Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(o), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

benefit trust or private foundation)

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

OMB No. 1545-0047 2009 Open to Public Inspection

Form 990 (2009)

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010 D Employer Identification number C Name of organization Check If Pleaso use IR8 label or TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI Address change o falsa 23-2916108 Name typa, Doing Business As E Telephone number Number and street (or P.O. box if mall is not delivered to street address) Room/sulto inilial 800 215-707-4863 RM 936 Specific Instruc-509 N BROAD STREET 30951000. Amended Telurn Applica-Ilon pending G Gross receipts \$ Olly or town, state or country, and ZIP + 4 H(a) is this a group return PHILADELPHIA, PA 19140]Үөв Ѿ № F Name and address of principal officer; ROBERT H. LUX for affillates? H(b) Are all allillates included? Yes No same as C above If "No," attach a list, (see instructions) 627 4947(a)(1) or Tax exempt status: X 601(o) (3) (insert no.) H(o) Group exemption number J Website: L Year of formation: 1997 M State of legal domicile; PA K Form of organization: X Corporation Association Trust Part I Summary Bilefly describe the organization's mission or most significant activities: Temple University Health System Foundation accepts contributions and makes grants to support Temple Governance Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of Independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 6 5 Total number of volunteers (estimate if necessary) в 7a Total gross unrelated business revenue from Part VIII, column (O), line 12 ٥. 7a 0. 1) Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 30450000. Contributions and grants (Part VIII, line 1h) 8 Program service revenue (Part VIII, line 2g) 501000. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 458000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8o, 9o, 10o, and 11e) 30951000. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 458000 13 Grante and similar amounte paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), Ilnes 11a 11d, 11f 24f) 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 30951000. 458000. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 44213000. 13229000. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 44213000. 13229000. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and elatements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. 5-12-2011 Sign Signature of officer Here TREASURER ROBERT H. Type or print name and tillo Preparer's identifying number Date Check II Preparer's employed > Pald signature EIN > Preparet's Firm's name (or yours II self-employed), Use Only address, and ZIP + 4 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

orm 9	90 (2009) III Statement	TEMPLE UNIVER	SITY HEALTH SYSTEM FO	UNDATI 23-2910	5108 Page 2
1 E	Briefly describe the	organization's mission: versity Health S	ystem Foundation acce	n System, inc. o	anu
1	<u> remple Uni</u>	versity Hospital	, Inc. and their affi	Traces chac pro	V 1 4 C
2 [Old the organization	undertake any significant progr	am services during the year which were no	t listed on	Yes X No
	والمستان والمستان والمستان		Ω.		Yes X No
3 [Did the organization	n cease conducting, or make sign	o. nificant changes in how it conducts, any pr	ogram services?	Yes LAINO
	f "Yes," describe ti	nese changes on Schedule O.	ch of the organization's three largest progra	m services by expenses.	
	Section 501(c)(3) at	ad 501(c)(4) organizations and se	ection 4947(a)(1) trusts are required to repo ue, if any, for each program service reporte	d.	
	(Code: No progran) (Expenses \$ n expenses	including grants of \$) (Revenue \$)
,					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		# 1 0 lb dd 2			
4d	(Expenses \$	ervices. (Describe in Schedule C including g	rants of \$) (Revenue)	
<u>4e</u>	Total program s	service expenses > \$			Form 990 (2009)

