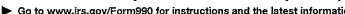
Form	99	0
Form	23	Ų

Extended to May 15, 2023

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.





	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
					dending J			
Bc	heck if plicable	C Name o	f organization			D Empl	oyer identific	cation number
	Addres	S TUH	- Jeanes Campus Aux	riliarv				
	Name change		usiness as			1 23	-19177	76
	Initial return		and street (or P.O. box if mail is not del	ivered to street address)	Room/suite		hone number	
	Final return/		N. Broad Street	1761 04 10 04 001 autorooty	936		5-379-2	
	termin- ated		own, state or province, country, and 2	ZIP or foreign postal code		G Gross		131,772.
[Amend return		adelphia, PA 1914(H(a) Is ti	nis a group re	
	Applica		nd address of principal officer: Bar				subordinates	
	pendin		as C above				III subordinates in	
I T	ax∙exe	empt status:		(insert no.) 4947(a)(1)) or 🚺 527	1		list. See instructions
			jeanes.com/content/	volunteering.ht	tm	H(c) Gro	up exemptio	n number 🕨
KF	orm of	organization; [X Corporation Trust As	sociation 🔄 Other 🕨	L Year	of formatio	n: 1931 🛚	State of legal domicile: PA
Pa		Summary						
4	1 1	Briefly descrit	e the organization's mission or most	significant activities: TO S	support	TUH	- Jeane	es Campus
Governance	ġ	and the	education of nurse	es who serve or	aspire	e to s	erve t	here.
rna	2 (Check this bo	🗴 🕨 🛄 if the organization discor	ntinued its operations or dispo	osed of more	than 25%	of its net ass	
ove			ting members of the governing body					12
Ū			lependent voting members of the gov					11
Activities &		Total number		0				
iviti			of volunteers (estimate if necessary)					11
Act			d business revenue from Part VIII, co					0.
	bl	Net unrelated	business taxable income from Form	990-T, Part I, line 11	<u></u>			0.
	_	.				Prior		Current Year
le	8 Contributions and grants (Part VIII, line 1h)					0	1,018.	1,988.
Revenue	9 Program service revenue (Part VIII, line 2g)					C	7, <u>428.</u> 0.	<u>96,131.</u> 0.
Re			come (Part VIII, column (A), lines 3, 4,			3	1,000.	33,653.
			e (Part VIII, column (A), lines 5, 6d, 8c				.9,446.	131,772.
			- add lines 8 through 11 (must equal				0,653.	46,490.
			Arants and similar amounts paid (Part IX, column (A), lines 1-3) 30,653. Benefits paid to or for members (Part IX, column (A), line 4) 0.					
			r compensation, employee benefits (0.	0.
Expenses			fundraising fees (Part IX, column (A), I				0.	0.
en			sing expenses (Part IX, column (D), lin					
Ä			es (Part IX, column (A), lines 11a-11d,			6	8,141.	84,482.
			es. Add lines 13-17 (must equal Part li				8,794.	130,972.
			expenses. Subtract line 18 from line				20,652.	800.
Sec.							Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				6,373.	861,762.
Ass	21						0.	0.
Ret	22		fund balances. Subtract line 21 from	line 20		1,01	6,373.	861,762.
	irt II							
Und	er pena	ities of perjury,	I declare that I have examined this return,	including accompanying schedul	les and statem	ients, and to	the best of my	y knowledge and belief, it is
true,	correc	t, and complete	e. Declaration of preparer (other than office	er) is based on all information of v	which prepare	r has any kr		
		130	arban Hannon re of officer					2-2023
Sig	n I	1					Date	
Her	e	Barl	oara Hannon, Presid	ent				
		,	print name and title	I		Dota	F	DTIN
. .		Print/Type pro	parer's name	Preparer's signature		Date	Check if	
Paic							self-emplo	yed
-	arer	Firm's name					Firm's EIN 🕨	
USE	Only	Firm's addres	s 🕨				Phone no	

		Phone no.	
May the IRS di	scuss this return with the preparer shown above? See instructions		Yes
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate in	istructions.	Form 99 (

