Department of the Treasury

# **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)

Open to Public

Inspection

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending JUN 30, 2012 A For the 2011 calendar year, or tax year beginning 2011 JUL 1. D Employer identification number C Name of organization B Check if applicable: TEMPLE UNIVERSITY HEALTH SYSTEM Address change FOUNDATION Name change 23-2916108 Doing Business As Room/suite E Telephone number Initial return Number and street (or P.O. box if mail is not delivered to street address) 215-707-4863 936 Termin-ated 3509 N BROAD STREET 520,000. G Gross receipts \$ Amended return City or town, state or country, and ZIP + 4 H(a) Is this a group return Applica-tion pending PHILADELPHIA, PA 19140 JYes ☒ No for affiliates? F Name and address of principal officer: Robert Lux H(b) Are all affiliates included? \_\_\_\_ Yes \_\_\_ No same as C above 4947(a)(1) or L If "No," attach a list. (see instructions) ) ◀ (insert no.) L I Tax-exempt status: X 501(c)(3) 501(c) ( **H(c)** Group exemption number ▶ J Website: Year of formation: 1997 M State of legal domicile: PA K Form of organization: X Corporation Other > Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: Temple University Health System Activities & Governance Foundation accepts contributions and makes grants to support Temple Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, ine 34 ..... Prior Year **Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 520,000. 518,000 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 520,000. 518,000 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 6,271,000. 1,194,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0. О. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 6,271,000. 1,194,000. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -674,000.-5,753,000. 19 Revenue less expenses. Subtract line 18 from line 12 ..... Beginning of Current Year End of Year 58 Assets ( Balance 38,326,000. 38,190,000. 20 Total assets (Part X, line 16) 0 Total liabilities (Part X, line 26) ...... Net assets or fund balances. Subtract line 21 from line 20 ..... 38,190,000. 38,326,000. Part II | Signature Block Under penalties of perjury, Leclare 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Robert Lux, Treasurer Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name Paid Firm's EIN Preparer Firm's name Firm's address Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

Phone no.

