

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

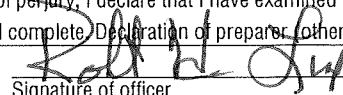
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Temple University Hospital, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 North Broad Street Rm 936 City or town, state or country, and ZIP + 4 Philadelphia, PA 19140 F Name and address of principal officer: Robert H. Lux 3509 North Broad Street, Philadelphia, PA 1	D Employer identification number 23-2825878 E Telephone number 215-707-4533 G Gross receipts \$ 876,175,168. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.tuh.templehealth.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Our mission is to support Temple University and its Health Sciences Center academic programs by 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 5321 6 Total number of volunteers (estimate if necessary) 6 49 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 520,774. b Net unrelated business taxable income from Form 990-T, line 34 7b -185,925.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,703,275. 9 Program service revenue (Part VIII, line 2g) 763,719,173. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,752,720. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,364,848. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 782,540,016.	Prior Year 1,703,275. 763,719,173. 14,752,720. 2,364,848. 782,540,016.	Current Year 8,879,088. 797,251,316. 4,170,632. 3,286,122. 813,587,158.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 52,634,656. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 341,201,255. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 248,010. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 446,545,183. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 840,381,094. 19 Revenue less expenses. Subtract line 18 from line 12 -57,841,078.	52,634,656. 0. 341,201,255. 0. 446,545,183. 840,381,094. -57,841,078.	31,479,954. 0. 361,497,577. 0. 423,475,622. 816,453,153. -2,865,995.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 599,487,348. 21 Total liabilities (Part X, line 26) 445,515,836. 22 Net assets or fund balances. Subtract line 21 from line 20 153,971,512.	Beginning of Current Year 599,487,348. 445,515,836. 153,971,512.	End of Year 589,702,829. 410,798,097. 178,904,732.

Part II Signature Block

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

Sign Here	Signature of officer:  Robert H. Lux, Vice President, CFO - TUHS Type or print name and title	Date: 5-15-2012
Paid Preparer Use Only	Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: _____ Firm's name: ▶ _____ Firm's address: ▶ _____ Firm's EIN: ▶ _____ Phone no.: _____	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 695,851,070. including grants of \$ 31479954.) (Revenue \$ 800,016,664.) Temple University Hospital was founded in 1892 as "Samaritan Hospital," with the mission of caring for patients with limited incomes and ensuring access to medical care in its surrounding neighborhoods. Today, Temple University Hospital is a 714-bed non-profit acute care hospital that provides a comprehensive range of medical services to its North Philadelphia neighborhoods, as well as a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania.

Temple University Hospital is the only Level 1 Trauma Center in Southeastern Pennsylvania with an adult Burn Unit. Its Episcopal Campus contains all of Temple's behavioral health services, including a

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

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

See Statement

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

4e Total program service expenses 695,851,070.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry boxes.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
Robert H Lux, VP, CFO-TUHS - 215-707-7766
3509 North Broad St, Room 936, Philadelphia, PA 19140

