Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

JUL 1, 2010 and ending JUN 30, 2011 For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Address change Temple Physicians, Inc.]Name]change 23-2790607 Doing Business As Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Termin-936 215-926-9050 3509 N. Broad Street Amended 47185285. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-Ition Philadelphia, PA 19140 H(a) Is this a group return pending F Name and address of principal officer: Eric Mankin, Yes X No for affiliates? same as C above H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) (501(c) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ physicians.templehealth.org H(c) Group exemption number ▶ L Year of formation: 1994 M State of legal domicile: PA K Form of organization: X Corporation Other > Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) Activities & <u>490</u> Total number of individuals employed in calendar year 2010 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 12100000. 6302516. Contributions and grants (Part VIII, line 1h) 38856566. 34438513. Program service revenue (Part VIII, line 2g) 430497. 532814. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 57469. 16986. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 47088313. 45647048. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) O. O. Benefits paid to or for members (Part IX, column (A), line 4) 32743144. 31505573. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 12383388 10329124. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 45126532. 41834697. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 520516. 5253616. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 15455424. 14868910. 20 Total assets (Part X, line 16) 27596361. 21757075. Total liabilities (Part X, line 26) -12140937. -6888165. Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Eric Mankin, President Here Type or print name and title Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Use Only Firm's address 🕨 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No:

2010.05070 Temple Physicians, Inc.

h			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	***.
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			10-
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	17	-	1
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		<u></u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
tenanu	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	·	Form	990 (2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		'00	'''
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X.
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		ļ	4,5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			- V2
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		_v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	99		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
05	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	- 21	X
35	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35	1	125
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	"	 	+
30	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Note, All Form 300 files are required to complete obligation		'	(2010)

Part V	St	atements Re	garding	Other	IRS	Filings	and	Tax	Complia	ance

Section of the number reported in Box 3 of Form 1098. Enter 0- If not applicable 1a 43 5 5 5 5 5 5 5 5 5		Check if Schedule O contains a response to any question in this Part v				
Einter the number of Forms W2G included in line 1a. Enter 0- if not applicable			1 1 40		Yes	No
Coult in organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If all least one is reported on line 28, did the organization file all required referred employment exceptions? 3b If all least one is reported on line 28, did the organization file all required referred employment exceptions? 3c Did the organization have unrealed business grass income of \$1,000 or more during the year? 3a X B If Yea, 'has it filed a Form 990 To fir his year? W/o,' provide an explanation in Schadule O and the provide of the pro	1a	•				
describing whenlogs to pitze winners? a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line Za, did the organization line all required federal employment tax returns? b If a least one is reported on line Za, did the organization line all required federal employment tax returns? b If If wes, it was until existed a greater than 250, you may be required to e-fife, feee instructions b If If wes, it was until existed a form 990-17 for this year? If №5, provide an explanation is Described to C 3b b If wes, it was till field a form 990-17 for this year? If №5, provide an explanation is Described to C 3b b If wes, it was till field a form 990-17 for this year? If №5, provide an explanation is Described to C 3b b If wes, it was the calendar year, did the organization in have an interest is, or a signature or other authority over, a financial account is no ferring country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If wes, if the two granization that it was to it a party to a prohibited tax shelter transaction? 5c If wes, if the two granization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any contributions that were not tax deductible? 6c If wes, if did the organization include with were ysolicitation an express statement that such contributions or gifts were not tax deductibles? 7c Organizations that many receive deductible contributions under section 170(e). b If wes, if did the organization include with were ysolicitation an express statement that such contributions or gifts were not tax enductibles? 7c Organizations that many receive deductible contributions under section 170(e). b If we were not tax deductibles? 7c Organizations that many receive deducti	þ		in			
2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization have unrealted business greaters within 250, you may be required to e-file, (see instructions) 3 Did the organization in the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization lane was reposited business greaters and the sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization lane was reposited to e-file, (see instructions) 3 Did and the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 4 At any time during the calendary year, did the organization in interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4 At any time during the calendary and the foreign country (such as a bank account, securities account, or other financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction and the security of a prohibited tax shelter transaction? 5 Did any examination from the organization file Form 8888617 5 Did any examination from 5 Did did the organization file Form 8888617 6 Does the organization shell any organization file Form 888617 6 Did the organization shell are were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization shell many receive deductible contribution and sprity or goods and service provided to the payor? 7 Did blid the organization shell any organization file a form 1040 payor and payor organization shell than year and payor and pa	C			ا د	v	
tilled for the calendary year ending with or within the year covered by this return 2a			I	1C	Λ.	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 38	2a		490			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross horomore of \$1,000 or more during the year? 3b If Yes, "his filled a Form 990.7 for this year? If "No," provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an Interest in, or a signature or other authority over, a financial account in a foreign country, in the second in a foreign country (see has a bank account, a count, a count in a foreign country, in the second in a foreign country (see has a bank account, a count, or other financial accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "in line 5e or 5b, clid the organization line Form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible? 6a X 1f Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the egods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the egods or services provided? 7c If Yes, "indicate the number of Forms 2822 filed during the year of the value of the egods or services provided? 7d If Yes, "indicate the number of Forms 2822 filed during the year of the value of the egods or services provided? 7c If If Yes, If Y				O.L.	¥	
3a	b			20	21	
b If "Yes," than it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as a bank account, even the recovery of the provided in the p	_			20		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ar of 5, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ar of 5, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If a If Yes, indicate the number of Forms 8282 filled during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 If a If the organization received a contribution of qualified intibicular property, did the organization file Form 8890 as required? 9 If the organization received a contribution of qualified intibicular property, did the organization file Form 8990 as required? 9 If the organization received a contribution of qualif						22
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes,* enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? b If Yes,* did the organization notify the denor of the value of the goods or sexvices provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? b) If the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 Tell Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 Tell Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 or graph and property organization and previous property organizations. Did the support organization makes any taxable distributions under section 4966? Spensoring organization self methods and the organization make any taxable distributions under section 4968? Socion 501(p)(T) organizations. Enter: a) Gross income from members or shareholders b) Gross income from their securices (Do not net amounts due or paid to oth				Su		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See In Yes, "In Instruction The Accounts of the Good See Instructions or gifts and contributions that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes, "I did the organization notify the donor of the value of the goods or services provided? Organization receive a psyment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? The See In If Yes, "I did the organization notify the donor of the value of the goods or services provided? The Yes," Indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The If Yes," Indicate the number of Forms 8282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization file or Form 1098-C? Sponsoring organization received a contribution of qualified intellectual property, did the organization file or Form 1098-C? Sponsoring organization will be the see In Indiaton for the secure o	4a			40		x
See instructions for filling requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line 6 a or 5b, did the organization file Form 8886-T? 61 Does the organization include with every solicitation an express statement that such contributions or gifts any contributions that were not tax deductible? 62 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 11 If Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 12 If "Yes," did the organization notify the denor of the value of the goods or services provided? 12 If "Yes," indicate the number of Forms 8282 filed during the year 13 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 14 If "Yes," indicate the number of Forms 8282 filed during the year 25 Did the organization receive any premiums, directly or indirectly, or a personal benefit contract? 26 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 27 Sponsoring organization may the year, per premiums on a porsonal benefit contract? 28 The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 29 Sponsoring organizations maintaining denor advised funds and section 598(a)3 supporting organization file Form 899 a required? 29 Sponsoring organization make any taxable distributions under section 4966? 20 Did the organization make any taxable distributions under section 4966? 21 Did the organization file	L	.	accounty?	70		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			 	142		X
		1 199) That it flood at 1 offir 120 to 1990's above paymontal in 119) p. 51122 21. 219. Shabot in Contract			990	(2010)