**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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Comparison   Com	Α	For the	2011 calendar year, or tax year beginning JU	<u>L 1, 2011 and</u>	ending (	<u>JUN 30, 2</u>	012		
TEMPLES ONT-VEX.   TEMPLES ONT	В	Check if	C Name of organization			D Employer is	dentifica	ation number	
String Business As			I TEMBTE ONIATVOTII UDVIII	H SYSTEM					
String Business As	T	Addres	FOUNDATION						
Stop N BROAD SYREET	Ē	Name	Doing Business As			7 2	3-29	16108	
		Initial		ered to street address)	Room/suite				
Close the part   Par	Ē			·····,	i .	1		07-4863	
PHILADELPHIA   PA 19140	F	Ameno							000.
Finance and address of principal officer-Robert Lux   How same as C above     Tax-exempt status:   X   Soticitis	F	Applic							
Same as C above   H(b) Are all affiliates included?   Ves   No   No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No   W * No, ** all Affiliates included?   Ves   No, ** all Affiliates included?   No, ** al	-	pendir							X No
Tax-exempt status:						į.			
Website:   High Scrup exemption number   Part II   Summary   Part II   Summary   Briefly describe the organization's mission or most significant activities: Temple University Health System   Poundation accepts contributions and makes grants to support Temple   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.   Number of volting members of the governing body [Part VI, line 1a)   3   5   5   5   5   5   5   5   5   5	$\overline{}$	Tax-exe		(insert no.) 4947(a)(1)	or 527	-1			ons)
Form of transmission:   X    Organization   Trust   Association   Other   L Year of formation: 1997   M State of legal domicilie; PA								•	,
Part   Summary				ociation Other	L Year				cile: PA
Briefly describe the organization's mission or most significant activities:   Temple University Health System Foundation accepts contributions and makes grants to support Temple 2 check this box   Life organization discontinuous of disposed of more than 26% of its net assets.   Some provided of the power of the governing body (Part VI, line 1a)   Some provided of the power of independent voting members of the governing body (Part VI, line 1a)   Some provided of the power of independent voting members of the governing body (Part VI, line 1b)   4								<u> </u>	*****
Foundation accepts contributions and makes grants to support Temple  2 Check this box	_	T 4		ignificant activities: Temp	le Un:	iversity	Hea1	th Syste	
Boundary	õ	'							
Boundary	пā	9							
Boundary	Š	2							5
Boundary	ගී	4							
Boundary	త అ	5	•						
Boundary	Ē	6							
Boundary	¥	70							
Prior Year	¥	h							
8   Contributions and grants (Part VIII, line 1h)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		"	Net difficiated business taxable intente from Ferri	00 1, 1110 0 1			- 1.5	Current Ye	
9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e)  18 Total expenses (Part IX, column (A), lines 11-11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total ilabilities (Part X, line 26)  22 Total ilabilities (Part X, line 26)  23 Total assets (Part X, line 26)  24 Net assets or fund balances. Subtract line 21 from line 20  25 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.  26 Primt's name  27 Firm's name  28 Firm's address  29 Frimt's address  20 Firm's address  20 Frim's address  20 Frim's address  20 Frim's address  21 Frim's address  22 Frim's address  23 Firm's address  24 Firm's address  25 Firm's address  26 Firm's address  27 Frim's address  28 Firm's address  29 Frim's address  20 Frim's address  21 Frim's address  22 Frim's address  23 Frim's address  24 Frim's address  25 Frim		۱۵	Contributions and grants (Part VIII line 1h)			7 1101 1 001	0.	<u> </u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of fund balances. Subtract line 21 from line 20 23 Repart 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.  Part II Signature of officer  Robert Lux, Treasurer Type or print name and title  Primt/Type preparer's name  Preparer  Firm's address  Primt saddress  Primt's eddress  Primt's eddress  Primt's eddress  Primt's eddress  Primt's eddress	ĭe	0			1				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of fund balances. Subtract line 21 from line 20 23 Repart 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.  Part II Signature of officer  Robert Lux, Treasurer Type or print name and title  Primt/Type preparer's name  Preparer  Firm's address  Primt saddress  Primt's eddress  Primt's eddress  Primt's eddress  Primt's eddress  Primt's eddress	š	10	•			518.0		520.	
12   Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)   518,000 .   520,000 .     13   Grants and similar amounts paid (Part IX, column (A), lines 1·3)   6,271,000 .   1,194,000 .     14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .   0 .     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)   0 .   0 .     16   Brofessional fundraising fees (Part IX, column (A), line 11e)   0 .   0 .     17   Other expenses (Part IX, column (A), line 11e)   0 .   0 .     18   Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   0 .   0 .     19   Revenue less expenses. Subtract line 18 from line 12   -5,753,000 .   -674,000 .     19   Revenue less expenses. Subtract line 18 from line 12   -5,753,000 .   -674,000 .     19   Revenue less expenses. Subtract line 18 from line 12   -5,753,000 .   -674,000 .     19   Revenue less expenses. Subtract line 18 from line 12   -5,753,000 .   -674,000 .     19   Revenue less expenses. Subtract line 18 from line 20   38,190,000 .     20   Total assets (Part X, line 26)   38,190,000 .     21   Total liabilities (Part X, line 26)   0 .     22   Net assets or fund balances. Subtract line 21 from line 20   38,190,000 .     23   Revenue less expenses. Subtract line 21 from line 20   38,190,000 .     24   Revenue less expenses. Subtract line 21 from line 20   38,190,000 .     25   Revenue less expenses. Subtract line 21 from line 20   38,190,000 .     20   Revenue less expenses. Subtract line 21 from line 20   38,190,000 .     21   Total liabilities (Part X, line 26)   0 .     22   Net assets or fund balances. Subtract line 21 from line 20   38,190,000 .     24   Revenue less expenses. Subtract line 21 from line 20   0 .     25   Revenue less expenses. Subtract line 21 from line 20   0 .     25   Revenue less expenses. Subtract line 21 from line 20   0 .     26   Revenue less expenses. Subtract line 21 from line 20   0 .     27   Revenue less expenses. Subtract line 21 from line 20   0 .	æ	111	•			520,0			
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)		1	•			518.0		520.	
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 0 . 15									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1	• • •		I .	3,2,2,0			
16a Professional fundraising fees (Part IX, column (A), line 11e)   0		1							
17 Total expenses (Part X, Column (A), lines 11a-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  38 , 190 , 000 . 38 , 326 , 000 .  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.  Signature of officer  Robert Lux, Treasurer  Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Firm's name  Firm's name  Firm's address  Phone no.	ses	160							
17 Total expenses (Part X, Column (A), lines 11a-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  38 , 190 , 000 . 38 , 326 , 000 .  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.  Signature of officer  Robert Lux, Treasurer  Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Firm's name  Firm's name  Firm's address  Phone no.	Sen	10a	<u> </u>		_				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Tot	X	17					0.		0.
19   Revenue less expenses. Subtract line 18 from line 12   -5,753,000		- H				6.271.0		1.194.	
Beginning of Current Year   End of Year			·						
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  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address Phone no.	7.5	G IS	Heverlae 1033 experises. Cabildet into 10 from into 1		В				
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  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address Phone no.	ets (	g 20	Total assets (Part X line 16)						
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  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address Phone no.	ASS	21	•						
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  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address Phone no.	Net	20				38,190,0		38,326,	
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  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer  Firm's name Firm's name Firm's address Phone no.	ΓĔ	art II							
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address Phone no.				ncluding accompanying schedul	es and state	ments, and to the b	est of my	knowledge and be	lief, it is
Sign Here  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Pirm's address Phone no.								ū	·
Here Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name Preparer's signature Date Check PTIN If self-employed self-employed Firm's name Firm's address Phone no.		0, 0011101		,					
Here  Robert Lux, Treasurer Type or print name and title  Print/Type preparer's name  Preparer Use Only  Robert Lux, Treasurer Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name Firm's EIN Phone no.	Si	an	Signature of officer			Date			
Type or print name and title  Print/Type preparer's name  Preparer  Preparer  Firm's name  Firm's address  Print/Type preparer's name  Preparer's signature  Preparer  Firm's saddress  Phone no.			Robert Lux, Treasurer						
Paid Preparer Use Only Firm's address Phone no.	110	,,,,							
Paid Preparer Use Only Firm's address Phone no.	_		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Preparer Use Only Firm's address Firm's address Phone no.	Pa	id		,			ıı self-employed	1	
Use Only Firm's address Phone no.			Firm's name						
Phone no.									
		- •,	1 1111 0 4341 000			Phone	no.		
	M	av the i	RS discuss this return with the preparer shown abou	/e? (see instructions)				Yes	No