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Edmond F. Notebaert Chair, Partial Term	5.00	X		X			0.	3,000,000.	0.	
Jane Scaccetti Director, Vice Chair	5.00	X					0.	0.	0.	
Sandra Gomberg Interim Exec Dir./CEO	45.00	X		X			466,813.	0.	41,940.	
George Corson, Jr. Director	5.00	X					0.	0.	0.	
John W. Meacham Director	5.00	X					0.	0.	0.	
Dr. Milton L. Rock Director	5.00	X					0.	0.	0.	
Dr. Soloman C. Luo Director	5.00	X					0.	0.	0.	
Samuel M. Lehrer Director	5.00	X					0.	0.	0.	
Dr. Donald B. Parks Director	5.00	X					0.	0.	0.	
Dr. Eugene M. Smolens Director	5.00	X					0.	0.	0.	
Herbert E. Long, Jr. Director	5.00	X					0.	0.	0.	
Bradford P. Woods Director	5.00	X					0.	0.	0.	
Richard I. Torpey Director	5.00	X					0.	0.	0.	
Joseph Evans Director	5.00	X					0.	0.	0.	
Dr. Ann Weaver Hart Director	5.00	X					0.	628,244.	47,709.	
Patrick J O'Conner Director	5.00	X					0.	0.	0.	
Larry Kaiser Chief Executive Officer	50.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Beth C. Koob Secretary	5.00			X			0.	442,096.	52,551.	
Betty McAdams Asst Secretary	5.00			X			0.	90,085.	14,136.	
Edward A. Chabalowski Treasurer	50.00			X			221,053.	0.	38,139.	
Joseph G. Klos Asst Treasurer	5.00			X			0.	215,747.	32,164.	
Robert H. Lux Asst Treasurer	5.00			X			0.	493,407.	53,320.	
Herbert P. White Asst Treasurer	5.00			X			0.	235,057.	37,859.	
Dr. Susan Freeman CMO of TUH	50.00				X		380,680.	0.	33,423.	
Kathleen Barron Executive Director of TUH/EHC	45.00				X		294,003.	0.	33,423.	
Craig Menta AHD Finance of TUH/EHC	50.00				X		175,081.	0.	37,194.	
1b Sub-total							1,537,630.	5,104,636.	421,858.	
c Total from continuation sheets to Part VII, Section A							1,522,791.	0.	190,103.	
d Total (add lines 1b and 1c)							3,060,421.	5,104,636.	611,961.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **413**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University, 400 Carnell Hall, 1803 N Broad St, Philadelphia, PA 19121	Physicians, Purchased Services	53,910,900.
Temple University Health System, 2450 West Hunting Park Ave, Philadelphia, PA 19129	Purchased Services, Related Organization	48,299,034.
Allied Barton, 1617 Washington Street, Suite 600, Conshohocken, PA 19428	Purchased Guard Services	3,528,578.
Synthes PO Box 8538-662, Philadelphia, PA 19171	Medical Supplier	3,518,386.
Care Fusion Solutions, LLC, Lockbox #771952 1952 Solutions Ctr, Chicago, IL	Medical Supplier	1,846,320.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Pam Teufel VP of Human Resources	50.00				X			302,250.	0.	24,322.
John Cacciamani Director of Clinical Opera	50.00				X			247,123.	0.	41,939.
Shidong Li Chief Physicist	50.00				X			230,703.	0.	25,880.
Steven Carson VP Clinical Integration	50.00				X			257,100.	0.	41,939.
Marc Hurowitz Physician	50.00				X			272,706.	0.	18,975.
Warren Lyons Hospital Administrator	50.00				X			212,909.	0.	37,048.
Total to Part VII, Section A, line 1c								1,522,791.		190,103.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	5738104.				
	e	Government grants (contributions)	1e	1475011.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1665973.				
	g	Noncash contributions included in lines 1a-1f: \$		5600540.				
	h	Total. Add lines 1a-1f		8879088.				
Program Service Revenue	2 a	Patient Service Rev.	Business Code 622110	785,031,218.	785,031,218.			
	b	Parking Fees	812930	3803083.	3803083.			
	c	Rent Tax Exempt Affl	531120	3286861.	3286861.			
	d	Cafeteria Sales	722210	2561491.	2561491.			
	e	Student Tuition	611600	787,743.	787,743.			
	f	All other program service revenue	622110	1780920.	1780920.			
	g	Total. Add lines 2a-2f		797,251,316.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3014196.			3,014,196.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			1156436.		1,156,436.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Miscellaneous Income	Business Code 900099	2765348.	2765348.			
	b	Blood Draws	621500	520,774.		520,774.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		3286122.				
12	Total revenue. See instructions.		813,587,158.	800,016,664.	520,774.	4,170,632.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	31,479,954.	31,479,954.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,296,604.		3,296,604.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	272967456.	255470139.	17,497,317.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,218,684.	12,371,787.	846,897.	
9 Other employee benefits	51,386,209.	48,093,987.	3,292,222.	
10 Payroll taxes	20,628,624.	19,306,985.	1,321,639.	
11 Fees for services (non-employees):				
a Management				
b Legal	417,883.	52,557.	365,326.	
c Accounting	221,784.		221,784.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	139232734.	74,212,414.	64,772,310.	248,010.
12 Advertising and promotion	285,295.	52,503.	232,792.	
13 Office expenses	122436899.	120193958.	2,242,941.	
14 Information technology	9,327,595.	8,783,043.	544,552.	
15 Royalties				
16 Occupancy	20,511,180.	18,636,383.	1,874,797.	
17 Travel	776,572.	676,557.	100,015.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,881,948.	11,881,948.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,563,201.	21,581,052.	-17,851.	
23 Insurance	35,591,003.	35,535,255.	55,748.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Other Expenses	35,494,179.	13,833,447.	21,660,732.	
b Equip rental and maint	14,045,753.	11,999,505.	2,046,248.	
c Bad Debt	11,689,596.	11,689,596.		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	816453153.	695851070.	120354073.	248,010.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	81,937,422.	1	62,405,036.
	2 Savings and temporary cash investments	66,688,316.	2	102,534,570.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	174,532,145.	4	118,863,875.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,550,452.	8	14,007,550.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 513,379,530.		
	b Less: accumulated depreciation	10b 331,760,015.	172,126,913.	10c 181,619,515.
	11 Investments - publicly traded securities	18,859,975.	11	22,131,523.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	72,792,125.	15	88,140,760.
16 Total assets. Add lines 1 through 15 (must equal line 34)	599,487,348.	16	589,702,829.	
Liabilities	17 Accounts payable and accrued expenses	64,463,330.	17	63,218,243.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	113,953,318.	20	112,624,945.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	267,099,188.	25	234,954,909.
	26 Total liabilities. Add lines 17 through 25	445,515,836.	26	410,798,097.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	127,033,145.	27	148,612,055.
	28 Temporarily restricted net assets	4,898,394.	28	4,665,333.
	29 Permanently restricted net assets	22,039,973.	29	25,627,344.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	153,971,512.	33	178,904,732.
34 Total liabilities and net assets/fund balances	599,487,348.	34	589,702,829.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	813,587,158.
2	Total expenses (must equal Part IX, column (A), line 25)	2	816,453,153.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,865,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,971,512.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	27,799,214.
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	178,904,731.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,039,973.	19,620,000.	24,384,000.		
b Contributions		1,309,663.			
c Net investment earnings, gains, and losses	3,587,371.	1,110,310.	-4,764,000.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	25,627,344.	22,039,973.	19,620,000.		