Is the organization described in section 501(o/3) or 49A1(a)(1) (other than a private foundation)?	Form 9	990 (2009) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-29161	08	Pa	age 3
Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)? If "Yes," complete Schedule A. It the organization required to complete Schedule B, Schedule of Contributors? It is the organization required in discot or indition to political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. Scotlen 501(e)(4), 601(e)(6), and 501(e)(6) organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II. Scotlen 501(e)(4), 601(e)(6), and 501(e)(6) organizations. Is the organization subject to the section 503(e) notice and reporting requirement and proxy tax If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not expend to consider the part X or provide ordit counseling, debt management, receil repeal, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV. It is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VV. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VV. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X. Did the organization inspert organized in section 170(b)(f)(f)(A)(f) If "Yes," complete Schedule D, Part X. Did the organizati	Par	TV Checklist of Required Schedules			
If Yes, "complete Schedule A. 2 X 2				Yes	No
If Yes, "complete Schedule A. 2 X 2	4	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization equals on index of influence political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 60 (16/8) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 60 (16/8), 60 (16/8), and 80 (16/8) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment or provide accounts of the reposition of the such as a such collable. Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide oradit consensing, debt management, oradit repells, or debt negotiation services? If Yes, "complete Schedule D, Part V. Did the organization report an amount for length or debt negotiation services? If Yes, "complete Schedule D, Part V. Is the organization answer to any of the following questions "Yes," If so, complete Schedule D, Part X, III, III, III, III, III, III, III,		If "Vos " complete Schedule A		Х	
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10111000 (200	20	Did the organization operate one or more hospitals? If "Yes," complete schedule if	Fc	rm 99	10 (2009

Pert IV Checklist of Required Schedules (continued) 12 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 17 if "Yes," complete Schedule i, Parts I and if it is under the continued of the organization report more than \$5,000 of grants and other assistance to inclividuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule ii, Parts I and if it is under the organization of the organization organization organization organizati	Form	990 (2009) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-2916	108	P	age 4
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Unled States on Part IX, column (A), line 17 li "Yes," complete Schedule Parts and li 22 2 2 2 2 2 2 2 2	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
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oolumn (A), line 22 If "Yes," complete Schedule I, Parts I and III 3 Did the organization naver "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule I. I' Not." go to line 25 35 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 46 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 47 did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 48 Section 50((s)) and 50((s)) and 50((s)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 48 as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part II 48 as loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part IV 48 as 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 and exceptions; 49 A family ember of a current or former officer, director, trustee, low on officer, director, trustee, or lay employee? If "Yes," complete Schedule I., Part IV 49 In the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II	99	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6 about compensation of the organization acurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 28 Did the organization have a taxee.empt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24d Did the organization have at any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization maintain an escrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding secrew at any time during the year? If "Yes," complete Schedule I, Part I 24d Did the organization available person during the year? If "Yes," complete Schedule I, Part I 25d Did the organization available person outstanding as of the organization and year it is a person related to Prome 990 or 990-E2? If "Yes," complete Schedule I, Part II 26d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part IV 26d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule I, Part IV 27d Did the organization party to a business transaction with one of the following parties, (see Schedule II, Part IV 27d Did the organization aparty to a business transaction with one of the following parties, (see Schedule II, Part IV 27d Did the orga		Imp. (A) line 02 If "Vos " complete Schedule I. Parts I and III	22		X
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disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-627 If "Yes," complete Schedule I, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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? If "Yes," complete Schedule L, Part IV 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable iffling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 Did the organization eliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part V, Ilne 2 33 Section 501(o)(3) organizations. Did	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	252		X
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If "Yes," complete Schedule N, Part I		contributions? If "Yes," complete Schedule M	-		
If "Yes," complete Schedule N, Part I	31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Test, complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X		The Color and A. Dord I	31	+	
Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes," complete Schedule R, Part V, line 2 37 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	32	Did the examination sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete	00		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under regardation sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes," complete Schedule R, Part V, line 2 37 Section 501(o)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 38 If "Yes," complete Schedule R, Part V, line 2 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 30 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	-		32	+	12
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? X	99	The first standard of the control of the entity disregarded as separate from the organization under regulations	- 1		v
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 If "Yes	33	contions 301 7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	. 33	+	<u> X</u>
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Olid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	0.4	Was the example tion related to any tax-exempt or taxable entity?		١.,	
Is any related organization a controlled entity within the meaning of section 512(0)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	34	Was the Upganization National Reports II. III. IV, and V, line 1	. 34		`
If "Yes," complete Schedule R, Part V, line 2		the standard argument of a controlled entity within the meaning of section 512(0)(13)?	- 1		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-originate organization of the organization. 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	35		. 35	<u> </u>	<u> </u>
If "Yes," complete Schedule R, Part V, line 2		If "Yes," complete Scriedule II, Park Y, IIII 2			
27 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and 19? 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	36		. 36	3	X
and that is treated as a partnership for federal income tax purposes? If "res, complete schedule 7,1" at 7) 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X		then 50% of its activities through an entity that is not a related organization			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 17 and 70.	37	Did the organization conduct more than 5% of its activities in organization, should be schedule R. Part VI	. 3	7	X
the state of the complete Schedule ()		and that is treated as a partnership for rederal income tax purposes in 1705, complete state VI. lines 11 and 19?			
	38	Did the organization complete Schedule O and provide explanations in Schedule O to 17 at 17, most of the control of the contro] 38	3 2	ζ
Note, All Form 990 filers are required to complete Scriedule C		Note, All Form 990 filers are required to complete Schedule O.	For	m 99	0 (2009