Form	1 990 (2011) FOUNDATION 23-2916108 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
1	
	Temple University Health System Foundation accepts contributions and
	makes grants to support Temple University Health System, Inc. and
	Temple University Hospital, Inc. and their affiliates that provide
	health care services.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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.
4a	(Code:) (Expenses \$1, 194, 000. including grants of \$1, 194, 000. ) (Revenue \$)
	Grant to support Temple East, Inc an affiliate of the Temple University
	Health System, Inc.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(Code:
	1/2
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ► 1,194,000.

2

Form **990** (2011)

Form 990 (2011) FOUNDATION
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		To a managerial	3000000
а	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	7.10		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			l
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<u> </u>	122
Ci Ci	ii 100 to iiio 20a, did tiio organization attaon a copy on to addited infanolal statements to this return:	<u> </u>		

Form 990 (2011) FOUNDATION

Part IV Checklist of Required Schedules (continued)

Fai	Checklist of Required Schedules (continued)			
	Division of the second of the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		٧,	ı
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			77
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete		77	
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.7
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00-	100	v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in horizast continuations in the rest complete scriedate in the constraint of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
04	contributions? If "Yes," complete Schedule M	30		-25
31	If "Yes," complete Schedule N, Part I	31		х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 01		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ_		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity?	30		-23
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
250		35a		Х
35a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	55a		-21
α	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	J.	<b> </b>	
55	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2011)

FOUNDATION 23-2916108 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b | f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? 4a X b If "Yes," enter the name of the foreign country: ▶ See instructions for 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? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? 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 Х to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b X

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ....