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,591,186.		4,591,186.
b Buildings		268895048.	158177513.	110717535.
c Leasehold improvements				
d Equipment		235764392.	173259302.	62,505,090.
e Other		4,128,904.	323,200.	3,805,704.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				181619515.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1) Self Insurance Assets	19,778,546.
(2) Assets Held in Perpetual Trust	24,569,460.
(3) Due from Affiliated Companies	20,741,497.
(4) Assets Held by TU Prepaid Pension	3,990,000.
(5) Other Assets	19,061,257.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	88,140,760.

Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Self Insurance Program Liability	90,671,619.
(3) Unfunded Post Retirement Benefit	
(4) Obligation	18,852,100.
(5) Other Liability General	10,306,745.
(6) Temple University Revenue Bonds	84,635,049.
(7) Other Liabilities	30,489,396.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	234,954,909.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

Part XIV Supplemental Information

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

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

maintenance of the Liacouras Garden, appreciation awards to

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

for the prevention and treatment of crippling diseases in children.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheets 1 and 2)		79,537	19,512,000.		19,512,000.	2.42%
b Unreimbursed Medicaid (from Worksheet 3, column a)		164,038	356,181,624.	329,935,749.	26,245,875.	3.26%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		243,575	375,693,624.	329,935,749.	45,757,875.	5.68%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		45,007	1,859,543.	11,500.	1,848,043.	.23%
f Health professions education (from Worksheet 5)	34		56,690,363.	21,325,316.	35,365,047.	4.39%
g Subsidized health services (from Worksheet 6)		124,038	55,747,960.	27,934,892.	27,813,068.	3.46%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			14,588,954.		14,588,954.	1.81%
j Total Other Benefits	34	169,045	128,886,820.	49,271,708.	79,615,112.	9.89%
k Total. Add lines 7d and 7j	34	412,620	504,580,444.	379,207,457.	125,372,987.	15.57%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Temple University Hospital, Inc

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		

Part V Facility Information (continued) Temple University Hospital, Inc

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	X	
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) Temple University Hospital, Inc

Policy Relating to Emergency Medical Care

	Yes	No
<p>18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate the reasons why (check all that apply):</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</p> <p>d <input type="checkbox"/> Other (describe in Part VI)</p>	X	

Charges for Medical Care

<p>19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):</p> <p>a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility</p> <p>b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility</p> <p>c <input type="checkbox"/> The hospital facility used the Medicare rate for those services</p> <p>d <input checked="" type="checkbox"/> Other (describe in Part VI)</p>		
<p>20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Part VI.</p>		X
<p>21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?</p> <p>If "Yes," explain in Part VI.</p>		X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Temple Univ Hosp @ Episcopal Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		

Part V Facility Information (continued) Temple Univ Hosp @ Episcopal Hospital

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	X	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) Temple Univ Hosp @ Episcopal Hospital

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate the reasons why (check all that apply):		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Temple Univ Hosp Inc Bone Marrow @Jeanes

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		

Part V Facility Information (continued) Temple Univ Hosp Inc Bone Marrow @Jeanes

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?		X
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		X
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	X	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) Temple Univ Hosp Inc Bone Marrow @Jeanes

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18	X	

If "No," indicate the reasons why (check all that apply):

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility did not have a policy relating to emergency medical care
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c The hospital facility used the Medicare rate for those services
- d Other (describe in Part VI)

19		
20		X
21		X

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Northeastern Ambulatory Care Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>100</u> %		

Part V Facility Information (continued) **Northeastern Ambulatory Care Center**

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	X	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) **Northeastern Ambulatory Care Center**

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate the reasons why (check all that apply):		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.		