Form 990 (2009)

10b

11b

Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-2916108 Page 6

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.

Sect	ion A. Governing Body and Management	— т.	<u> </u>	N1 -
	م ا		/es	No
1a	Enter the number of voting members of the governing body			
_		1	1	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	X
		2	-	22
	and the second sector control over management duties customarily performed by or under the direct supervision			v
	The state of the s	3		X
	to the professory displifes to the organizational documents since the prior Form 990 was filled to the professory and the prior Form 990 was filled to the prior 990 was filled to the 990	4		X
	and the same aware during the year of a material diversion of the organization's assets?	5	17	Λ
	and the state of t	6	X	
7-	Does the organization have members, stockholders, or other persons who may elect one of more members of the	_	7,	
		7a	X	
1-	the generaling hody subject to approval by members, stockholders, or other persons recommendations.	7b	X	
	Are any decisions of the governing body suspect to approval by the approval by the organization contemporaneously document the meetings held or written actions undertaken during the year			
8				
	by the following: The governing body?	8a	X	
а	we will authority to got on hehalf of the governing body?	8b	Х	
	will a star trustee or key employee listed in Part VIII, Section A, who cannot be reached at the			
9	" Live - 0 K IVac " provide the names and addresses III octiedule C	9		X
	organization's mailing address (11 Test, provide the harmse and about policies not required by the Internal Revenue Code.) tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
	Does the organization have local chapters, branches, or affiliates?	10a		X
10a	Does the organization have local chapters, brailtnes, or affiliates, lf "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b	If "Yes," does the organization have written policies and procedure of the organization? and branches to ensure their operations are consistent with those of the organization?	10b		
	and branches to ensure their operations are consistent with those of the organization provided a copy of this Form 990 to all members of its governing body before filling the form? Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X	
11	Has the organization provided a copy of this Form 990 to all members of the government of the second states of the government of the gover			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Describe in Schedule O the process, it any, used by the displace of the process, it any, used by the displace of the process, it any, used by the process of the process, it any, used by the process of the process, it any, used by the process of the process of the process, it any, used by the process of the process, it any, used by the process of the process, it any, used by the process of the process, it any, used by the process of the process, it any, used by the process of the process of the process, it any, used by the process of the pro			
b	Does the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy. If the organization have a written conflict of interest policy. If the organization have a written conflict of interest policy. If the organization have a written conflict of interest policy and the organization have a written conflict of interest policy. If the organization have a written conflict of interest policy and the organization have a written conflict of interest policy and the organization have a written conflict of interest policy and the organization have a written a	12b	X	
	to conflicts?			
С	to conflicts?	12c	X_	ļ
		13	Х	
13			X	
14	turn designant rotantian and destruction builds (
15	to the temporal of the following persons include a review and approval as a series and approval as			
		15a	X	
	The Display of the Management Official	15b		
	out a way or low omployees of the organization	. 100	 	+
			İ	
46.	But the expenient on invest in contribute assets to, or participate in a joint venture of similar arrangement	40.		
10	taxable entity during the year?	. 168	4	
	tandario organization to evaluate its participation		1	
1	and an analysis of the state of			
	in joint venture arrangements under applicable found taxtum, seempt status with respect to such arrangements?	16	<u> </u>	
~	How O Dipologure			
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filled ► None None None None 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availa			
17	an organization to make its forms 1020 (or 1024 if application)	ole for		
18	public inspection. Indicate how you make these available. Check all that apply.			
	public inspection. Indicate how you make triess available. Since the state of the s			
	X Own website Another's website X Open request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fi	nancia	al
19	Describe in Schedule O whether (and it so, now), the organization makes its government			
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization	_ _	
	State the name, physical address, and telephone number of the person who possessed the zeros			
20	, Guarante 11 , and 1000			
20	DREW MASER - 215-707-4863 2450 W HUNTING PARK AVE - 2ND FLOOR, PHILADELPHIA, PA 19129			