23-2916108

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

	Check if Schedule O contains a response to any question in this Part VI				X		
Sec	tion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	5					
***************************************	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	b Enter the number of voting members included in line 1a, above, who are independent 1b						
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?		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n					
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	-	Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X		
6	Did the organization have members or stockholders?		6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?		7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?		7b	X	Darwey Alle		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		100	**************************************	rinasing,		
а	0 0 ,		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				<del> </del>		
			F	Yes			
	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		401				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	v			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	IOIIII	11a	X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	100000		
	I2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12b	X			
С			12c	х			
40	in Schedule O how this was done Did the organization have a written whistleblower policy?		13	X			
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?		14	X	<del> </del>		
14	Did the process for determining compensation of the following persons include a review and approval by independent		17	- 25			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
_	The organization's CEO, Executive Director, or top management official		15a		х		
	Other officers or key employees of the organization		15b		X		
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••	100	100			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l av				
IVa	taxable entity during the year?		16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?		16b				
Sec	etion C. Disclosure	, , , , , , , , , , , , , , , , , , ,					
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	)s only)	availal	ole			
10	for public inspection. Indicate how you made these available. Check all that apply.	,					
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest p	olicy. ar	d fina	ncial			
,0	statements available to the public during the tax year.	J / -/-					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organiza	tion:	<b>&gt;</b>			
20	Drew Maser - 215-707-4863	- ·		-			
	2450 W Hunting Park Ave - Rm 2-110, Philadelphia, PA 19129	<u> </u>					
1320	06		Form	990	(2011)		
	and the second s						

<u>Page</u> **7** 

### FOUNDATION

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter 0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any related	orga	ıniza	tion	cor	nper	sat	ed any current officer, o		
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and Title	Average		not c	heck I	ition more than one			Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson i	is both r/trus	n an	compensation	compensation from related	amount of other
	week (describe					1,1140	.00,	from the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(	organization
	organizations	trust	al tru		oyee	ompe		,		and related
	in Schedule	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	Former			organizations
	0)	Ē	Inst	Officer	Key	High	윤			
(1) Larry Kaiser MD	1								1 005 407	1 4 7 47
President / Director	1.00	X		X	<u> </u>	-	-	0.	1,005,407.	14,747.
(2) Clark Frame	2 00	37						0.	0.	0
Director	2.00	X	ļ	-	-			U •	U •	0.
(3) Lon Greenberg	1 00	37						0.	0.	0.
Director	1.00	X		-		<del> </del>			0.	0.
(4) Theodore Davis	2.00	x						0.	0.	0.
Director	2.00	<u> </u>				-		•		
(5) Jane Scacceti	2.00	\v_						0.	0.	0.
Director (6) Beth Koob	2.00	22	<del>                                     </del>	<b>†</b>	<del> </del>	$\vdash$				
Secretary	2.00	ĺ		X				0.	444,586.	53,554.
(7) Betty McAdams				<u> </u>						
Asst Secretary	2.00			x				0.	89,508.	14,628.
(8) Robert Lux										
Treasurer	1.00			X				0.	486,103.	54,292.
		_		_	ŀ		<u> </u>			
		-	ऻ—	-	ļ	-	_			
		-	-		-	-	-			
		+	+	-	+	+	+			
		+-	-	+	+	+-	$\vdash$			
		1								
		+	+-	+	+	+-	+			
		+	T	$\top$	+	+	T			
					—					

FOUNDATION

Par	t VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	oyee	s, ar	nd F	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)			_ (C				(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one			one	Reportable	Reportable compensation			mate			
		hours per week	box, unless person is both an officer and a director/trustee)			h an	compensation		amount of					
		(describe	<b>-</b>					,	from from related the organizations			other compensation		
		hours for	director						organization	(W-2/1099-MIS			m the	
		related	10 93	stee			nsate		(W-2/1099-MISC)	(1, 2, 1000 11110	7	orga		
		organizations	Individual trustee or	Institutional trustee		oyee	Highest compensated employee		,			and	relate	ed
		in Schedule	vidua	tution	بخ	Key employee	nest c oloyee	Former				orgar	nizatio	ons
		O)	<u>E</u>	Inst	Officer	Key		횬			_			
			<u> </u>											
							İ							
			<u> </u>	<u> </u>										
			Ì											
							ļ							
					ļ									
			-				$\vdash$							
1 h	Sub-total		-	I	<u></u>	<u> </u>		L	0.	2,025,60	4.	137	7 . 2	21
	Total from continuation sheets to Part V								0.		0.			0
	Total (add lines 1b and 1c)								0.	2,025,60		137	7 . 2	
	Total number of individuals (including but r							ho r						
2	compensation from the organization	not invinced to th	1000	, 1101	Ju u,		٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Compensation normalic organization							-	W. C. W. C.				Yes	No
3	Did the organization list any former officer	director or tr	uste	e k	av er	nnlo	)Vee	or	highest compensated e	mplovee on				
,	line 1a? If "Yes," complete Schedule J for											3		x
4	For any individual listed on line 1a, is the s								her compensation from		├-			
1	and related organizations greater than \$15											4	X	172.84
_	Did any person listed on line 1a receive or											- <b>-</b>	25	
5	rendered to the organization? If "Yes," con										100	5		Х
		прівсе Зспеаи	ie J	IOI S	ucn	pers	SOIT			***************************************	••••	5		
	ction B. Independent Contractors  Complete this table for your five highest co		dos	000	ont -	ont	root	ore 4	that raceived more than	\$100,000 of com-	nonaci	ion f	om	
l	the organization. Report compensation for										المحارات	.101111	UIII	
		the calendar	year	ena	irig v	VILLI	OI V	VILITA		year.			`	
	(A) Name and business	s address	ът	ON:	<b>.</b>				( <b>B)</b> Description of	services	Co	(C mper	) Isatic	าก
	- Traine and business	- address	TA	ON.	<u> </u>				200011111111111111111111111111111111111			.,,,,,		
									,					
-														
2	Total number of independent contractors	(including but	not	limite	ed to	the	ose l	isted	d above) who received r	more than				
							0							
	\$100,000 of compensation from the organ	IILACIOIT P					<u> </u>							

