	208,750.	32,108.
Robert H. Lux Asst Treasurer	3.00			X				0.	458,041.	53,686.
Herbert P. White Asst Treasurer	2.00			X				0.	232,775.	38,400.
Dr. Susan Freeman CMO of TUH	50.00				X			369,377.	0.	33,412.
Kathleen Barron Executive Director of EH	50.00				X			297,552.	0.	33,645.
Craig Menta Finance Director of EH	50.00				X			177,830.	0.	31,595.
Terry McGoldrick VP Patient Services	50.00				X			193,160.	0.	30,444.
John Cacciamani Director of Clinical Ope	40.00					X		243,178.	0.	41,138.
1b Total								2,600,349.	5,500,694.	699,286.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **479**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University, 400 Carnell Hall, 1803 N Broad St, Philadelphia, PA 19121	Physicians, Purchased Services	49,952,453.
Temple University Health System, 2450 West Hunting Park Ave, Philadelphia, PA 19129	Purchased Services, Related Organization	37,166,115.
HealthSource Global, 39270 Paseo Padre Parkway #138, Fremont, CA 94538	Temporary Staffing, Purchased Services	18,985,200.
Siemens 51 Valley Stream Drive, Malvern, PA 19355	Equipment Maintenance, Purchas	5,080,405.
Cogent Healthcare of Pa 2600 Michelson Drive, Irvine, CA 92612	Physicians, Purchased Services	4,831,225.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **80**

See Schedule J-2 for Part VII, Section A Continuation

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	13,596.				
	e	Government grants (contributions)	1e	117,684.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1571995.				
	g	Noncash contributions included in lines 1a-1f: \$		13,596.				
	h	Total. Add lines 1a-1f		1703275.				
	Program Service Revenue	2 a	Patient Service Rev.	Business Code 900099	752,804,367.	752,804,367.		
b		Parking Fees	812930	3704955.	3704955.			
c		Rent Tax Exempt Affl	531120	3089069.	3089069.			
d		Cafeteria Sales	722210	2525211.	2525211.			
e		Student Tuition	611600	993,997.	993,997.			
f		All other program service revenue	900099	601,574.	601,574.			
g		Total. Add lines 2a-2f		763,719,173.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		7619234.			7,619,234.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			7133486.		7,133,486.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue								
11 a	Miscellaneous Income	Business Code 900099		1773089.	1773089.			
	b	Blood Draws	621500	591,759.		591,759.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			2364848.			
12	Total revenue. See instructions.			782,540,016.	765,492,262.	591,759.	14,752,720.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	52,634,656.	52,634,656.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,930,868.		2,930,868.	
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	25,716,716.7.	24,239,896.0.	14,768,207.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,810,776.	10,189,713.	621,063.	
9 Other employee benefits	50,812,057.	48,010,182.	2,801,875.	
10 Payroll taxes	19,480,387.	18,361,267.	1,119,120.	
11 Fees for services (non-employees):				
a Management				
b Legal	707,451.	32,356.	675,095.	
c Accounting	300,182.		300,182.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	16,340,993.0.	91,189,359.	71,980,284.	240,287.
12 Advertising and promotion	327,827.	31,250.	296,577.	
13 Office expenses	12,459,389.5.	12,333,951.2.	1,254,383.	
14 Information technology	8,943,891.	8,456,809.	487,082.	
15 Royalties				
16 Occupancy	19,478,579.	17,726,888.	1,751,691.	
17 Travel	451,086.	396,811.	54,275.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,860,308.	11,860,308.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,034,329.	22,943,681.	90,648.	
23 Insurance	46,903,022.	46,884,509.	18,513.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Other Expenses	18,910,614.	1,018,440.	17,892,174.	
b Bad Debt	14,032,771.	14,032,771.		
c Equip rental and maint	13,849,859.	12,028,071.	1,821,788.	
d Loss-Disposal Fix Asset	-258,561.	-258,561.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	84,038,109.4.	72,127,698.2.	11,886,382.5.	240,287.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	80,175,532.	1	81,937,422.
	2	Savings and temporary cash investments	148,446,600.	2	66,688,316.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	134,023,961.	4	174,532,145.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,732,124.	8	12,550,452.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 485,629,493.		
	b	Less: accumulated depreciation	10b 313,502,580.		
			174,209,058.	10c	172,126,913.
	11	Investments - publicly traded securities	18,386,766.	11	18,859,975.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	57,190,056.	15	72,792,125.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	625,164,097.	16	599,487,348.	
Liabilities	17	Accounts payable and accrued expenses	62,045,231.	17	64,463,330.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	109,398,479.	20	113,953,318.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	224,641,522.	25	267,099,188.
	26	Total liabilities. Add lines 17 through 25	396,085,232.	26	445,515,836.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	204,317,274.	27	127,033,145.
	28	Temporarily restricted net assets	3,831,928.	28	4,898,394.
	29	Permanently restricted net assets	20,929,663.	29	22,039,973.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	229,078,865.	33	153,971,512.	
34	Total liabilities and net assets/fund balances	625,164,097.	34	599,487,348.	