Temple Physicians, Inc. 23-2790607 Form 990 (2010) 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 b 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 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a b 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? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b 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 List the states with which a copy of this Form 990 is required to be filed ▶PA 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. X Another's website X Upon request Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 Marc Prizer, Treasurer - 215-926-9050

2450 W Hunting Park Avenue 4-107, Philadelphia, PA 191

Form 990 (2010)

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.

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

- 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.

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average			, Pos		1		Reportable	Reportable	Estimated
	hours per	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	week	tor						from	from related	other
	(describe	direc				Dia Co		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	tee or	ustee			ensat		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	al trus	nal tr		loyee	comp		(** 2/ 1000 1/1100)		and related
	in Schedule	ndividual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
	O)	드	ᄪ	-	K	Ŧ 5	æ			
Robert H. LeFever Vice Chair	5.00	Х						0.	0.	0.
	3.00	Δ			-			0.	0.	<u> </u>
Dr. Eric R. Mankin President	50.00	х		x				0.	294312.	0.
Dr. Richard E. Moses	30.00	Δ		_				0.	494314.	0.
Director	5.00	х						ο.	0.	0.
Dr. Donald Parks	3.00	<u> </u>		-				0.	0.	0.
Director	5.00	х						0.	0.	0.
Dr. Ronald Cowen	3.00	<u> </u>	_		<u> </u>	-		0.	0.	0.
·	5.00	х						186768.	0.	23131.
Director	3.00	^						100/00.	0.	23131.
Sandra Gomberg	5.00	х						0.	466813.	41940.
Director	3.00	_		-		\vdash		0.	400013.	41340•
Verdi DiSesa M.D.	5.00	x						0.	0.	_
Director	3.00	^		<u> </u>				0.	0.	0.
Beth C. Koob	5.00			x				, o.	442096.	52551.
Secretary	3.00	-		^		-	-	, 0.	442030.	32331.
Betty McAdams	5.00			X				0.	90085.	14136.
Asst Secretary Marc S. Prizer	3.00	-		Δ.	_			0.	30003.	14120.
·	50.00			X				0.	168344.	32767.
Treasurer Edward A. Chabalowski	30.00	ļ	<u> </u>	Δ.	<u> </u>		-	· ·	100344.	34/0/1
Asst Treasurer	5.00			X				0.	221053.	38139.
Joseph G. Klos	3.00	-	-	_		-		0.	221033.	30133.
Asst Treasurer	5.00			x		į		0.	215747.	32164.
Robert H. Lux	3.00	├		^		-		0.	213/41.	32104.
Asst Treasurer	5.00			x				0.	493407.	53320.
Herbert P. White	3.00	ļ			-	├	-	0.	473407.	33320.
Asst Treasurer	5.00		ŀ	Х				0.	235057.	37859.
Manayendra Bakhshi	3.00	-	-	22	-	├		0.	233037.	37033.
Physician	50.00					X		549107.	0.	11769.
Ramcel Quien	30.00	 	-	 		+	 	J=J±07*		11,000
Physician	50.00					X		384819.	0.	27146.
Cherag Daruwala	30.00	├─						2040171		4,170
Physician	50.00					x		362850.	0.	17404.
032007 12-21-10		<u></u>	<u></u>		<u></u>	ــــــــــــــــــــــــــــــــــــــ	<u></u>		1	Form 990 (2010)