FOUNDATION

Part VIII Statement of Revenue (D) Revenue (C) (B) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations ..... 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$\_ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 520,000. 520,000 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue 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 ..... 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 Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a·11d ..... 520,000. 520,000. Total revenue. See instructions.

FOUNDATION

### 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).

	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	generăl expenses	expenses
1	Grants and other assistance to governments and	1,194,000.	1,194,000.		
_	organizations in the United States. See Part IV, line 21	1,194,000.	1,194,000.		
2	Grants and other assistance to individuals in				
^	the United States. See Part IV, line 22  Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				, a c c c c c c c c c c c c c c c c c c
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	· ·				
0	section 401(k) and section 403(b) employer contributions)  Other employee benefits				
9	Payroll taxes				
10	Fees for services (non-employees):				
11					
a L					
b	Legal				
	Accounting				
d	Lobbying				
e	Investment management fees		The state of the s		
f					
g	Other Advertising and promotion				
12	Office expenses				
13	Information technology				
14 15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<del></del>			
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	,				
a b					
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,194,000.	1,194,000.	. 0.	. 0
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fit following SOP 98-2 (ASC 958-720)				
	Official Hole 1 in following SOP 98-2 (ASC 998-720)			L COMPANY CONTRACTOR C	Form <b>990</b> (2011

Form 990 (2011)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			12,634,000.	1	12,950,000.
	2	Savings and temporary cash investments			0.	2	
	3	Pledges and grants receivable, net			0.	3	
	4	Accounts receivable, net			68,000.	4	66,000.
	5	Receivables from current and former officers, di	rector	s, trustees, key			
		employees, and highest compensated employee	es. Co	mplete Part II			
		of Schedule L			0.	5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c	,	<del>-</del>			
		employers and sponsoring organizations of sect			the state of the s		The first of the f
w		employees' beneficiary organizations (see instru			0.	6	
Assets	7	Notes and loans receivable, net			0.	7	
Ä	8	Inventories for sale or use				8	
	9				0.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			1	13535	
	b	Less: accumulated depreciation			0.		
	11	Investments · publicly traded securities			25,488,000.	11	25,310,000
	12	Investments - other securities. See Part IV, line			0.	12	
	13	Investments - program-related. See Part IV, line			0.	13	
	14	Intangible assets			0.	14	
	15	Other assets. See Part IV, line 11			0.	15	
	16	Total assets. Add lines 1 through 15 (must equ			38,190,000.	16	38,326,000
	17	Accounts payable and accrued expenses			1	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es S	21	Escrow or custodial account liability. Complete				21	
	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi		•			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17·24	). Complete Part X of			
		***************************************			0.	25	
	26					26	0
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
Ses	0.7	lines 27 through 29, and lines 33 and 34.		•			
<u>a</u>	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets  Permanently restricted net assets				28 29	
pur T	29	Organizations that do not follow SFAS 117, c		voro N V and		29	
Ī		complete lines 30 through 34.	HECK	iere 📂 🕰 and			
S O	20	_			38,190,000.	20	38,190,000
Se-	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed			38,190,000.	30	38,190,000
t As	31	Retained earnings, endowment, accumulated in			0.	32	136,000
Net Assets or Fund Balances	32	<del>-</del>			38,190,000.		38,326,000
	33	Total liabilities and not greats fund balances			38,190,000.	33	38,326,000
	34	Total liabilities and net assets/fund balances .			30,130,000.	34	50,340,000