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7: As set forth in the Temple University Health System Department of Finance Policies and Procedures (TUHS-FIN 302), it is the policy of Temple University Health System to provide all necessary urgent and emergent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Temple University Health System (TUHS) that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances be in effect to insure maximum collections. All patients have the option to apply for the TUHS Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist TUHS in qualifying them for financial assistance.

TUH Inc.'s cost to charge ratio for Part 1, lines 7a through 7d is derived by deducting bad debt expense from total expenses divided by the total

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gross charges.

Part I, Line 7g: Temple University Hospital invested nearly \$28 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, and inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Part I, Ln 7 Col(f): The percentage of total expense was calculated by taking the total expense included on Form 990, Part IX, Line 25, column (A) and subtracting bad debt expense of \$11,689,596.

Part II: Temple University Hospital engages in a number of community building activities throughout the year, directly serving more than 13,000 people, and indirectly serving tens of thousands more, while incurring net expense of about \$800,000. These activities include the following programs:

Community Support:

(1) Temple University Hospital Emergency Preparedness and Research Program. The purpose of this program is to ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We ensure that our staff and facilities are prepared for disasters and other emergencies by working on many levels, both inside and outside the Temple Health System. We are developing a community education and outreach program in which we would

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further educate our vulnerable communities about the importance of personal preparedness and provide them with guidelines on how to remain safe during a disaster. The TUH Emergency Preparedness and Research Program is also a critical link in the federal, state and local disaster response plans. (Net expense \$127,470)

(2) Cradle to Grave Anti-Violence. This program helps reduce the financial, emotional, and societal costs of gun violence in the City of Philadelphia. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, reaching more than 1,250 people this year. Since the program began in 2006, Cradle to Grave has connected with more than 4,000 Middle and high school students, as well as at-risk youth from area alternative schools and the Juvenile Justice Center of Philadelphia. (Net expense \$123,000)

(3) Blood Drives. Temple University Hospital works closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. This year, Temple helped collect nearly 600 pints of blood from employees and physicians. (Net expense \$30,929)

(4) Philadelphia MOM program: Assist Philadelphia Department of Health in providing early intervention for healthy newborns. (Net expense \$1,315)

Workforce Development:

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

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deliver quality healthcare. This involves comprehensive training and education to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and Welfare recipients. (Net expense \$497,118)

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

Part III, Line 8: Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2011, the cost of providing services to the Medicare population was (\$14,519,041) higher than revenue. Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by TUH provides a community benefit because it benefits a charitable class, the elderly.

Part III, Line 9b: Temple University Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If a patient qualifies the appropriate discount is applied to the patient's account, if the patient does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received,

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a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class log. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that Temple provides free and/or reduced price care to persons who qualify, that Temple provides assistance in applying for and obtaining government funded insurance, and that patients can contact Temple's Financial Services Department for assistance.

Temple University Hospital, Inc:

Part V, Section B, Line 19d: Temple University Hospital, Inc used a multiple of two-times the base Medicaid rate.

Temple Univ Hosp @ Episcopal Hospital:

Part V, Section B, Line 19d: Episcopal Hospital, Inc used a multiple of two-times the base Medicaid rate.

Temple Univ Hosp Inc Bone Marrow @Jeanes:

Part V, Section B, Line 19d: Temple University Hospital Inc Bone Marrow @ Jeanes used a multiple of two-times the base Medicaid rate.

Northeastern Ambulatory Care Center:

Part V, Section B, Line 19d: Northeastern Ambulatory Care Center used a multiple of two-times the base Medicaid rate.

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

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

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

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

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

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

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

*Maternity Care Coalition - Childbirth at a Crossroads report.

*Premier - Care Science Quality Manager

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

Internally, we rely on the following sources:

*Collaboration of Medical School and Hospital leadership

*Consensus discussion with key clinical providers

*Performance Improvement , Risk Management and Patient Safety outcomes.

*Historic, service line specific utilization data

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

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

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

In Women's Health TUH collaborates with three FQHCs, Esperanza Community Health Center, Maria Del los Santos Health Center, and Greater Philadelphia Health Action to provide Obstetrical Care. Through these partnerships community physicians are integrated with the Temple faculty and community practices to provide a full range of obstetrical services for their patients. In addition, TUH participates with the City of Philadelphia MOM Program. This early intervention program consists of frequent phone calls and home visits to encourage mothers to have their babies immunized on schedule and to participate in needed developmental and educational services. The program seeks to fill the gap between children's need for services and mothers' ability to assure their children's participation in those services.