Part XI Financial Statements and Reporting

		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
b	Were the organization's financial statements audited by an independent accountant?	X	
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 in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,620,000.	24,384,000.			
b Contributions	1309663.				
c Net investment earnings, gains, and losses	1110310.	-4,764,000.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	22,039,973.	19,620,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	X	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,043,355.		3,043,355.
b Buildings		255482858.	150656112.	104826746.
c Leasehold improvements				
d Equipment		220783117.	162627162.	58,155,955.
e Other		6,320,163.	219,306.	6,100,857.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				172126913.

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

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

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

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

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

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

Part XIV Supplemental Information

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

Part V, line 4: The endowment funds will be used for capital purposes,

maintenance of the Liacouras Garden, appreciation awards to

"Non-Professional" Employees and to cover the cost of unreimbursed care

for the prevention and treatment of crippling diseases in children.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	X	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
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?	5c		X
6a Does the organization prepare an annual community benefit report?	6a		X
b If "Yes," does the organization make it available to the public?	6b		

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

	(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
7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			16,289,271.		16,289,271.	1.94%
b Unreimbursed Medicaid (from Worksheet 3, column a)			283,074,170.	273,914,235.	9,159,935.	1.09%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			299,363,441.	273,914,235.	25,449,206.	3.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		32,799	1,811,364.	11,500.	1,799,864.	.21%
f Health professions education (from Worksheet 5)	35		58,704,542.	21,454,394.	37,250,148.	4.43%
g Subsidized health services (from Worksheet 6)	2		52,601,311.	25,999,853.	26,601,458.	3.17%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			13,542,000.		13,542,000.	1.61%
j Total. Other Benefits	37	32,799	126,659,217.	47,465,747.	79,193,470.	9.42%
k Total. Add lines 7d and 7j	37	32,799	426,022,658.	321,379,982.	104,642,676.	12.45%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	4	10,000	413,986.		413,986.	.05%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	3	2,249	694,408.	21,486.	672,922.	.08%
9 Other						
10 Total	7	12,249	1,108,394.	21,486.	1,086,908.	.13%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	91,248,889.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	99,813,376.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-8,564,487.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7: As set forth in the Temple University Health System

Department of Finance Policies and Procedures (TUHS-FIN 302), it is the
policy of Temple University Health System to provide all necessary urgent
and emergent care to patients without regard to their ability to pay for
such care. Given this mission and within the guidelines of prudent
business management, it is further the policy of Temple University Health
System (TUHS) that an orderly and controlled system for the write-off of
all types of Bad Debt and Charity Care balances be 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.