Form **990** (2011)

Form	990 (2011) FOUNDATION	23-	29161	L08	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
		,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				00.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,194		
3	Revenue less expenses. Subtract line 2 from line 1	3		-674		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	,19(		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				00.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38	,326	5,0	<u>00.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
1	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 C	 ),			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>[</u>	2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit	,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule C	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	on a				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?			За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed au	dit	3b		
				Form !	990 (	2011)

132012 01-23-12

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

20

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

TEMPLE UNIVERSITY HEALTH SYSTEM

Inspection
Employer identification number

23-2916108 FOUNDATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X 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. d \_\_\_\_ Type III - Other c \_\_\_\_ Type III - Functionally integrated a X Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than e X foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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? Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No Temple 0. X 3 University H23-2825878 Х

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)  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	
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	tal
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	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in)   7 Amounts from line 4	tal
ization'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	tal
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	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
the organization without charge  4 Total. Add lines 1 through 3	tal
4 Total. Add lines 1 through 3	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	<u></u>
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4.	tal
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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4.	tal
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
6 Public support, Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) To 7 Amounts from line 4	tal
Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total Support         7 Amounts from line 4       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) Total Support	tal
Calendar year (or fiscal year beginning in)       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) To         7 Amounts from line 4       (a) 2007       (b) 2008       (c) 2009       (d) 2010       (e) 2011       (f) To	tal
7 Amounts from line 4	
o arocomodito iron moreon	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources	
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)	
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 Section C. Computation of Public Support Percentage	
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 35 1/5% of more, check this box and	
stop here. The organization qualifies as a publicly supported organization	<b>-</b> -
b 33 1/3% support test - 2010. 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	
17a 10% -facts-and-circumstances test - 2011. 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	
b 10% -facts-and-circumstances test - 2010. 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	
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	

# Schedule A (Form 990 or 990 EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the or	ganization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support				1	I	
Caler	ndar year (or fiscal year beginning in) ► 🏻	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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 bus-						
	iness 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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
	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						
	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.)						
	Total support (Add lines 9, 10c, 11, and 12.)				1		
14	First five years. If the Form 990 is fo	r the organization	n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Pub	ic Support Po	ercentage				
15		line 8, column (f)	divided by line 13,	column (f))		15	%
16	Public support percentage from 2010					16	%
	ction D. Computation of Inve	stment Incor	ne Percentage	)			
	Investment income percentage for 20					17	%
17	Investment income percentage for 20					18	<u>%</u>
18	investment income percentage from		notobook +bobs	on line 14 and lin	no 15 is more than		
19	a 33 1/3% support tests - 2011. If the	organization did	NOT CHECK THE DOX	CONTINE 14, and III	re to is more than	اااا مردن می از مین الله معنوب	11 19 1101
	more than 33 1/3%, check this box a	and <b>stop here.</b> Th	ne organization qua	aimes as a publicly	supported organi	zation	
1	b 33 1/3% support tests - 2010. If the	organization did	not check a box o	on line 14 or line 19	ea, and line 16 is m	nore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, ch	eck this box and	stop here. The org	ganization qualifies	s as a publicly sup	ported organizatio	n
20	Private foundation. If the organization	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see ir	nstructions	<u></u>