032007 12-21-10

Part VIII a 1 att	FIIYBICIA	115	<u> </u>	111	<u>، ز</u>				43-4190	007	P	age c
Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	oyee	es, a	nd l	High	est					
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	١,,		Pos			1. 3	Reportable	Reportable		stimat	
	hours per	(Cr	neci	c all	tnat	app	ily)	compensation	compensation	aı	mount	of .
	week (describe	l a			ŀ			from	from related		other	
	hours for	direc				L.		the	organizations	1	npensa	
,	related	36 07	stee		ļ	ısate		organization	(W-2/1099-MISC)	ı	rom th	
	organizations	trust	al tru		ag	in pe		(W-2/1099-MISC)			ganizat	
	in Schedule	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est co oyee	<u> </u>				id relat anizati	
	O)	ibdi	Insti	Officer	Key e	Highest compensated employee				0,9	a: IIZati	0113
Brian Reiter												<u> </u>
Physician	50.00					X		358094.	0.		110	25.
James McDonald												
Physician	50.00					X		352384.	0.		246	56
		\vdash										
7.000												
					*							
1b Sub-total						└		2194022.	2626914.	4	180	07
c Total from continuation sheets to Par	t VII, Section A					>		0.	0.			0
d Total (add lines 1b and 1c)								2194022.	2626914.	4	180	07.
2 Total number of individuals (including bi							io re	eceived more than \$100				
compensation from the organization						•			•			6
											Yes	No
3 Did the organization list any former office	er, director or tru	stee,	, key	em/	ploy	/ee,	or h	ighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J fo	or such individual									3		X
4 For any individual listed on line 1a, is the	sum of reportable	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," or	omplete Schedule	e J fo	or st	ıch j	oers	on .		***************************************		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated inc	lepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compens	ation	from	
the organization.												

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University Health System		
3509 N Broad Street, Philadelphia, PA 19140	Management Services	1696724.
Burden Newton Medical		
5711 Old York Road, Philadelphia, PA 19126	Medical Services	180000.
Clinical Nephrology Assoc		
235 N. Broad Street, Philadelphia, PA 19107	Medical Services	165000.
Metropolitan Nephrology Assoc		
1331 E Wyoming Ave, Philadelphia, PA 19124	Medical Services	165000.
	Transcription	
50 Street Road, Suite 320, Columbus, OH	Services	100349.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 in compensation from the organization > 5		
		000

Form **990** (2010)

Pa	irt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512,
				* -		revenue	revenue	513, or 514
nts Its	1 a	Federated campaigns	1a				1	
ırar	b	Membership dues	1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1c					
ar a		Related organizations		2100000.				1 .
is,		Government grants (contribut						
tior r si		All other contributions, gifts, grant	· —					
bul		similar amounts not included abov						
ntri	·	Noncash contributions included in lines						
Co	-	Total. Add lines 1a-1f		<u> </u>	12100000.			
_	•	, retail, to a miles it a firming		Business Code			· · · · · · · · · · · · · · · · · · ·	
e)	2 a	Net Patient Rev	enue	621110	23183108.	23183108.		
vic.	Z b			621110	7428802.	7428802.		
Ser	C	77 / C 35 - L C 3 E E		621110	3126104.	3126104.		
E A	_	H/C Mgt Svc Non		621990	624263.	624263.		
gra	-	Medical Supervi		611710	76236.	76236.		
Program Service Revenue	e				70230.	70230.		
_		All other program service reve			34438513.			
	9				24420272.			
	3	Investment income (including			532814.			532814.
		other similar amounts)			334014.			334614.
	4	Income from investment of tax						
	5	Royalties		E .				· · · · · · · · · · · · · · · · · · ·
			(i) Real	(ii) Personal				**
	6 a		113958.					
		Less: rental expenses	96972.		·			
	C	Rental income or (loss)	16986.					
	d	Net rental income or (loss)			16986.			16986.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				*		
	С	Gain or (loss)						
		Net gain or (loss)						
ine		Gross income from fundraising	g events (not	,				
e l								
B.		contributions reported on line					-	
Other Reven		Part IV, line 18			·			
₹		Less: direct expenses		L				
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac		1			· *	
		Part IV, line 19						
		Less: direct expenses		 				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					*
		and allowances			٠			
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	Θ	Business Code				
	11 a							
	b							
	c							
	d							
	е	Total. Add lines 11a-11d		>				
_	12	Total revenue. See instructions.			47088313.	34438513.	0.	549800.
03200	9							Form 000 (2010)

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).

	not include amounts reported on lines 6b, 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				
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	181729.	181729.		
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	25775798.	23117686.	2658112.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	967263.	855144.	112119.	
9	Other employee benefits	2819444.	2110298.	709146.	
10	Payroll taxes	1761339.	1575774.	185565.	••
11	Fees for services (non-employees):	4 - 2 - 2 - 1			
а	Management	1508360.	898093.	610267.	
b	Legal	110.		110.	
С	Accounting	13396.		13396.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4.606.704		160670	
g	Other	1696724.	E4E00	1696724.	
12	Advertising and promotion	86607.	51703.	34904.	
13	Office expenses	1804388.	1699290.	105098.	
14	Information technology				
15	Royalties	2400054	3369459.	128595.	
16	Occupancy	3498054.			
17	Travel	43462.	19427.	24035.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10929.	3517.	7412.	
19	Conferences, conventions, and meetings	10949.	3317.	/414•	
20	Interest				
21	Payments to affiliates	681014.	669040.	11974.	
22	Depreciation, depletion, and amortization	-1843116.	-1843116.	117/4·	
23	Other expanses, Itemize expanses not covered	TO#OTTO*	T042TT0 •		
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 0.)		060000		
а	Bad Debt	919269.	919269.		
b	Other	817459.	785174.	32285.	
С	Billing Fees	587740.	69436.	518304.	
d	Bank Charges	161711.	5955.	155756.	
е	Recruiting	138634.	93400.	45234.	
f	All other expenses	204383.	189882.	14501.	
25	Total functional expenses. Add lines 1 through 24f	41834697.	34771160.	7063537.	0
26	Joint costs. Check here 🕨 📖 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				