Temple University Hospital also works closely with our community partners to provide for adult health services. The physicians of Esperanza

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Community Health Center maintain staff privileges and provide continuity care for their patients at TUH. The group participates in the Temple University Internal Medicine Residency Programs. Maria Del los Santos Health Center and Greater Philadelphia Health Action provide outpatient services and refer patients to TUH for inpatient care.

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

Part VI, Line 3: 35 Financial Counselors assigned to Temple University Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid, CHIP, and Adult Basic.

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

*Patients who do not qualify for government-funded programs are screened for Temple University Health System's Charity Care/Self Pay program to determine their eligibility for free or reduced cost care.

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

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outpatients as well.

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

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

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

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

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

Hospital website.

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

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

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A. Population and Population Growth

The total population in TUH's service area has slightly increased over the past decade and is projected to remain the same from 2011 to 2016. In contrast, the total U.S. population has grown over the past decade, and is projected to grow by 4.0% over the next five years.

B. Age Distribution

Approximately 29% of the total population within TUH's service area is under the age of 18, approximately 19% higher than the overall average for the United States (24.3%). 27.2% of the TUH service area population is age 18-34, 17.8% higher than the national average. 34.2% of the TUH service area population is age 35-64, 13% less than the national average of 39.3%. 9.6% of the TUH service area population is over 65 years old, which is 27.9% less than the national average of 13.3%.

The average age of the TUH service area is projected to increase slightly over the next five years. Under 18 population is projected to remain unchanged from 2011 to 2016. The 65 and over population is projected to increase from 46,209 in 2011 to 49,858 in 2016, a projected increase of 7.9%.

C. Education Level

In 2011, the population in the TUH service area consisted of 67.8% with high school education or less, a rate approximately 54.1% higher than

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the national average of 44.0%. The TUH service area population consists of 32.2% with education beyond high school, approximately 43% less than the national average of 56.0%.

D. Unemployment and Household Income

Unemployment

In the City of Philadelphia, 10.6% of the total population were unemployed in 2011, approximately 34% higher than the state unemployment rate of 7.9% and 18% higher than the national unemployment rate of 8.9%. (Source: Bureau of Labor Statistics, US Department of Labor)

Household Income

Approximately 76% of households in the TUH service area earn less than \$50,000 per year, approximately 51% greater than the national average of 50.3%. 24% of TUH service area households earn over \$50,000 per year, which is approximately half the national average of 49.7%

E. Population Below Federal Poverty Level

According to data from the U.S. Census Bureau, approximately 34.9% of the people living in the service area of Temple University Hospital live below the federal poverty level, which is far greater than the national level of 15.1%.

F. Race/Ethnicity

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In TUH's service area, 49.6% of the total population is Black, over four times the national level of 12.1%. Hispanics are the second largest population in TUH's service area, comprising 25.9% of the population, compared to the national average of 16.1%. The percentage of White population is lower than the national level, 18.5% in the TUH service area compared to 64.2% nationwide.

F. Payer Mix

Approximately 78% of people in the TUH geographic service area are covered by either Medicaid or Medicare; 51% for Medicaid and 27% for Medicare. This represents approximately three times the national average of 15.9% for Medicaid, and approximately two times the national level of 14.5% for Medicare. However, the actual percentage of patients discharged from TUH covered by Medicaid and Medicare are higher at 32% and 54% respectively. This suggests that patients outside our geographic area covered by government programs have trouble accessing care in their communities.

Part VI, Line 5: Temple University Hospital serves one of our nation's most economically challenged urban areas, with more than 86% of its patients covered by government programs, including 32% covered by Medicare and 54% covered by Medicaid. Temple University Hospital is in a federally designated urban Renewal Area and is located in a federal designated Primary Care Professional Shortage Area and a Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone. Over 82% of the population in Temple's service area is African American, Latino or other minorities. While Temple University

Part VI Supplemental Information

Hospital serves patients from throughout the region, more than 40% of individuals in Temple's immediate zip codes live below the federal poverty level.

Temple University Hospital provides nearly \$46 million in charity and unreimbursed care, at cost, and \$35M in the MA cost of education, provided last year. In addition to this charity care, Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods. In addition to those community-building activities described above, we provide programs and activities that advance the health of people and the quality of life in our vulnerable communities:

PROVIDING CRITICAL SOCIAL RESOURCES. At a cost of \$1 million, Temple connected nearly 12,000 people with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. At a cost of more than \$800,000.00, Temple University Hospital reached more than 21,000 people, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities.