Grants and Other Assistance to Organizations, overnments, and Individuals in the United States	Part IV, line 21 or 22. Open to Public Inspection	Employer identification number 23-2916108		oility for the grants or assistance, and the selection $oxed{X}$ Yes $oxed{No}$ No		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	Morting (g) Description of valuation (book, non-cash assistance other)	Please see supplemental statement on the	0. following page				• 1	• -
		in in		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?		the organization answered "Yes" to Form 990, Part IV, II	(f) Method of valuation (book, FMV, appraisal, other)	Ple						
Governments, and Individuals in the United States	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  Attach to Form 990.	SYSTEM		ie grants or assistance, the grantees' el	of grant funds in the United States.	ins in the United States. Complete if the	ction (d) Amount of (e) Amount of able cash grant assistance		1,194,000.			sted in the line 1 table		
Gove	Complete if the orga	TEMPLE UNIVERSITY HEALTH	s and Assistance	ds to substantiate the amount of th ssistance?	procedures for monitoring the use	to Governments and Organizatio	recipient that received more than \$5,000. Check this box if no one recipiant that received more than \$5,000. Check this box if no one recipiance and address of organization (b) EIN (c) IRC section or government		23-2547305 501C3			3) and government organizations lis		oldot tooil attail taxan
(Form 990)	Department of the Treasury Internal Revenue Service	ization	Part I General Information on Grants and Assistance	1 Does the organization maintain records to subst criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	art II	recipient that received more that  1 (a) Name and address of organization or government	Temple East, Inc 3509 N Broad Street - 9th Floor				9 Enter total number of section 501(c)(3) and government organizations list		Clearly controlled and the control of the control o

SYSTEM
HEALTH
UNIVERSITY
TEMPLE

Schedule I (Form 990) (2011) Page 2 (f) Description of non-cash assistance 23-2916108 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. review by the governing bodies and management of the related organizations Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2: Grants were made only for tax-exempt purposes to a related organization under common control. Grants are subject to (d) Amount of non-cash assistance 17 (c) Amount of cash grant (b) Number of recipients FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2011) Schedule I, 132102 01-27-12 Part III

### 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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

TEMPLE UNIVERSITY HEALTH SYSTEM

FOUNDATION

Employer identification number 23-2916108

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1000	ARVAR I	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
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:			Hais
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			
а		5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
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:	i iki il	New Year	
а	The organization?	6a	ļ	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
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	7	1	X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

FOUNDATION

Schedule J (Form 990) 2011

23-2916108

Page 2

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	nontaxable benefits	(B)(f)-(D)	reported as deferred in prior Form 990
	1				0	0	0	0
Topics Trans.	3 3	973.007.	0	32,400.	0.	14,747.	1,020,154.	0
Narset	9	0	0		0	0.		0
2 Beth Koob		406,974.	17,649.	19,96	32,544.	21,010.	498,140.	
	Ξ	0	0.		0		- 1	
3 Robert Lux	(E)	448,542.	24,828.	12,733.	32,544.	21,748.	540,395.	0
	Θ							
4	▣							
	Θ							
ιχ	: <b>(E</b>							
	Θ							
Q	€							
	Θ							
7	€							
	9							
α	: 🗏							
	ε							
σ	€							
	Ξ							
10	: <u>(</u>							
	(i)							
1	(II)							
	Θ							
12	Œ							
	Θ							
13	€							
	Ξ							
41	(E)							
	Θ							
15	▣							
	Θ							
16	(ii)							
							Sched	Schedule J (Form 990) 2011

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

question 6

TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION

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.
- coo - compared the engagination
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 organizations 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 (\$500,000) and (g) the
execution of any contract providing for the management of the organization.
Form 990, Part VI, Section A, line 7a: Please refer to the response for
question 6
Form 990, Part VI, Section A, line 7b: Please refer to the response for

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

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

Schedule O (Form 990 or 990-EZ) (2011)

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 with any questions.

Form 990, Part VI, Section B, Line 12c: The Office of the Secretary provides each director and officer with copies of the Conflict 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 are 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.

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

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 23-2916108

the end of each quarter per the Systems Continuing Disclosure Agreement (Series of 2007 Bond Issue) through 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.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments: 810,000.