Part I, Line 7g: Temple University Hospital invested nearly \$27
million to subsidize critical health care services needed in our
community. This includes support for our outpatient emergency, which
includes acute care and psychiatric services, and inpatient psychiatric

Part VI Supplemental Information

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

Part 7, line 7i: Temple University Hospital makes a grant in the amount of \$13,542,000 to Temple University to support and provide healthcare services to the community

Part III, Line 4: This expense is related to services rendered for which payment is anticipated and credit is extended. These patients do not meet the established Charity Care policy and may therefore have the ability to pay. The cost method is determined based on the patient's liability for services rendered and is a community benefit because it is a cost of providing health care to the general public.

The costing methodology utilized to complete the table was a combination of internal cost reports, data derived from the Medicare Cost report and the cost to charge ratio derived from worksheet 2.

Part III, Line 8: Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2010, the cost of providing services to the Medicare population was (\$8,564,487) 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

Part VI Supplemental Information

contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If an account 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 log. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that Temple provides free and/or reduced price care to persons who qualify, that Temple provides assistance in applying for and obtaining government funded insurance, and that patients can contact Temple's Financial Services Department for assistance.

Part I, line 6a: The organization has not prepared a community benefit report at this time.

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

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

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

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

*Philadelphia Department of Public Health, including the Philadelphia

Part VI Supplemental Information

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

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

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

*Maternity Care Coalition - Childbirth at a Crossroads report.

*Premier - Care Science Quality Manager

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

Internally, we rely on the following sources:

*Collaboration of Medical School and Hospital leadership

*Consensus discussion with key clinical providers

*Performance Improvement, Risk Management and Patient Safety outcomes.

*Historic, service line specific utilization data

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

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

Part VI, Line 3: The Financial Counselors assigned to Temple University Hospital screen all uninsured and underinsured patients

Part VI Supplemental Information

(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, CHIP, and Adult Basic.

*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/Self Pay program to determine their eligibility for free or reduced cost care.

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

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

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

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

Part VI Supplemental Information

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

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

Hospital website.

Part VI, Line 4: Temple University Hospital Service Area Community Profile:

Temple University Hospital service area consists of the following zip codes: 19120, 19121, 19122, 19124, 19125, 19132, 19133, 19134, 19140, 19141, and 19144. This is an area with a disproportionately high percentage of poor and undereducated population.

A. Population and Population Growth

The total population of 461,000 in TUH's service area has declined over the past decade and is projected to decline by 1.2% from 2010 to 2015. In contrast, the total U.S. population has grown over the past decade, and is projected to grow by 4.1% over the next five years.

B. Age Distribution

Approximately 31% of the total population within TUH's service area is under the age of 18, approximately 27% higher than the overall average

Part VI Supplemental Information

for the United States (24%). 24% of the TUH service area population is age 18-34 consistent with the national average. 35% of the TUH service area population is age 35-64, 10% less than the national average of 40%. 10% of the TUH service area population is over 65 years old, which is 25% less than the national average of 13%.

The average age of the TUH service area is projected to increase slightly over the next five years. Under 18 population is projected to decline from 141,651 in 2010 to 137,591 in 2015, a decline of approximately 5%. The 65 and over population is projected to increase from 45,386 in 2010 to 48,199 in 2015, a projected increase of 6.2%.

C. Education Level

In 2010, the population in the TUH service area consisted of 69.4% with high school education or less, a rate approximately 56.7% higher than the national average of 44.3%. The TUH service area population consists of 30.6% with education beyond high school, approximately 45% less than the national average of 55.7%.

D. Unemployment and Household Income**Unemployment**

In TUH's service area, 14.6% of the total population were unemployed in 2010, 50.5% higher than the national unemployment rate of 9.7%.

Household Income

Part VI Supplemental Information

Approximately 74% of households in the TUH service area earn less than \$50,000 per year, approximately 54% greater than the national average of 47.8%. 26% of TUH service area households earn over \$50,000 per year, which is approximately half the national average of 52.2%.