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1003058.	1	995131.
	2	Savings and temporary cash investments			2	
l	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2873770.	4	2786047.
	5	Receivables from current and former officers, directors, trustees, key				
i		employees, and highest compensated employees. Complete Part II			- 5	
		of Schedule L		0.	5	
	6	Receivables from other disqualified persons (as defined under section			w e e	
		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	
Assets	7	Notes and loans receivable, net		4212672.	7	1887614.
Ass	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		194780.	9	259209.
	10a	Land, buildings, and equipment: cost or other				20
			<u> 3700.</u>			
	b	Less: accumulated depreciation10b2635	377.	1161659.	10c	3023323.
	11	Investments - publicly traded securities			11	
	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		6009485.	15	5917586.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15455424.	16	14868910.
	17	Accounts payable and accrued expenses		3932638.	17	4031341
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	• ,
ဖွ	21	Escrow or custodial account liability. Complete Part IV of Schedule D .			21	
	22	Payables to current and former officers, directors, trustees, key employ	ees,			
Liabilities		highest compensated employees, and disqualified persons. Complete F	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		00000000	24	45505504
	25	Other liabilities. Complete Part X of Schedule D		23663723.	25	17725734.
_	26	Total liabilities. Add lines 17 through 25		27596361.	26	21757075
		Organizations that follow SFAS 117, check here	plete			
SS		lines 27 through 29, and lines 33 and 34.		10140006		5000155
ä	27	Unrestricted net assets		-12140936.	27	-6888165
Bal	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
2		Organizations that do not follow SFAS 117, check here	ınd			
ō		complete lines 30 through 34.				'
Set	30	Capital stock or trust principal, or current funds			30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		10140006	32	6000165
_	33	Total net assets or fund balances		-12140936.	33	-6888165,
	34	Total liabilities and net assets/fund balances		15455424.	34	14868910.

Form **990** (2010)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	_	Temple	Physicians,	Inc.					23	-2790	607	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	i .				
2 🔲	A school des	cribed in section 17	′0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (described	in section	170(b)(1)(A)(iii).					
4 🗀	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ıe,
	city, and stat	e;										
5	_	ion operated for the l (b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II.)	niversity ov	wned or op	erated by	a governi	mental uni	t described	d in		
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general pu	ublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	rtrust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fi	rom contri	butions, n	nembershi	p fees, and	d gross red	elpts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	om gross	invest	ment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization af	ter June 3	0, 197	′ 5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	lon organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ł).				
11	-	- ,	perated exclusively for the									or
			ations described in secti				?). See se c	tion 509(a)(3). Chec	k the box	that	
		· · · · · ·	organization and compl		_							
	a Type I		* 1		e III - Func	-	-			Type III · C		•
e 📖	-		at the organization is not									ın
		•	han one or more publicly						∂(a)(1) or se	ection 509	(a)(2).	
f			ten determination from t									
		rganization, check th	***************************************									. —
g			organization accepted ar									· ·
			irectly controls, either al							T	Yes	No
			upported organization?									
			n described in (i) above?									<u> </u>
			person described in (i)				•••••••	• • • • • • • • • • • • • • • • • • • •		11g(iii)		L
h	Provide the fo	ollowing information	about the supported or	ganization	(S).							
/// M		(II) FIN	(iii) Type of	(iv) is the c	organization	(v) Did you	r notify the	(vi) Is	the	(11 \ A	1	,
• •	of supported inization	(ii) EIN	organization (described on lines 1-9 above or IRC section	in col. (i) lis	sted in your document?	organizat	ion in col.	organizátio (i) organiz U.S	on in col. ed in the	(vii) Am sup		ī
			(see instructions))	Yes	No	Yes	No	Yes	No			
		:										
										_		_
				ļ	ļ							
Total					<u> </u>							
LUAEARE	Panarwark Da	dustion Ast Notice	eas the Instructions f	-				Cahadul	a A (Form	990 or 90	N E71	2010

Form 990 or 990-EZ.

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 falled to qualify under Part III. If the organization falled to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	1 · ·			* * * * * * * * * * * * * * * * * * * *	•	7
	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)						
	Public support. Subtract line 5 from line 4.		<u> </u>				
	ction B. Total Support					T	
Cale	ndar 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.)						
	Total support. Add lines 7 through 10				<u> </u>		<u> </u>
	Gross receipts from related activities,					12	······································
13	First five years. If the Form 990 is for						
\$00	organization, check this box and storection C. Computation of Publ	here ic Support Pe	rcentage				
			······································	actions (f)		144	0/
	Public support percentage for 2010 (15	<u>%</u> %
	Public support percentage from 2009 33 1/3% support test - 2010. If the o						
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2009. If the o						
i.	and stop here. The organization qual						. I I
17:	10% -facts-and-circumstances tes						
1, 4	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes	_					
	more, and if the organization meets to						
	organization meets the "facts-and-cire		•				
18	Private foundation. If the organization						
							or 990-EZ) 2010
							•

Schedule A (Form 990 or 990-EZ) 2010 Temple Physicians, Inc. [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