932008 02-04**-**10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Form 990 (2009) **Employees, and Independent Contractors**

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.

dmond Notebaert resident lark Frame irector on Greenberg irector	1.00 1.00		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
resident lark Frame irector on Greenberg	1.00			v			i			
lark Frame irector on Greenberg	1.00			<u> </u>				0	2583333.	0.
irector on Greenberg		X	1						. 0.	0.
on Greenberg	1.00		<u> </u>		<u> </u>	↓	<u> </u>	0	•	•
irector	7.00	x						0	. 0.	0.
		A	\vdash	 	1	+-	\vdash			
ane Scaccetti	1.00	x						0	. 0.	0.
irector						T				
or, Milton Rock	1.00	X	1_				_	0	. 0.	0.
Director Pheodore Davis									0	0.
Oirector	1.00	X	_	1_	+	_	-	0	•	-
Beth Koob	1 00			x				0	383115	52785.
Secretary	1.00	╁	+-	┤ ^	+	\dashv	1-			
Betty McAdams	1.00			X			1	0	90217	. 13750.
Asst Secretary	1.00	+-	+	†=		\top				5000
Robert Lux	1.00			X	۱ ک			<u> </u>	458041	53686.
Treasurer		Τ	T						20000	. 25876.
Joseph Marshall	1.00						2	(296968	230/04
Director				-	_ -	-				
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		+	\dashv	+	_	+	+			
		\downarrow	-		_		\dashv			
										Form 990 (200

23-2916108

m 990	(20	noe) TEMPLE	UNIVERS	TY HEAL	TH SYSTEM	FOUNDATI	23-2916	108 Page 9
art VI	III .	Statement of Revenu	е					(D)
	59.7 <u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
		T. Jt. d. compoleno	1a	. 12.4 14.1 14.1 15.1 15.1				
월 1 8		Federated campaigns						
اع		Membership dues Fundraising events						
ē (Fundraising events Related organizations		450000.			•	
Ē,	d l	Government grants (contributio						
SE	e '	All other contributions, gifts, grants	, and					
힏	1	similar amounts not included above	11					
and other similar amounts		Noncash contributions included in lines 1				a ayth constraint		
	y h	Total. Add lines 1a-1f ,	.,		30450000.			-
-	ш_	Totali / tala iii.	В	usiness Code				
2	а							
1	b							
2	С							
8	d							
ř	е							
-	f	All other program service rever	nue L					
	g	Total. Add lines 2a-2f						
3		Investment income (including of	dividenas, interes	i, and	501000			501000
		other similar amounts)			30200			
4	ŀ	Income from investment of tax	exempt bong br	000000				
5	5	Royalties	(i) Real	(ii) Personal				
		•		(II) Personal				
6	3 a							
1	b	Less: rental expenses					1	
	¢	Rental Income or (loss)		—				
	d	Net rental income or (loss)	(i) Securities	(ii) Other				
7	7 a	Gross amount from sales of	(I) Gecurios	(11) 0 (1) (1)				
		assets other than inventory						
	þ	Less: cost or other basis						<u> </u>
		and sales expenses						ľ
	C	Net gain or (loss)		>				
ļ	_ d	Gross income from fundraising	na events (not			. 1		
9 i	B a	including \$	of			.		
Le l		contributions reported on line	-					
Other Revenue		Part IV, line 18				A STATE OF THE STA		
je j		Less: direct expenses	b					1
ಕ		c Net Income or (loss) from fun	draising events	<u>,</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ο.	a Gross income from gaming a	ctivities, See					
	J 1	Part IV, line 19	a					
	ı	h Less: direct expenses	b	<u> </u>		1		
		c Net income or (loss) from ga	ming activities	<u></u>				
	10	a Gross sales of inventory, les	s returns				ľ	
		and allowances	a					
		h Less; cost of goods sold	t)				
		c Net income or (loss) from sa	les of inventory .	Duelmer Co	10			
Γ		Miscellaneous Rever	านอ	Business Cod	4			
	11				+			
		b						
		С						
- 1		d All other revenue		L				0. 50100
		e Total. Add lines 11a-11d						