E. Race/Ethnicity

In TUH's service area, 51.1% of the total population is Black, over four times the national level of 12.1%. Hispanics are the second largest population in TUH's service area, comprising 25% of the population, compared to the national average of 16%. The percentage of White population is lower than the nation level, 18% in the TUH service area compared to 65% nationwide.

F. Payer Mix in 2009

Approximately 77% of people in the TUH service area are covered by either Medicaid or Medicare; 50% for Medicaid and 27% for Medicare. This represents approximately three times the national average of 16% for Medicaid, and approximately two times of the national level of 14% for Medicare.

Part VI, Line 5: Temple University Hospital engages in a number of community building activities throughout the year, directly serving more than 12,200 people, and indirectly serving tens of thousands more, while incurring net expense of more than \$1 million. These activities include the following programs:

Part VI Supplemental Information

Community Support:

(1) Temple University Hospital Emergency Preparedness and Research Program. The purpose of this program is to ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We ensure that our staff and facilities are prepared for disasters and other emergencies by working on many levels, both inside and outside the Temple Health System. We are developing a community education and outreach program in which we would further educate our vulnerable communities about the importance of personal preparedness and provide them with guidelines on how to remain safe during a disaster. The TUH Emergency Preparedness and Research Program is also a critical link in the federal, state and local disaster response plans. (Net expense \$157,700)

(2) Haiti Relief. In response to a call from President Obama, Temple University Hospital readied \$65,000.00 in medical supplies and equipment to send to Partners-In-Health, an organization of medical professionals who were on the ground working to treat the sick and injured victims of the earthquake. We also worked with the Temple University School of Medicine by connecting physicians who were traveling to Haiti with community-based organizations that had supplies to donate for their missions to the disaster-struck country. We also provided helicopter services to transport patients upon their arrival in Philadelphia to appropriate hospital care in our region. (Net expense \$85,224)

(3) Cradle to Grave Anti-Violence. This program helps reduce the

Part VI Supplemental Information

financial, emotional, and societal costs of gun violence in the City of Philadelphia. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence. Since the program began in 2006, Cradle to Grave has connected with more than 3,000 Middle and high school students, as well as at-risk youth from area alternative schools and the Juvenile Justice Center of Philadelphia. (Net expense \$123,000)

(4) Blood Drives. Temple University hospital works closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. This year, Temple helped collect nearly 600 pints of blood from employees and physicians. (Net expense \$48,062)

Leadership Development and Training:

Workforce Development:

(1) Investment in Community's Healthcare Workforce. The purpose of this program is to build local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and Welfare recipients. (Net expense \$463,652)

(2) Workbased Learning Initiative for Mental Health Workers. The purpose of this program is to train front-line mental health workers in a wide-range of competencies important to maintaining and improving quality

Part VI Supplemental Information

of care for patients at TUH-Episcopal and to provide a platform of college-accredited work from which mental health workers can continue their education and career advancement. Temple University Hospital conducted this in partnership with 1199C National Union of Hospital and Health Care Employees, with support from the Robert Wood Johnson Foundation, in cooperation with the Hitachi Foundation, US Department of Labor, and Pennsylvania Department of Labor. Front line mental health workers take a step toward longer-term career advancement, ultimately leading to careers as registered nurses, behavioral health professionals and other health occupations. (Net expense \$99,978)

(3) Occupations in Healthcare. This free program exposes area high school students to a variety of healthcare careers through a structured after-school program. Over the past 3 years, 100% of its students graduated from high school and went on to college. (Net expense \$109,292)

Part VI, Line 6: Temple University Hospital serves one of our nation's most economically challenged urban areas, with more than 80% of its patients covered by government programs, including 30% covered by Medicare and 52% covered by Medicaid. Temple University Hospital is in a federally designated urban Renewal Area and is located in a federal designated Primary Care Professional Shortage Area and a Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone. Over 82% of the population in Temple's service area is African American, Latino or other minorities. While Temple University Hospital serves patients from throughout the region, more than 40% of individuals in Temple's immediate zip codes live below the federal poverty level.