Sec	ction A. Public Support		oloto i dit ii.j		· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(2) 2000	,=,===,	\\	\\		1,7,1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,
•	membership fees received. (Do not						
	include any "unusual grants.")	5381894.	5881892.	10454432.	6302516.	12100000.	40120734.
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	46938770.	43698365.	43779094.	38856566.	34438513.	207711308
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
Ð	furnished by a governmental unit to	·					
	, ,			,			
_	the organization without charge	52320664	49580257	54233526	45159082.	46538513	247832042
	Total. Add lines 1 through 5	32320004.	47300237	342333200	4313300Z.	103303131	247032042
/ a	Amounts included on lines 1, 2, and						0.
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						+
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						247832042
	Public support (Subtract line 7c from line 6.)			<u> </u>	<u>l·</u>	L	41034044
	ction B. Total Support			1.10000	1 () 0000	() 0040	1 (0.7.1.1
	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008 54233526.	(d) 2009	(e) 2010	(f) Total 247832042
	Amounts from line 6	52320664.	49560257.	34233320.	43133002.	40220212.	24/03/04/2
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	105400	040465	005004	411740	CAC770	2104250
	and income from similar sources	107489.	942465.	995884.	411749.	646772.	3104359.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				11111	646556	04.040.50
c	Add lines 10a and 10b	107489.	942465.	995884.	411749.	646772.	3104359.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	38400.	38400.	38400.	26978.		142178.
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.)	52466553.	50561122.	55267810.	45597809.	<u> 47185285.</u>	251078579
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2010	(line 8, column (f) d	livided by line 13,	column (f))		15	98.71 %
16	Public support percentage from 2009					16	98.90 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	010 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	1.24 %
18						18	1.10 %
	33 1/3% support tests - 2010. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						- V
ŀ	33 1/3% support tests - 2009. If the						
-	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization						
	23 12-21-10						90 or 990-EZ) 2010

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 Open to Public Inspection

Name of the organization

Temple Physicians

Employer identification number 23-2790607

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	conservation easement on the last
-	day of the tax year.		a conservation easement on the last
	ady of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stra		
	Number of conservation easements included in (c) acquired a		
~	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
•	year >		g
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	***************************************	
_	violations, and enforcement of the conservation easements it	·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er 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 (AS	C 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	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 treation		
	the following amounts required to be reported under SFAS 1	•	•
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche	edule D (Form 990) 2010 Temple	Physicians	, Inc.				2	23-27	9060	7 р	age 2
Pai	rt III Organizations Maintaining (Collections of A	rt, Histor	ical Tr	easures, or	Other	Simila	ır Asse	ts (con	inued,) ;
3	Using the organization's acquisition, access	ion, and other record	ds, check ar	ny of the	following that a	are a sig	nificant (use of its	collection	n item	าร
	(check all that apply):										
a	Public exhibition	c	l Loa	an or excl	nange program	าร					
b	Scholarly research	€	• 🔲 Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how they	further th	ne organizatior	's exem	pt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical treas	sures, or other	similar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	ation's co	llection?			🗀	Yes		□No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the or	ganizatio	n answered "Y	'es" to F	orm 990	Part IV,	line 9, oı		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cor	ntribution	s or other asse	ets not in	cluded	•			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
	· · · · · · · · · · · · · · · · · · ·	,							Amour	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIV		********				***********				
Par			nswered "Ye	es" to For	m 990, Part IV	, line 10.					
	The same of the sa	(a) Current year	(b) Prior		(c) Two years			ears back	(e) Fou	r years	back
1a	Beginning of year balance	(,	, , , , , , , , , , , , , , , , , , ,		- X-1				3-7		
	Contributions										
Ç	Net investment earnings, gains, and losses							· · · · · · · · · · · · · · · · · · ·			
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
	Administrative expenses								ļ		
	End of year balance					-					
	Provide the estimated percentage of the year		Je.						L		
2	Board designated or quasi-endowment	il eriu balarice rielu a	, , , , , , , , , , , , , , , , , , ,								
a	Permanent endowment		—70								
b		⁷⁰									
			ation that a	ro bold o	ad administars	d for the	orannia	ation			
Sa	Are there endowment funds not in the posse	ession of the organiz	alion mai a	re nelu ai	iu aunimistere	id for the	organiz	ation		Yes	I NI=
	by:								0=(1)	res	INO
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	_ tt_+t			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			3a(ii)		├─
	If "Yes" to 3a(ii), are the related organization				•••••				3b	L	Ь
4 Da	Describe in Part XIV the intended uses of the tVI. Land, Buildings, and Equipn										
Fai								 			
	Description of investment	(a) Cost or o basis (investi		(b) Cost basis (umulate eciation	d	(d) Boo	k valu	e .
1a	Land										
	Buildings										
	Leasehold improvements				77496.		9230!			544	
d	Equipment			43	81204.	1'	7123	23.	26	688	81.
	Other	1									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0(c).)				30	233	23.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)(1) 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. (c) Method of valuation: (a) Description of investment type (b) Book value 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 Self Insurance Assets - Workers Comp ST Self Insurance Assets - Workers Comp LT Self Insurance Assets - Malpractice LT Payroll Tax Deposit Note Receivable - LT (net) (6)(7)(8)(9)(10)5917586. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount (1) Federal income taxes Self Insurance Liab -Workers Comp (2) 15020. ST (3)Insurance Liab -Workers Comp (4) Self 78767 LT Self Insurance Liab Malpractice 1016781. ST (7)Self Insurance Liab -Malpractice (8) 11230048 LT (9) Due to Temple Univ Hosp 2071608. (10)810130. Due to Jeanes Hospital (Aff) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

17725734.