art	IX Statement of Functional Expense Section 501(c)(3) a	and EO4/a)/A) arganiza	tions must complete	all columns.	d (D).
20.00	All other organizations must complet include amounts reported on lines 6b,	ete column (A) but are (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
7b, 8b	, 9b, and 10b of Part VIII.	1014, 017	expenses	general expenses	expenses
1 6	Grants and other assistance to governments and				
C	rganizations in the U.S. See Part IV, line 21				-
2 (Grants and other assistance to Individuals in				
t	he 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,				
1	trustees, and key employees				
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 salarles and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
o o	Accounting				
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
	Office expenses				
13 14	Information technology				
	Royalties				
15	Occupancy				
16	Travel				
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
19					
20	Payments to affillates				
21	Depreciation, depletion, and amortization				
22					
23	Other expenses, Itemize expenses not covered				
24	ahaya (Eynancac aralinga langilgi aliu laygiyu				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a .					
١					
•					
•	d				
	9				
	All other expenses		0.	0.	0. 0
25	Total functional expenses. Add lines 1 through 24f				
26	Joint costs, Check here 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	·			Form 990 (200

Form 990 (2009)

Form 9	990 (2009) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-2916:	<u> 108</u>	Pag	_{je} 12
Pari	t XI Financial Statements and Reporting		Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2b	X	
C	Were the organization's financial statements addred by all independent accounts a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	20	Х	
3a	consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		х
	Act and OMB Circular A-133? 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.	3b	990	(0000)