Part VI Supplemental Information

Temple University Hospital makes a grant in the amount of \$14,588,954 to Temple University to support and provide healthcare services to the community.

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

FOSTERING VOLUNTEERISM. Members of Temple University Hospital's Board of Directors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation. Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. Through our chaplaincy, family support, and other programs, our volunteers touch more than 12,000 people annually, helping to advance healing through their compassionate services to patients and their families.

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

Part VI Supplemental Information

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

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

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

Part VI, Line 6: Temple University Hospital is a member of the Temple University Health System, Inc. (TUHS). Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves; the Temple Health System Transport Team, Inc.'s mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; and, Temple Physicians,

Part VI Supplemental Information

Inc.'s mission is to provide the highest quality of clinical care as well as to support the System's clinical, administrative and corporate activities.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**Grants and Other Assistance to Organizations,
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.

2010

Open to Public
Inspection

Name of the organization
Temple University Hospital, Inc.

Employer identification number
23-2825878

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth System of Higher Education - 1109 Wachman Hall, 1805 North Broad St -	23-1365971	501c3	14,588,954.	0.			General Support
Temple University Health System 3509 North Broad St, 9th floor Philadelphia, PA 19140	23-2825881	501c3	16,891,000.	0.			General Support

2 Enter total number of section 501(c)(3) and government organizations **2**

3 Enter total number of other organizations **0**

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

Schedule I (Form 990) (2010)

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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 (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Edmond F. Notebaert	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 300,000.	0.	0.	0.	0.	3,000,000.	0.
2 Sandra Gomberg	(i) 364,677.	(ii) 95,000.	(iii) 7,136.	27,044.	14,896.	508,753.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 Dr. Ann Weaver Hart	(i) 550,744.	(ii) 70,000.	(iii) 7,500.	32,489.	15,220.	675,953.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 Beth C. Koob	(i) 373,523.	(ii) 50,000.	(iii) 18,573.	32,544.	20,007.	494,647.	0.
	(ii) 218,955.	0.	2,098.	23,243.	14,896.	259,192.	0.
5 Edward A. Chabalowski	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 Joseph G. Klos	(i) 215,747.	(ii) 0.	(iii) 0.	25,785.	6,379.	247,911.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 Robert H. Lux	(i) 430,674.	(ii) 50,000.	(iii) 12,733.	32,544.	20,776.	546,727.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 Herbert P. White	(i) 221,057.	(ii) 0.	(iii) 14,000.	24,228.	13,631.	272,916.	0.
	(ii) 380,680.	0.	0.	27,044.	6,379.	414,103.	0.
9 Dr. Susan Freeman	(i) 287,644.	(ii) 0.	(iii) 0.	27,044.	6,379.	327,426.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 Kathleen Barron	(i) 168,005.	(ii) 0.	(iii) 7,076.	22,469.	14,725.	212,275.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 Craig Menta	(i) 246,443.	(ii) 40,000.	(iii) 15,807.	10,517.	13,805.	326,572.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 Pam Teufel	(i) 247,123.	(ii) 0.	(iii) 0.	27,044.	14,895.	289,062.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 John Cacciamani	(i) 230,703.	(ii) 0.	(iii) 0.	11,331.	14,549.	256,583.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 Shidong Li	(i) 256,668.	(ii) 0.	(iii) 432.	27,044.	14,895.	299,039.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 Steven Carson	(i) 272,706.	(ii) 0.	(iii) 0.	12,250.	6,725.	291,681.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Warren Lyons	199,909.	0.	13,000.	20,820.	16,228.	249,957.	0.
	0.	0.	0.	0.	0.	0.	0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number
23-2825878

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (fn) of issuer		(i) Pooled financing	
						Yes	No	Yes	No
Hospitals & Higher Ed A Fac Auth of Phila	23-1929132717903R59		02/17/93	164,911,891.	Refunding of Series of 1993		X		X
B									
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		164,911,891.						
4 Gross proceeds in reserve funds		13,428,906.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		86,343,576.						
7 Issuance costs from proceeds		390,525.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		64,748,884.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		1986						
14 Were the bonds issued as part of a current refunding issue?			X					
15 Were the bonds issued as part of an advance refunding issue?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.44		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00		%		%		%
6 Total of lines 4 and 5		.44		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

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

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Laurie Parks	Daughter of Donald	74,503.	Family Memb		X
John Testa	Brother-in-law of J	73,827.	Family Memb		X

Part V Supplemental Information

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

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

(a) Name of Person: Laurie Parks

(b) Relationship Between Interested Person and Organization:

Daughter of Donald Parks, Director at TUH

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

(a) Name of Person: John Testa

(b) Relationship Between Interested Person and Organization:

Brother-in-law of Jane Scacetti Vice Chair at TUHS

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	5,600,540.	Book Value
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

Schedule M, Line 30b: TUH was the sole beneficiary of a trust that held a number of parcels of real property in the vicinity of the hospital and that, upon liquidation of the trust, all properties were transferred outright to TUH. The value was based on book value

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

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

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

quality research programs.