THIS 48 Y-SC (49) FOOTNOTE. In Part XIV, provide the text of the footnote to the organization's linancial statements that reports the organization's liability for uncertain tax positions under 17725734.

032053 12-20-10

	dule D (Form 990) 2010 Temple Physicians, Inc.			23-27906	07 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	., .	
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6					
7	Investment expenses		······		
8	Prior period adjustments Other (Pagerine in Part VIV.)		1 1		
-	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme			Poturn	
L				T T	
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:	1 1			
а	Net unrealized gains on investments			4	
b	Donated services and use of facilities]	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)			1.	•
C	Add lines 4a and 4b			40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents With	Expenses per		
1	Total expenses and losses per audited financial statements			T 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
		100			
a	Donated services and use of facilities			-	
b	Prior year adjustments			-	
C	Other losses			-	
d	Other (Describe in Part XIV.)		· · · · · · · · · · · · · · · · · · ·	-	
е	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			.	
b	Other (Describe in Part XIV.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
					,

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Temple Physicians, Inc.

Employer identification number 23-2790607

As 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 ltems. First-class or charter travel	Pa	art I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
First-class or charter travel Travel for companions Payments for business use of personal use Pravel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club duse or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Ib 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 Ib 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 officers, directors, trustees, and the CEO/Executive Director. Greatly line for elimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? Receive a severance payment for change-of-control payment from the organization or a related organization? Receive a severance payment from, a supplemental nonqualified retirement plan? Ab Participate in, or receive payment from, a supplemental nonqualified retirement plan? Ab Participate in, or receive payment from, a supplemental nonqualified retirement plan? For persons liste	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., mald, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Travel for companions Payments for business use of personal residence			
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 CEC/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 CEC/Executive Director. Check all that apply. Compensation committee Mritten employment contract Independent compensation consultant 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 filling organization or a related organization: a Receive a severance payment form, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 Participate in, or receive payment from, an equity-based compensation arrangement? 8 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 10 Participate in, or receive payment from, an		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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. CEO/Executive Director. Check all that application survey or study. CEO/Executive Director. Check all that apply.		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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. CEO/Executive Director. Check all that application survey or study. CEO/Executive Director. Check all that apply.					
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. Compensation committee Independent compensation consultant 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 filling organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 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? 5 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Participate in, or receive payment from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Participate in, or receive payment in the equity of the eq	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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. Compensation committee Independent compensation consultant Independent compensation consultant 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 filling organization or a related organization: Receive a severance payment or change-of-control payment from the organization or a related organization? Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization? The organization? 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: The organization? 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: The organization? 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. Proposed in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Independent compensation or a related organizations Approval by the board or compensation committee X	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
CEO/Executive Director. Check all that apply. Compensation committee Compensation contingent committee Compensation committ		trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply. Compensation committee Compensation contingent committee Compensation committ					
Compensation committee	3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 1 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? 5 Any related organization? 1 "Yes" to line 5 ar 5b, describe in Part III. 5 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? 5 Any related organization? 6 A X 5 Any related organization? 6 Any related organization? 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					
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not described in lines 5 and 6? If "Yes," 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			
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7	X	
	8				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53.4958-6(c)?		Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	E	0	0.	0	0	0	0	0
1 Dr. Eric R. Mankin	: 6	294312.	0	0	0	0	294312.	0
	Ξ	184268.	2500.	0	9500.	13631.	209899.	0
2 Dr. Ronald Cowen	(ii)	0.	0.		• 0	0	• 0	0
] (i)	• 0	0.		0.	0	0.	0
3 Sandra Gomberg	(E)	364677.	95000.	7136.	27044.	14896.	508753.	• 0
	≘	0	0.		0	0	0	0
4 Beth C. Koob	(ii)	373523.	50000.	18573.	32544.	20007.	494647.	0
	Θ	0.	0.	0.0	0 • [0.		0
5 Marc S. Prizer	(ii)	168344.	0.	0	18025.	14742.	201111.	0
	(E)	• 0	0.		0.0	0.		0
6 Edward A. Chabalowski	Œ	218955.	0.	2098	23243.	14896.	259192.	0
	<u>(i)</u>	0.	0.	0.	0.0	0.	0.	0
7 Joseph G. Klos	(ii)	215747.	0.		25785.	6379.	247911.	0
	(i)	0.	0.		0 • 0	0.	0	0
8 Robert H. Lux	(ii)	430674.	50000.	12733.	32544.	20776.	546727.	• 0
	(i)	• 0	0.		• 0	0 •	0.	0
9 Herbert P. White	(ii)	221057.		140	24228.	13631.	272916.	0.
] (i)	319930.	228723.	454.	11450.	319.	560876.	0.
10 Manavendra Bakhshi	(II)	0.		0	0	• 0	0.	• 0
	(i)	291258.	93417.	144.	12250.	14896.	411965.	• 0
11 Ramcel Quien	(II)	0 •	0.	• 0	0		0.	0
	8	347850.	15000.	0	11025.	6379.	380254.	0
12 Cherag Daruwala	(ii)	0.	0.		0	0		0
	(i)	355512.	2500.	82.	11025.	0.	369119.	0
13 Brian Reiter	(ii)	0	0	• 0	0.	• 0	0.	0
	ε	348884.	0.	3500.	11025.	13631.	377040.	0
14 James McDonald	(ii)	0	0.	0.	0.	0	0.	0
ų,	<u> </u>							
	3 8							
10								
				Ç			Schedul	Schedule J (Form 990) 2010