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

Open to Public inspection

Name of the organization

TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

Employer identification number 23-2916108

Part I	Reason fo	r Public Charity	Status (All organizat	ions must	complete	this part.)	See Instru	otions.				
The everal	zation is not a p	rivate foundation be	cause it is: (For lines 1 ti	hrough 11,	, check on	ly one box	(,)					
1	A church, conv	ention of churches, c	or association of church	es describ	ed in sect	ion 170(b)(1)(A)(i).					
2 🗔	A school descri	hed in section 1706	o)(1)(A)(II), (Attach Sche	edule E.)								
3			condee organization de	scribed in .	section 1	70(b)(1)(A)(III). 		ee	1 (4 - 1) -		
4	A medical resea	arch organization op	erated in conjunction wi	ith a hospit	tal describ	ed in sect	ion 170(b)(1)(A)(iii).	Enter the	nospitars	name,	
7												
5 🗀	An organization	operated for the be	nefit of a college or univ	ersity own	ed or ope	rated by a	governme	ental unit d	lescribed	ın		
٠ ـــــا	coation 170/h	V4VAVIVI. (Complete	Part II.)									
6 🗀		1 1	t or acuaramental unit (described i	n section	170(b)(1)(A)(v).					
7 🗔	An organization	n that normally recelv	es a substantial part of	its suppor	rt from a g	overnmen	tal unit or	from the g	eneral pul	olic descrit	oed in	
<i>'</i>	anotion 170(h)	(1)(A)(vi). (Complete	Part II.)									
• 🗀	4. 4	محمدا استطالت العا		omplete P	art II.)							
8			/11 more than 22 1/	20% of ite e	HIDDOTT TRO	m contrib	utions, me	mbership	fees, and	gross rece	ipts fr	om
9 📖			ura aublaat ta aartair	1 AVCANTION	18. AND 121	no more r	Hall ou in	0/0 01 110 0	apport	//// g/.000 //	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	income and un	related husiness tax	able income (less section	on 511 tax)	from bus	inesses ac	quired by	the organi	zation aft	er June 30	, 1975	i,
	O	ooravov (Complete F	Part III.)									
40 [いっよっぷ かいめいのいめい そへ そののり	t for public	safety. Se	e section	509(a)(4)	•				
10 L 11 X		1 1	wated evolutionally for the	nanatit At	r. To parror	m the lun	JUUI 15 UI, Y	or to carry	out the pu	irposes of	one o	r
11 LXJ	An organizatio	supported organizati	ons described in sectio	n 509(a)(1)	or section	n 509(a)(2)	, See sect	ion 509(a)	(3). Chec	k the box t	hat	
	Hore publicly	tune of sunnorting o	rganization and comple	te lines 110	e through	1 111.						
			T 11	I ITVna	III • FIInct	IODAIIV IIILE	grated			ľype III ∙ O		
[47]			the eventuation is not	controlled a	directly or	Indirectly	by one or	more disq	ualified pe	rsons oth	er thar	1
e X	By checking u	ms box, rodiniy that	an one or more publicly	supported	l organizal	tions desc	ribed in se	ection 509(a)(1) or se	ction 509(a)(2).	
	foundation ma	anagers and other th	en determination from ti	ne IRS that	t it is a Typ	о I, Туре	II, or Type	III				
f		الطفياه معام سيندر	n hov									
		4 0000 land the of	annization accepted an	v aift or co	ntribution	from any		will in hole	01101			
g	Since August	17, 2006, has the or	ectly controls, either ald	one or toge	ther with	persons d	escribed i	n (ii) and (ii	i) below,		Yes	No
	(i) A person	Who alrectly or mail	pported organization?	J. 10 J. 1-8-						11g(i)		<u>X</u>
	the gove	rning body of the su	described in (i) above?							11g(ii)		_X_
	(ii) A family	member of a person	person described in (i) o	r (ii) above	?					11g(iii)		X
	(III) A 35% C	controlled entity of a	person described in (i) o	nanization(sl.							
h	Provide the fo	ollowing information a	about the supported org	garnzanon	٠,٠							
			(III) Type of	Vivi le the o	rganization	(v) Did you	notify the	(vi) is	the	(vil) An	nount o	ıf
(i) Nam	e of supported	(II) EIN	organization	in col. (I) lis	sted in your	i organizat	ion in col.	organizatio (I) organiza U.S.	in in coi. ed in the		port	
or	ganization		(described on lines 1-9	governing	document?	(1) of you	r support?	U.S.	?			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
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17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box and stop here. Explain in Part IV how the organization 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	b	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 35 7/5% of more, check this box stop here. The organization qualifies as a publicly supported organization	▶L	
	k	and if the organization meets the "facts-and-circumstances" test, oncounting and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ [

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 (f) Total (e) 2009 (d) 2008 (c) 2007 (b) 2006 Calendar year (or fiscal year beginning in) (a) 2005 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 Gross receipts from activitles 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 (f) Total (e) 2009 (d) 2008 (c) 2007 (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) 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.) 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 16 Public support percentage from 2008 Schedule A, Part III, line 15 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 A (Form 990 or 990-EZ) 2009