Part VI Supplemental Information

Temple University Hospital provides substantial charitable care to its community, with nearly \$25 million in charity and unreimbursed care, at cost provided last year. Temple University Hospital also absorbs more than \$15 million of medical education costs that are attributable to Medicaid services but for which Medicaid provides no reimbursement. In addition to this charity care, Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods. In addition to those community-building activities described above, we provide this summary our programs and activities that advance the health of people and the quality of life in our vulnerable communities:

PROVIDING CRITICAL SOCIAL RESOURCES. At a cost of \$1.3 million, Temple connected nearly 12,000 people with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. At a cost of more than \$500,000.00, Temple University Hospital reached more than 21,000 people, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities.

Part VI Supplemental Information

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

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

PROMOTING MULTI-CULTURAL SERVICES. With an investment of about \$1.5 million, Temple employs a team of 11 professional medical interpreters who provide personal language assistance for our Spanish-speaking population. Supplementing this are 65 specially trained dual-role interpreters, representing seven languages. These groups performed about 20,000 bedside interpretations annually, which is in addition to interpretations performed via telephone by contracted agency interpreters.

KEEPING PATIENTS OUT OF THE EMERGENCY DEPARTMENT. Temple University Hospital's Northeastern Campus includes its unique ReadyCare physician

Part VI Supplemental Information

practice. ReadyCare offers expanded hours 365 days per year, and provides care that is specifically designed to meet the needs of the community - and to prevent unnecessary visits to a hospital Emergency Room.

REDUCING THE GOVERNMENT BURDEN. Temple maintains strong affiliations with the City of Philadelphia, Federally Qualified Health Centers, and numerous community health organizations to help ensure access to care for our vulnerable population.

Part VI, Line 7: Temple University Hospital is a member of the Temple University Health System, Inc., (TUHS). Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the Temple Health System Transport Team, Inc's mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; and, Temple Physicians, Inc's mission is to provide the highest quality of clinical care as well as to support the System's clinical, administrative and corporate activities.

**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.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth System of Higher Education - 1109 Wachman Hall, 1805 North Broad St -	23-1365971	501c3	14,274,183.	0.			General Support
Temple University Health System 3509 North Broad St, 9th floor Philadelphia, PA 19140	23-2825881	501c3	36,967,570.	0.			General Support
Fortress Properties Trust c/o Fortress Properties, Inc. - 3 Village Road, Suite 100 - Horsham, PA 19044	26-6241201		1,392,903.	0.			Funding trust to benefit organization

- 2 Enter total number of section 501(c)(3) and government organizations 2.
- 3 Enter total number of other organizations 1.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

Schedule I, Part I, Line 2: Grants were made only for tax-exempt purposes to related organizations under common control. Grants are subject to review by the governing bodies and management of the related organizations and their common parent.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	X								
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Edmond F. Notebaert	(i)	0.	0.	0.	0.	0.	0.
	(ii)	258,333.	0.	0.	0.	2,583,333.	0.
Dr. Ann Weaver Hart	(i)	0.	0.	0.	0.	0.	0.
	(ii)	532,000.	0.	33,000.	46,949.	611,949.	0.
Sandra Gomborg	(i)	255,718.	0.	7,117.	14,094.	303,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Beth C. Koob	(i)	0.	0.	0.	0.	0.	0.
	(ii)	364,627.	0.	18,488.	20,241.	435,900.	0.
Edward A. Chabalowski	(i)	202,062.	0.	523.	14,094.	238,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Joseph G. Klos	(i)	0.	0.	0.	0.	0.	0.
	(ii)	208,750.	0.	0.	6,368.	240,858.	0.
Robert H. Lux	(i)	0.	0.	0.	0.	0.	0.
	(ii)	445,346.	0.	12,695.	21,142.	511,727.	0.
Herbert P. White	(i)	0.	0.	0.	0.	0.	0.
	(ii)	218,775.	0.	14,000.	14,311.	271,175.	0.
Dr. Susan Freeman	(i)	369,377.	0.	0.	6,368.	402,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Kathleen Barron	(i)	290,961.	0.	6,591.	6,601.	331,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Craig Menta	(i)	168,641.	0.	9,189.	13,881.	209,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Terry McGoldrick	(i)	193,160.	0.	0.	9,421.	223,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.
John Cacciamani	(i)	243,178.	0.	0.	14,094.	284,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Shidong Li	(i)	230,896.	0.	0.	13,646.	255,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Steven Carson	(i)	218,870.	0.	306.	14,094.	257,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Ever Luizaga	(i)	202,092.	0.	0.	16,976.	219,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