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

Part 1, Line 5: The physicians of Temple Physicians
Inc (TPI) are employed under the terms of individual employment agreements.
Most of the physicians receive annual compensation for all services
provided under the employment agreement in an amount equal to a percentage
of the adjusted gross revenues (AGR) allocable to patients to whom the
physician provided services during the term of the agreement. The
compensation formula is not based on any metric of the institution as a
whole. AGR is defined in the employment agreement to mean the gross
revenues generated from the professional patient care services at the
practice during each year of the term of the employment agreement, less
allowances for bad debt and contractual and similar allowances as described
in Revenue Procedure 97-13, 1997-1 C.B. 632. However, the total
compensation a physician receives under the employment agreement is subject
to an overall dollar amount ceiling as specified in each physician's
agreement. The fixed cap permits a determination of reasonableness to be
built into the formula. The compensation as capped is deemed reasonable
and falls within the range reflected in regional or national surveys
regarding income earned by physician in the same specialty. Importantly,
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this formula takes into account each individual physician's productivity.

This compensation In the case of a medical practice, this methodology is analogous to compensation based on time spent on the employer's work.

methodology was reported to the Internal Revenue Service in connection with

TPI's federal tax exemption application and is permitted under the section 501(c)(3) standards for determining reasonable compensation. In addition to the physician compensation plan described above (relative to Schedule J Part I Line 5) physicians of Temple Line 7: Part 1,

Physicians, Inc. are eligible for a discretionary bonus upon the attainment

of certain qualitative measures, such as (1) the creation of educational

programs for patients and staff of TPI (2) assistance in relocating a

practice site and (3) development and implementation of new quality care

protocols.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Employer identification number Name of the organization 23-2790607 Temple Physicians, Inc. Form 990, Part I, Line 1, Description of Organization Mission: The mission of Temple Physicians, Inc. is to provide access to the highest quality of clinical care in both the community and academic settings, and to support the clinical, administrative and corporate activities of the Temple University Health System. Form 990, Part III, Line 4a, Program Service Accomplishments: TPI engages in activities to provide broader access to high quality health care services to various communities in the Greater Philadelphia area, including communities that have a substantial indigent and aged population and the communities served by the Affiliates. In addition to providing patient care, TPI provides patient and future medical provider educational and research services, including those done in association with the Affiliates. TPI provides medical and surgical care on a non-discriminatory basis to all patients in need of such care. In addition, TPI provides services to Medicare and Medicaid eligible patients, despite the fact that reimbursement from these plans is often lower than the cost to provide TPI also provides emergency services to patients, such services. regardless of the individuals' ability to make payment. Under TPI's charity care policy, the physicians employed by TPI provide medical and surgical care (including diagnosis and treatment) to patients and families without regard to their ability to pay for services.

all, TPI provides uncompensated and/or undercompensated goods or LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Employer identification number 23-2790607

services which, in the aggregate, are estimated to be at least 20% of the institution's costs of providing goods and services as described in 10 P.S. 375(d)(1)(v).

often offered in conjunction with other Affiliates and include

community screenings, lectures, and outreach to underserved

neighborhoods and groups in the TUHS and TPI service aeras. In

addition, TPI physicians and staff visit schools in North Philadelphia

to speak to local teenagers from these poor communities about family

planning and other teen health issues. These physicians also speak at

health fairs and other meetings held at local churches and community

centers in North Philadelphia and Northeast Philadelphia on various

current health issues.

A number of TPI's offices are located in communities with large

Spanish-speaking populations. TPI participates in training programs

run in conjunction with a Hispanic community health organization.

These programs introduce TPI office staff to Latino culture to enable

the staff people to better assist the Hispanic patients to come to TPI

offices. Through this interaction and the community educational

programs (including participation in a neighborhood Hispanic festival),

TPI is able to benefit a substantial and indefinite class of people,

the poor and working class Hispanic (and often non-English speaking)

people who live in neighborhoods served by TPI. Many of these people

would probably go without medical care if TPI did not engage in this

community outreach, even though TPI's medical offices are in their

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 Directors. The approval of the member is required for any of the following actions by the organization:

- (a) any dissolution or liquidation;
- (b) any merger;
- (c) any amendments to the Articles of Incorporation;
- (d) any amendments to the Bylaws regarding the member, the number of Directors, quorum or voting requirements;
- (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;
- (f) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's;
- (g) the deletion of any clinical programs that are needed for the accreditation of the Temple University School of Medicine;
- (h) the adoption of the organization's annual capital and operating budgets;
- (i) the issuance or assumption of any indebtedness in excess of Five Hundred Thousand Dollars (\$500,000); and
- (j) the execution of any contract providing for the management of the organization.

Form 990, Part VI, Section A, line 7a: See response to Form 990, Part VI,

Section A, Line 6

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

Form 990, Part VI, Section B, line 11: After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the 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 two weeks and contact the Chief Financial Officer about any questions.

Form 990, Part VI, Section B, Line 12c: The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in a summary format by a committee of the Board of Directors, with 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 conflict of interest policy that is monitored by the Office of the Secretary.