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

psychiatric Crisis Response Center, a full-service Emergency
Department, and a 21-bed medical telemetry unit. Episcopal handles
more than 10,000 crisis response center visits annually, making it one
of the busiest on the east coast.

Last year, Temple University Hospital discharged more than 35,000
patients; registered 324,000 outpatients, performed 140 organ
transplants, and cared for about 125,000 emergency department visitors.
Temple University Hospital also delivered more than 3,500 infants this
year, of which Medicaid covers about 90%.

Temple University Hospital serves one of our nation's most economically
challenged urban areas, with about 86% of its patients covered by
government programs, including 32% covered by Medicare and 54% covered
by Medicaid (the statewide mean average for Medicaid is about 11.2%,
based on most recent PHC4 data). Temple University Hospital also
provides more inpatient days of care to Medical Assistance recipients

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

than any other hospital in the Commonwealth. As the hospital serving the greatest volume of Medicaid patients in the Commonwealth, it is de facto Philadelphia's public hospital.

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

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

Temple University Hospital provides more than \$45 million in charity and unreimbursed care, at cost, provided last year.

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

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

of people and the quality of life in our communities:

PROVIDING CRITICAL SOCIAL RESOURCES. At a cost of about \$1 million, Temple connected nearly 12,000 people with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

REACHING OUT TO THE COMMUNITY. At a cost of more than \$800,000.00, Temple University Hospital reached more than 21,000 people, providing free health screenings; support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; providing free immunization for flu in cooperation with the City Health Department; offering education on childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities.

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

COMBATING GUN VIOLENCE. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence. With an annual investment of about \$123,000.00, Cradle to Grave engaged 1,250 teens this year, and engaged more than 4,000 teens since the program began in 2006.

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

INVESTING IN HEALTH PROFESSIONS EDUCATION. Temple incurs a net expense of \$35 million to provide the education and training necessary to develop a professional healthcare workforce to benefit the broader community. This includes part of the cost of training more than 500 residents and fellows in over 45 teaching programs. Our residents and fellows are involved in various efforts that directly impact the community, including our Cradle to Grave program, the Temple CARES primary clinic, our HIV clinic, and other community outreach initiatives. The exposure that our Residents receive caring for our diverse, low-income community helps Temple address health disparities while developing our nation's future physicians. Our investment in health professions also includes part of the cost of operating the Northeastern School of Nursing RN Diploma Program, providing an affordable option for diverse, community members who would not otherwise be able to attend traditional collegiate programs.

INVESTING IN OUR HOSPITAL WORKFORCE. Temple University Hospital invested nearly \$500,000 to develop our local workforce through three comprehensive initiatives. Our investment in the Community Healthcare Workforce provided comprehensive training and education to help frontline workers living in the community adapt and build skills to enable them to participate in a changing healthcare workplace. About half of the students are union members, and half from the general community, many of whom are laid-off workers and Welfare recipients.

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

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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backgrounds who offer expertise and govern the organization without compensation. Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. Through Temple University Hospital's chaplaincy, family support, and other programs, our volunteers reach more than 12,000 people annually, helping to advance healing through their compassionate services to patients and their families.

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

EMERGENCY PREPAREDNESS AND RESEARCH. With an investment of more than \$125,000.00, this program helps ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels, both inside and outside the Temple Health System, educating our communities about the importance of personal preparedness. Temple's Emergency Preparedness and Research Program is a critical link in the

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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federal, state, and local disaster response plans.

DONATING BLOOD. Working with the American Red Cross, we help ensure that our nation has a safe and reliable blood supply. Through our investment of nearly \$31,000.00, Temple University Hospital helped collect 600 pints of blood from employees, physicians and community members.

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

FUELING OUR COMMUNITY'S ECONOMIC ENGINE. Temple University Hospital employed 4,100 people and paid \$369 million in salaries and benefits. As a critical employer for North Philadelphia, about 22% of our employees live within its immediate and adjacent zip codes. For every \$1.00 of hospital employee compensation, about \$.92 additional compensation is spent elsewhere in the community (about \$340 million). For every job at Temple University Hospital, about 1.2 additional jobs are generated elsewhere (about 5,000 spin-off jobs).