Part I, Line 4a: Joseph W. Marshall, III served as Chief Executive Officer of Temple University Health System, Inc. and was paid a severance by the Health System upon his termination from that role. His severance payment was \$447,844.

Robert Pezzoli also served as Chief Executive Officer of Temple University Hospital, Inc. and was paid a severance by the Health System upon his termination from that role. His severance payment was \$641,688.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the Organization

Temple University Hospital, Inc.

Employer Identification number
23-2825878

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Shidong Li Chief Physicist	40.00					X		230,896.	0.	24,252.
Steven Carson VP Clinical Integration	40.00					X		219,176.	0.	38,422.
Ever Luizaga Post Doc Fellow-Pulmonar	40.00					X		202,092.	0.	16,976.
John Buckley Executive Director of TE	40.00					X		201,668.	0.	24,243.
Joseph Marshall Former CEO	40.00						X	0.	421,968.	25,876.
Robert Pezzoli Former COO	40.00						X	0.	590,495.	51,193.

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

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

OMB No. 1545-0047
2009
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Name of the organization

Temple University Hospital, Inc.

Employer identification number
23-2825878

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	Hospitals & Higher Ed Fac Auth of Phila	23-192913271	7903R59	02/17/93	164,911,891.00	Refunding of Series of 1993		X		X
B										
C										
D										
E										

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1										
2										
3										
4										
5										
6										
7										
8										

9	Were the bonds issued as part of a current refunding issue? ...									
10	Were the bonds issued as part of an advance refunding issue? ...	X								
11	Has the final allocation of proceeds been made? ...	X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds? ...	X								

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1										
2										

932121
02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider	N/A									
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X									
b Name of provider	West LB Bank									
c Term of GIC	Term 'ed 2009									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

23-2825878

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

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

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

quality research programs.

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

of the busiest on the east coast.

Last year, Temple University Hospital discharged more than 35,000
patients; registered 319,000 outpatients, performed 150 organ
transplants, and cared for about 118,000 emergency department visitors.
Temple University Hospital also delivered nearly 3,700 infants this
year, of which Medicaid covers about 90%.

Temple University Hospital serves one of our nation's most economically
challenged urban areas, with more than 80% of its patients covered by
government programs, including 30% covered by Medicare and 52% covered
by Medicaid (the statewide mean average for Medicaid, including
newborns, is about 12%, based on Pennsylvania Health Care Cost
Containment Council (PHC4) data). Temple University Hospital also
provides more inpatient days of care to Medical Assistance recipients
than any other hospital in the Commonwealth. As the hospital serving
the greatest volume of Medicaid patients in the Commonwealth, it is de

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2009

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facto Philadelphia's public hospital.

Temple University Hospital is in a federally designated Urban Renewal Area and is located in a federal designated Primary Care Professional Shortage Area and a Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone. Over 82% of the population in Temple's service area is African American, Latino or other minorities. While Temple University Hospital serves patients from throughout the region, more than 40% of individuals in Temple's immediate zip codes live below the federal poverty level.

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

Temple University Hospital provides substantial charitable care to its community, with nearly \$25 million in charity and unreimbursed care, at cost, provided last year.

Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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Name of the organization

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23-2825878

neighborhoods and the Southeast Pennsylvania region. Below is a
summary of this year's programs and activities that advance the health
of people and the quality of life in our communities:

PROVIDING CRITICAL SOCIAL RESOURCES. At a cost of \$1.3 million, Temple
connected nearly 12,000 people with community-based social services,
including free transportation services and clothing to destitute
patients upon discharge, and free pharmaceuticals, co-pays and medical
supplies that provide our most vulnerable patients with the resources
they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. At a cost of more than \$500,000.00,
Temple University Hospital reached more than 21,000 people, providing
free health screenings; support groups for patients and families
dealing with alcoholism, narcotics abuse, behavioral health disorders,
cancer and other diseases; providing free immunization for flu in
cooperation with the City Health Department; offering education on
childbirth, mental health, burn prevention, diabetes care and other
topics; and providing many other outreach activities.

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

COMBATING GUN VIOLENCE. Temple's Cradle to Grave program works with

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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at-risk youth to help break the cycle of gun violence. With an annual investment of about \$120,000.00, Cradle to Grave engaged 750 teens this year, and engaged more than 3,000 teens since the program began in 2006.

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

INVESTING IN OUR HOSPITAL WORKFORCE. Temple University Hospital invested nearly \$700,000 to develop our local workforce through three comprehensive initiatives. Our investment in the Community Healthcare Workforce provided comprehensive training and education to help frontline workers living in the community adapt and build skills to

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

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Employer identification number

23-2825878

enable them to participate in a changing healthcare workplace. Our additional investment in the Workforce Learning Initiative for Mental Health Workers provided frontline workers with a platform of college-accredited work from which they can continue their education and career advancement. In addition, Temple's Opportunities in Healthcare program exposed area high school students to a variety of healthcare careers through a structured after-school program.

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

PROMOTING MULTI-CULTURAL SERVICES. With an investment of about \$1.5 million, Temple employs a team of 11 professional medical interpreters who provide personal language assistance for our Spanish-speaking population. Supplementing this are 65 specially trained dual-role interpreters, representing seven languages. These groups performed

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

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Employer identification number

23-2825878

about 20,000 bedside interpretations annually, which is in addition to interpretations performed via telephone by contracted agency interpreters.

EMERGENCY PREPAREDNESS AND RESEARCH. With an investment of more than \$150,000.00, this program helps ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels, 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.

HAITI RELIEF. With an investment of more than \$85,000.00, Temple University Hospital readied medical supplies and equipment to treat the sick and injured victims of the Haitian earthquake. Together with the Temple University School of Medicine, we connected physicians who were traveling to Haiti with community-based organizations. We also provided helicopter services to transport patients upon their arrival in Philadelphia to appropriate hospital care in our region.

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

DONATING BLOOD. Working with the American Red Cross, we help ensure that our nation has a safe and reliable blood supply. Through our investment of nearly \$50,000.00, Temple University Hospital helped collect 600 prints of blood from employees, physicians and community

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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members.

FUELING OUR COMMUNITY'S ECONOMIC ENGINE. Temple University Hospital
employed 4,100 people and paid \$369 million in salaries and benefits.

As a critical employer for North Philadelphia, about 22% of our
employees live within its immediate and adjacent zip codes. For every
\$1.00 of hospital employee compensation, about \$.92 additional
compensation is spent elsewhere in the community (about \$340 million).

For every job at Temple University Hospital, about 1.2 additional jobs
are generated elsewhere (about 5,000 spin-off jobs).

REDUCING THE GOVERNMENT BURDEN. In 2010, Temple University Hospital
incurred nearly \$16 million in net charity care expenses. In addition,
Temple maintains strong affiliations with the City of Philadelphia,
Federally Qualified Health Centers, and numerous community health
organizations to help ensure access to care for our vulnerable
population.