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Joseph G. Klos

Robert H. Lux

032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)			Page 2
Name of the organization Temple Phys	sicians, In	С.	Employer identification number 23-2790607
Herbert P. White	45		
Dr. Donald Parks	, 5		
Dr. Ronald Cowen	5		
Sandra Gomberg	45		
Verdi DiSesa MD	45		
Form 990 - Part IX - Page	10 - Line	24	
		21	
Definitions of abbreviati	OHS:		
H/C Mgt Svc Affiliates -	Healthcare	Management Services	for Affiliates
H/C Mgt Svc Non Profit -	Healthcare	Management Services	for Non Profit
Affiliates			
Medical Supervision - Med	dical Super	vision and Training	
		14 4 14 14 14 14 14 14 14 14 14 14 14 14	

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2010 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 23-2790607

Temple Physicians, Inc. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ttions (Complete if the organization ans	swered "Yes" to Form 990, Pai	rt IV, line 34 becaus	e it had one or more re	slated tax-exempt

Olganizations duming the tax years,						
(a)	(q)	(0)	(g)	(e)	Ð	(g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section	entity	entity?
,				501(c)(3))		Yes No
Temple University of the Commonwealth System						
of Higher Ed - 23-1365971, 1330 W. Berks						
Street, Philadelphia, PA 19122	Education	Pennsylvania	501(c)(3)	Line 2	NA	×
Temple University Health System Inc -						
23-2825881, 3509 N. Broad Street - 9th						
Floor, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	NA	×
Temple University Health System Foundation						
- 23-2916108, 3509 N. Broad Street - 9th						
Floor, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	NA	×
Temple University Hospital, Inc						
23-2825878, 3509 N. Broad Street - 9th						
Floor, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	NA	×

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

Schedule R (Form 990) 2010

Temple Physicians, Inc.

Schedule R (Form 990) Temple Physicians, Inc.

[Part II] Continuation of Identification of Related Tax-Exempt Organizations

	A SAME AND						
(a)	(q)	(0)	(q)	(e)	(£)	(g)	24.0
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ed (5)
of related organization		foreign country)	section	status (if section	entity	organization?	ion?
				501(c)(3))		Yes	No No
Jeanes Hospital - 23-2826045							
3509 N. Broad Street - 9th Floor							
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	NA	-	×
Jeanes Hospital Auxiliary - 23-1917776							
7600 Central Avenue						••	
Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	NA		×
Temple East, Inc 23-2547305							
3509 N. Broad Street - 9th Floor	ı						
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	NA		×
Temple East Real Estate, Inc - 20-1776524							
3509 N. Broad Street - 9th Floor							
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	na		×
Temple Health System Transport Team, Inc -							
75-3084023, 3509 N. Broad Street - 9th	1						
Floor Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	NA		×
Episcopal Hospital - 23-1365351							
3509 N. Broad Street - 9th Floor							
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	N.A.		×
Greater Philadelphia Health Services III							
Corp - 23-2989581, 3509 N. Broad Street -	1						
or Philadelphia PA	Health Care	Pennsylvania	501(c)(3)	स्त	NA		×
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23-2790607

Page 2

Schedule R (Form 990) 2010 Temple Physicians, Inc.

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	it income irelated, tax under	(1) Share of total income	(g) Share of end-of-year assets	- 8 8 -	Code V-UBI amount in box 20 of Schedule		General or Percentage managing ownership
		country)		sections 5 ⁻	12-514)			Yes No	K-1 (Form 106	35) Yes No	
											w=v-v-v
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and the second s											
And the state of t											
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable	as a Corp	oration or Trust (Con	nplete if the	organizatic	on answered "Yes"	to Form 990, Pa	rt IV, line 34	because it ha	d one or ma	ore related
organizations a carea as a sale			(h)		3	(D)	(e)	€)		(a)	9
(a)			<u> </u>		<u> </u>	<u>.</u>	1			· (6)	
Name, address, and EIN of related organization	Niii c		Primary activity		Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total , income		Share of end-of-year assets	Percentage ownership
					country)						
нΙ											
3509 N Broad Street, 9th Floor,	r, c/o Legal		·······						•		
Philadelphia, PA 19140			Malpractice Insurance		Bermuda				0.	Ô	*00*
Fortress Properties Trust c/o Fortress Properties	Fortress Propert	ies Inc	Trust for the benefit	enefit							
- 26-6241201, 3 Village Road,	Suite 100, Horsham	am, PA	of Temple University	rsity					****		
19044			Hospital Inc.		PA		TRUST		0.	0	*00*
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032162 12-21-10				,. }							

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Schedule R (Form 990) 2010 Temple Physicians, Inc.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
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?	as with one or more re	lated organizations listed in	Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		×
				9		×
Giff grant or capital contribution from other organization(s)				2	×	
	· · · · · · · · · · · · · · · · · · ·			7		×
d Loans or loan greatureds to of its other organization(s)				9		×
f Sale of assets to other organization(s)				#		×
				10		×
g ruivilade of assets from outer organization (v)				2 4	T	×
				ï	×	
i I ease of facilities, equipment, or other assets from other organization(s)				F	×	
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			¥	×	
	ization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets				1m		×
n Sharing of paid employees				1n		X
-						
o Reimbursement paid to other organization for expenses				10	X	
				1р	×	
a Other transfer of cash or property to other organization(s)				10		×
				+		×
If the answer to any of the above is "Yes," see the instruction	who must complete th	iis line, including covered re	elationships and transaction thresholds.			
	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)						
(5)					:	
(9)						
032163 12-21-10	38		Schedul	Schedule R (Form 990) 2010	1 990)	2010

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Schedule R (Form 990) 2010 Temple Physicians, Inc.

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

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

(a) Name. address. and EIN		-	- -	3	9	(3)	(4)
Name, address, and EIN			<u> </u>	(a)	9	(6)	
	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign or country)	rganizations?	year assets	ions?	of Schedule K-1	part
			ON Sa		1es NO	(000)	Les NO
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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	Temple	Physicians,	Inc.	23-2790607	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation				
L		vido additional	information for roomana	es to questions on Schedule R (see instru	ctions)	
	Complete this part to pro	vide additional	inionnation for responsi	es to directions ou ocuerdie u lese illettra	otionaj.	
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