990 Part\_VII - Compensation -

Hours worked at other related organizations

Larry Kaiser, MD - 49\_\_\_\_\_\_\_\_

Beth Koob - 48

Betty McAdams - 38

Robert Lux - 49

Clark Frame - 2

Lon Greenberg - 2

Theodore Davis - 2

Jane Scaccetti - 8

Schedule R (Form 990) 2011 (g) Section 512(b)(13) S Employer identification number Open to Public Inspection × OMB No. 1545-0047 × M controlled entity? 2011 Direct controlling Yes 23-2916108 entity 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.) remple University Femple University remple University Health System Inc Direct controlling Commonwelath Hospital Ind entity Œ of the End-of-year assets N/A **e** status (if section Public charity ine 11a. I 501(c)(3)) ine 11a <u>e</u> ine 2 Line ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Related Organizations and Unrelated Partnerships ਰ section ত্ত ▶ See separate instructions. 501c3 501c3 501c3 501c3 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ennsylvania ennsylvania ennsylvania ennsylvania TEMPLE UNIVERSITY HEALTH SYSTEM ► Attach to Form 990. Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Health Care Health Care Education Temple University of the Commonwealth System - 23-2825878 Temple University Health System - 23-2825881 1330 W Berks St Temple University Health System Foundation FOUNDATION 23-2916108, 3509 N Broad St 9th Fl Name, address, and EIN Inc Name, address, and EIN of related organization of disregarded entity Temple University Hospital of Higher Ed - 23-1365971 Philadelphia, PA 19140 Philadelphia PA 19140 19122 19140 3509 N Broad St 9th Fl 3509 N Broad St 9th Fl Name of the organization Philadelphia, PA Philadelphia, PA Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

23-2916108

TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	Exempt Organizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization?
Jeanes Hospital - 23-2826045 3509 N Broad St 9th Fl	Health Care	Pennsvlvania	501c3	Line 3	Temple University Health System Inc	×
tal Au Avenu	H   Car	Pennsvlvania	501c3	Line 9	Jeanes Hospital	×
ians St 9t	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System Inc	×
Tran 3509 N PA	Health Care	Pennsylvania	501c3	Line 9	Temple University Health System Inc	×
St 9t	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital Inc	×
st 9t	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital Inc	×
pital St 9t	Health Care	Pennsylvania	501c3	Line 11a, I	Temple University Hospital Inc	×
1						
		·				

FOUNDATION Schedule R (Form 990) 2011

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.) Part III

Page 2

23-2916108

Percentage ownership 800 Schedule R (Form 990) 2011 General or Percentage managing ownership 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.) 3 Code V-UBI General or Pramount in box managing or Schedule K-1 (Form 1065) Yes No Ö Share of end-of-year assets Ξ Ö Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>6</u> Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Bermuda ত **©** Liability Insurance Primary activity Direct controlling entity 9 Professional Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization 3509 N Broad Street 9th Fl Name, address, and EIN of related organization 19140 TUHS Insurance Company PA Philadelphia, 132162 01-23-12 Part IV

Schedule R (Form 990) 2011 Page 3 MM × × M × å × M × × × × × Yes 23-2916108 ᆵ 우 ₽ 7 4 4 ဍ 1d <u>1</u>e # 19 무 ÷ ¥ = ÷ 49 = Method of determining amount involved e Loans or loan guarantees by related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) 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. m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) Sale of assets to related organization(s) 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? Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b)
Transaction type (a-r) 26 Performance of services or membership or fundraising solicitations by related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) o Reimbursement paid to related organization(s) for expenses q Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) (a)
Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) FOUNDATION Schedule R (Form 990) 2011 132163 01-23-12 ပ Ч b 되 9 9 থ্ৰ ල **a** 

Page 4

23-2916108

FOUNDATION Schedule R (Form 990) 2011

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.

age hip		-			011
(k) ercenta ownersl					Schedule R (Form 990) 2011
(j) neral or P naging c					
(20 mark-1 park-1 park-1 park-1 park-1 park-1 kg					dule R
(h) (i) (j) (k)  Dispropor- Code V-UBI General or Percentage tionate amount in box 20 managing ownership of Schedule K-1 partner? Yes No (Form 1065) Yes No					Sche
Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0/95.7  4) Yes No					
(d) Are all Are all Are all cleated, unrelated, excluded from tax under section 512-514)   Yes   No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) (d) (d)  Name, address, and EIN Primary activity of entity of entity country) of entity (c) (d) (c) (d) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					

Schedule R (	Form 990) 2011	FOUNDA!	rion				23-29	16108 Page 5
	Supplemental Info							
	Complete this part to pro	ovide additional	information fo	r responses to que	estions on S	Schedule	e R (see instructions).	•
Part I	I, Identifica	ation of	Related	d Tax-Exer	npt Or	gani	zations:	
Name o	f Related Org	ganizatio	on:					
<u>Temple</u>	University F	Health S	ystem					
Direct	Controlling	Entity:	Temple	Universit	ty of	the	Commonwelath	System of
Higher	Ed							
		1000						
	•							
		1						
								- 100000
	And Acres on Address of the Acres of the Acr							
						•		