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

SUBSIDIZING CRITICAL HEALTH SERVICES. Temple University Hospital

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

invested nearly \$26 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.

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

(a) any dissolution or liquidation;

(b) any merger;

(c) any amendments to the Articles of Incorporation;

(d) any amendments to the Bylaws regarding the member, the number of
Governors, quorum or voting requirements;

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

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

(g) any decision to merge with, acquire, or enter into an affiliation with

SCHEDULE O
(Form 990)

Department of the Treasury
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medical schools or medical school hospitals other than the University's;

(h)the deletion of any clinical programs that are needed for the

accreditation of Temple University School of Medicine or the Temple

University School of Podiatric Medicine;

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

(j)the issuance or assumption of any indebtedness in excess of Two Million

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

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

organization.

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

Statement above

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

Statement above

Form 990, Part VI, Section B, line 11: After review by management and
outside tax counsel, the 990 and 990T (if any) are posted to the website of
the Secretary's Office. Each Board Member is contacted and provided with
the web address. A Board Member without internet access is provided a paper
copy to review. The website and paper mailing have an overview of the 990
and 990T preparation process and internal reviews. Each Board Member is
asked to review the 990 and 990T 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

SCHEDULE O
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Form 990, Part VI, Section B, Line 12c: The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

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

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

Form 990, Part VI, Section C, Line 19: The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

(a) Name of Person: Laurie Parks

(b) Relationship Between Interested Person and Organization:

Daughter to Donald Parks, Director at TUH

(d) Description of Transaction: Family Member - Employed at TUH

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)	X	
g Purchase of assets from other organization(s)	X	
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) Fortress Properties Inc	B	1,392,903.
(2) Temple East, Inc	G	178,177.
(3) Temple East, Inc	K	1,109,046.
(4) Temple East, Inc	P	3,880,974.
(5) Temple East, Inc	J	798,775.
(6) Episcopal, Inc	F	161,381.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7)	Episcopal, Inc	K	1,391,481.
(8)	Episcopal, Inc	P	478,910.
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Temple University Hospital, Inc.	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 23-2825878
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 3509 North Broad Street, No. Rm 936	E Unrelated business activity codes (See instructions for Block E on page 9.) 621500
C Book value of all assets at end of year 599,487,348.		City or town, state, and ZIP code Philadelphia, PA 19140	
		F Group exemption number (See instructions for Block F.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **Medical & Diagnostic Laboratory Services**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **See Statement 2**

J The books are in care of ▶ **Edward Chabalowski, CFO** Telephone number ▶ **215-707-7766**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 591,759.			
b Less returns and allowances c Balance ▶	1c 591,759.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 591,759.		591,759.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 591,759.		591,759.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15		390,221.	
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			
20 Charitable contributions (See instructions for limitation rules.)	20			
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule) See Statement 1	28		454,120.	
29 Total deductions. Add lines 14 through 28	29		844,341.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-252,582.	
31 Net operating loss deduction (limited to the amount on line 30)	31		0.	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-252,582.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33		1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-252,582.	

Part III Tax Computation

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

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

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

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

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

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

44a Payments: A 2008 overpayment credited to 2009 **44a**

b 2009 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 Form 4136 Other _____ Total **44f**

45 Total payments. Add lines 44a through 44f **45**

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

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

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

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax **49** Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here
 Signature of officer _____ Date _____ Title **CFO**

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

Paid Preparer's Use Only
 Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____
 Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____ Phone no. _____

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)					
(2)					
(3)					
(4)					
7. Taxable income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T	Other Deductions	Statement	1
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<u>Description</u>	<u>Amount</u>
Supplies	115,848.
Indirect Expenses	338,272.
Total to Form 990-T, Page 1, line 28	454,120.

Form 990-T Parent Corporation's Name and Identifying Number Statement 2

Corporation's Name

Identifying No

Temple University-Of the Commonwealth System of Higher Educ.

23-1365971