REDUCING THE GOVERNMENT BURDEN. Temple University Hospital incurred nearly \$133 million in net charity and unreimbursed care expenses. In addition, Temple maintains strong affiliations with the City of Philadelphia, Federally Qualified Health Centers, and numerous community health organizations to help ensure access to care for our vulnerable population.

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

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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practice. ReadyCare offers expanded hours 365 days per year, and provides care that is specifically designed to meet the needs of the community - and to prevent unnecessary visits to a hospital Emergency Room.

SUBSIDIZING CRITICAL HEALTH SERVICES. Temple University Hospital invested nearly \$28 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well as the inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

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

- (a) any dissolution or liquidation;
- (b) any merger;
- (c) any amendments to the Articles of Incorporation;
- (d) any amendments to the Bylaws regarding the member, the number of Governors, quorum or voting requirements;
- (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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(f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization;

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

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

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

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

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

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

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

Form 990, Part VI, Section B, line 11: After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer about any questions. In addition to the above process,

Name of the organization

Temple University Hospital, Inc.

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the Audit Committee is provided a copy and the 990 and 990T are reviewed at a regularly scheduled meeting

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

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

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

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

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

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

Net unrealized gains on investments:	6,703,981.
Pension	18,014,490.
Permanently Restricted Contributions	3,587,371.
Fortress	-506,628.
Total to Form 990, Part XI, Line 5	27,799,214.

Form 990, Part VIII, Section A, Column B

Hours of Members at other Organizations

Jane Scaccetti	7
Sandra Gomberg	5
Beth C Koob	45
Betty McAdams	45
Edward A Chabalowski	5
Joseph G Klos	45
Robert H Lux	45
Herbert P White	45
Kathleen Barron	5
Joseph Evans	5
Dr Ann Weaver Hart	45
Patrick J O'Conner	15

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	X
b	Gift, grant, or capital contribution to other organization(s)	X	
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)	X	
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)	X	
g	Purchase of assets from other organization(s)	X	
h	Exchange of assets	X	
i	Lease of facilities, equipment, or other assets to other organization(s)	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	X	
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses	X	
p	Reimbursement paid by other organization for expenses	X	
q	Other transfer of cash or property to other organization(s)		
r	Other transfer of cash or property from other organization(s)		X

		(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
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.				
(1)	Temple East, Inc		I	215,341.	Negotiated rate
(2)	Temple East, Inc		J	447,788.	Negotiated rate
(3)	Temple East, Inc		N	872,722.	Actual Hours Worked
(4)	Temple East, Inc		P	3,116,298.	Actual Cost
(5)	Episcopal, Inc		F	161,388.	Negotiated purchase agreement
(6)	Episcopal, Inc		K	1,382,328.	Negotiated purchase agreement

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

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(7) Episcopal, Inc	P	453,624.	Negotiated purchase agreement
(8) Fortress Properties	C	5,600,540.	Book Value
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 589,702,829.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Temple University Hospital, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 3509 North Broad Street, No. Rm 936</p> <p>City or town, state, and ZIP code Philadelphia, PA 19140</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-2825878</p> <p>E Unrelated business activity codes (See instructions.) 621500</p>
<p>F Group exemption number (See instructions.)</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

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

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

J The books are in care of **Robert H Lux, VP, CFO-TUHS** Telephone number **215-707-7766**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 520,774.			
b Less returns and allowances			
c Balance	520,774.		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c	520,774.		520,774.
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	520,774.		520,774.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		401,216.
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) See Statement 1	28		305,483.
29 Total deductions. Add lines 14 through 28	29		706,699.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-185,925.
31 Net operating loss deduction (limited to the amount on line 30)	31		0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-185,925.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-185,925.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40d), Total credits (40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, distributions to foreign trusts, and tax-exempt interest received.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Cost of goods sold (7), and Section 263A costs (4a, 4b).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 15-N-2010, Title: Vice President, CFO - TUHS

Form for Preparer Information. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, and Phone no.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes a Total row and a (c) Total income section.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 main columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes a Totals row.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

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

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

Temple University Hospital, Inc.

23-2825878

Form 990-T	Other Deductions	Statement	1
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Description	Amount
Supplies	87,613.
Indirect Expenses	217,870.
Total to Form 990-T, Page 1, line 28	305,483.

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	2
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Corporation's Name	Identifying No
Temple University-Of the Commonwealth System of Higher Educ.	23-1365971

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

Temple University Hospital, Inc.

23-2825878

Name and title of officer

Robert H. Lux
Vice President, CFO - TUHS

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>813587158</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23465098765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So