SCHEDULE J (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

Employer identification number 23-2916108

Par	t I Questions Regarding Compensation		Yes	No
			res	NO
40 (Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	ļ		
ia (
1	Thousing anowands of residence			
L [Payments for business use of personal residence			
i.	Travel for companions Haylinoid dues or initiation fees Tax indemnification and gross-up payments Haylinoid control of the state of th			
L	Tax indemnification and gross-up paymonts Personal services (e.g., maid, chauffeur, chef)			
L	Discretionary speriolity account			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1b		
	The principle of the pr	3		1
2	Did the organization require substantiation prior to termburding of all ording the line 1a? trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		1
	trustees, and the CEO/Executive Director, regarding the items checked in the CEO/Executive Director, regarding the items checked in the CEO/Executive			
	to establish the compensation of the organization's	<u> </u> -		Ì
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. Written employment contract	1		
	Compensation committee			
	Independent compensation committee		1	
	Form 990 of other organizations	Ì		
	Coop Bush VIII. Seation A. line 19, with respect to the filling	}		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
		4a		X
а	the second polymonia	4b		X
				X
С	an additionaged compensation analysis and additionaged compensation and all all gottom and all all gottom and all all gottom and additionaged compensation and all all gottom all all gottom all all gottom and all all gottom all all gottom and all gottom and all gottom all gottom and all gottom and all gottom all gottom and all gottom and all gottom all got			
	Participate in, or receive payment from, air equity based competents. If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete into 2 or For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		l	
5				X
		<u>5a</u>		X
а	The organization? Any related organization?	5b	-	→
b				
	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Ì
6				
	contingent on the net earnings of: The organization?	6		$\frac{x}{x}$
а	The organization?	61	b	-├^
t	Any related organization?		- 1	
	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		_	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provided in lines 5 and 6? If "Yes," describe in Part III		7	X
			-	_
8			<u> </u>	_ 2
	initial contract exception described in Hegs. section 33.4550-4(a)(7). In 1957			
9	initial contract exception described in Regs. section 33.4555 (a)(e). If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		9	
	Regulations section 53.4958-6(c)? Sol	hedule J (F	orm 9	90) 20

Page 2

TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-2916108

Schedule J (Form 990) 2009

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

Note. The sum of columns (B)(0-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		B) Breakdown of V	(B) Breakdown of W2 and/or 1099-MISC compensation	SC compensation	(C)	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)	reported in prior Form 990 or Form 990-EZ	
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SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Department of the Treasury

Attach to Form 990.

2009 Open to Public Inspection

Internal Revenue Service

Name of the organization

public accountant.

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TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

Employer identification number 23-2916108

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

University Health System, Inc. and Temple University Hospital, Inc. and
their affiliates that provide health care services.

Form 990, Part VI: The organizations financial
statements are audited by an independent certified public accountant on a
consolidated basis. Audit Committee - The organization has a committee that
assumes responsibility for overseeing the audit of its consolidated

financial statements and selection of an outside independent certified

Form 990, Part VI, Section A, line 6: The sole member of the organization is Temple University Hospital, Inc. The member has the power to appoint and remove the organization's Board of Directors. 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 directors, quorum or voting requirements, (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organizations real property), or transfer of the assets of the organization other than transactions occurring in the ordinary course of business, (f) the issuance or assumption of any indebtedness in excess of five hundred thousand dollars (\$500,000) and (g) the execution of any contract providing for the management of the organization.

SCHEDULE 0

(Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 23-2916108 question 6 Form 990, Part VI, Section A, line 7b: Please refer to the response to question 6 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 Secretarys 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. 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. 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.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public

Inspection Department of the Treasury Attach to Form 990. Internal Revenue Service Employer identification number Name of the organization 23-2916108 TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI 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 15a: 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 Systems Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Boards 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.

SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2003

OMB No. 1545-0047

Employer identification number 23-2916108

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) entity £ End-of-year assets Ð Total income 豆 Legal domicile (state or foreign country) ত্ Primary activity Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2009 Direct controlling entity N/A status (if section Public charity н 501(c)(3)) ine 11a, <u>@</u> ine 11a ine 3 ine Exempt Code section 豆 501c3 501c3 0103 501c3 Legal domicile (state or foreign country) ennsylvania ennsylvania ennsylvania ennsylvania LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity 2 Health Care Health Care Tealth Care Education Inc - 23-2916108 Temple University of the Commonwealth System of Higher Education - 23-136597, 1330 W 23-2825881, 3509 N Broad St - 9th Flr remple University Health System, Inc. Berks St, Philadelphia, PA 19122 Name, address, and EIN of related organization Jeanes Hospital - 23-2826045 Temple University Hospital 3509 N Broad St - 9th Flr 3509 N Broad St - 9th Flr Philadelphia, PA 19140 19140 19140 Philadelphia, PA Philadelphia, PA

Page 2 23-2916108

Schedule R (Form 990) 2009 TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

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

rait iii organizations treated as a partnership during the tax year.	rinership during the tax year.							6	6
	3	3	9	(9)	£	6)	3	3	€
(a)			Direct controlling	Predominant income	Share of total	Share of	Disproportion-	Code V-UBI	General or
Name, address, and ElN	Finally activity	(state or	entity	(related, unrelated,		end-of-year	ate allocations?	20 of Schedule	partner?
Ol related Olganization		foreign country)		sections 512-514)		doodin	Yes No	K-1 (Form 1065)	Yes No
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ (g) Share of <u>@</u> (d)
Direct controlling Ö <u>@</u> Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(u) Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
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Philadelphia, PA 19140 Fortress Properties Trust c/o Fortress Properties, Inc - 26-6241201, 3 Village Road - Suite 100,	Malpractice insulance permission for the benefit of Temple University			#511cm	0	4582881.	*00°
Horsham, PA 19044	Hospital Inc	1	N/A	10001			
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Schedule R (Form 990) 2009 TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2009 General or managing partner? Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ē (f)
Disproportionate tionate allocations? Yes No (e) Share of end-ofyear assets Are all partners section 501(c)(3) organizations? Yes No ਉ Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of entity <u>a</u>

23-2916108 Page 2

Schedule R-1 (Form 990) 2009 TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATI

Part II Continuation of Identification of Related Tax-Exempt Organizations

Part II Continuation of Identification of Related Tax-Exempt of 94	cingal or games				
(a)	(q)	(c)	(g)	(e)	(j)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
Jeanes Hospital Auxillary - 23-1917776					
	•		70103	ر: و و د	W/A
	Health Care	Pennsylvania	2700	2 2000	
Temple East, Inc - 23-2547305					
- 9th Flr		bonney1 yania	501c3	Line 11a, I	N/A
	Health Care	STIPAT ACTION			
eal E					
St - 9th Flr	,	denneul mania	50163	Line 11a I	N/A
19140	Health Care	STIPS T COMES			
Temple Physicians, Inc - 23-2790607					
3509 N Broad St - 9th Flr		9	201	و مدن	4/P
Philadelphia, PA 19140	Health Care	Pennsylvania	COTAC	2000	
Temple Health Transport Team, Inc -		-			
- 9th Flr,			() () () () () () () () () ()	0 6 7	¢/ N
a PA 19140	Health Care	Pennsylvania	DOTC3	nine 3	W/B
Episcopal Hospital - 23-1365351					
3509 N Broad St - 9th Flr					
	Health Care	Pennsylvania	501c3	Line 11a, I	N/A
delpk			.12.7		
Corp - 23-2989581, 3509 N Broad St - 9th	· ·		,		
1 1	Health Care	Pennsylvania	501c3	FF	N/A
					-
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					£ 111.1 (11.

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					Schedule R-1 (Form 990) 2009