	1990 (2021) TUH - Jeanes Campus Auxiliary	23-1917	776	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		
1	Briefly describe the organization's mission:			
	The purpose of TUH - Jeanes Campus Auxiliary is to assist	t TUH - 🕻	Jeane	s
	Campus to encourage and develop community understanding of	of and		
	interest in the Hospital, and to contribute to the finance	cial supp	port	
	of the Hospital by raising funds for the Hospital's bene:	fit.		
2	Did the organization undertake any significant program services during the year which were not listed on the			
-	prior Form 990 or 990-EZ?	Г	Ves	X No
	If "Yes," describe these new services on Schedule O.	Ц		
3		Г	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L		21 INO
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as r			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expe	nses, and	b
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$69,552. including grants of \$) (Revenue (Code:)) (Revenue (Code			2 65.)
	The TUH - Jeanes Campus gift shop, operated by TUH - Jean			
	Auxiliary, sold merchandise for the purpose of raising fu	unds for	TUH	-
	Jeanes Campus and for the convenience of patients and vis	sitors.		
4b	(Code:) (Expenses \$ 31,490. including grants of \$ 31,490.) (Revenue (R)
	<u>TUH - Jeanes Campus Auxiliary disbursed Stackhouse funds</u>			
	certification and continuing education of TUH - Jeanes Ca	ampus nu	rses.	
4c	(Code:) (Expenses \$ 19,337. including grants of \$ 15,000.) (Revenue (Code:)) (Reve			866.)
	TUH - Jeanes Campus Auxiliary raised funds for TUH - Jean	nes Camp	ıs	
	through various sales conducted at the hospital.	_		
	¥			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$	`		
40	Total program service expenses > 120, 379.)	,	
+0			- 00	

<u>Form 990 (</u>		TUH - Jeanes	Auxiliary
Part IV	Checklist of R	equired Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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	X	
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 and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

 Form 990 (2021)
 TUH
 - Jeanes
 Campus
 Auxiliary

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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), 501(c)(4), and 501(c)(29) 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 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 X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or pate to any line in this Bart V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		

Form	990 (2021) TUH - Jeanes Campus Auxiliary	23-1917	776	P	_{age} 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required							
	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
			8						
9	9 Sponsoring organizations maintaining donor advised funds.								
			9a						
			9b						
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11	Section 501(c)(12) organizations. Enter:	[]							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.46							
10-	amounts due or received from them.)	11b	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	-						
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.		154						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D		13b							
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c							
			14a		х				
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	и <u>с</u> О	14a 14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.		15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17						
	If "Ves " complete Form 6069		<u> </u>						

TUH - Jeanes Campus Auxiliary

23-1917776 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х					
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х						
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x						
10	on Schedule O how this was done	13		Х					
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X					
15	Did 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	14							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		х					
h	Other officers or key employees of the organization	15b		X					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	Rosemarie Schlegel - 215-728-2131								
	3509 N. Broad Street, Room 936, Philadelphia, PA 19140								

Form 990 (2021)	TUH - Jeanes Campus Auxiliary	23-1917776	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Emp	loyees, and Independent Contractors						
Check	r if Schedule O contains a response or note to any line in this Part VII						
Section A. Offic	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	g with or within the organization's	s tax year.				
 List all of the 	e organization's current officers, directors, trustees (whether individuals or organizations), r	egardless of amount of compens	ation.				

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ox, unless person is be fficer and a director/tr		s both	n an	compensation	compensation	amount of	
	week				Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trustee		/ee	npen		1099-NEC)	1039-1120)	and related
	below	dual t	utiona	_	Key employee	st col	5			organizations
	line)	Indivi	In stitutio nal 1	Officer	Key e	Highest compensated employee	Former			
(1) Rosemarie Schlegel	2.00									
Hospital Admin Rep	38.00	Х		Х				0.	86,896.	36,671.
(2) Barbara Hannon	2.00									
President; Member at Large	0.00	Х		Х				0.	0.	0.
(3) George Weyhmuller	2.00									
Vice President; Member at Large	0.00	Х		Х				0.	0.	0.
(4) Eleanor Reinhardt	2.00									
Stackhouse Fund Coordinator; Member	4.00	Х		Х				0.	0.	0.
(5) Ali Cymbor	2.00									
Member At Large	0.00	Х						0.	0.	0.
(6) Connie Butler	1.00									
Member At Large	0.00	Х						0.	0.	0.
(7) Jessie Brumer	1.00									
Member At Large	0.00	Х						0.	0.	0.
(8) Patricia Rapone	1.00									
Member At Large	0.00	Х						0.	0.	0.
(9) Barbara Wozniak	1.00									
Member At Large (until 12/31/21)	0.00	Х						0.	0.	0.
(10) Francesca Weyhmuller	1.00									
Member At Large	0.00	Х						0.	0.	0.
(11) Gale Zimmerman	1.00									
Member At Large	0.00	Х						0.	0.	0.
(12) Roberta Burt	1.00									
Member at Large (until 12/31/21)	0.00	Х		х				0.	0.	0.
(13) Margaret Gillespie	2.00									
Member At Large	0.00	х		X				0.	0.	0.
(14) Howard Witzer	0.00									
Member At Large	1.00	Х		X				0.	0.	0.
(15) Christine Ngoc Nguyen	1.00									
Member At Large (until 12/31/21)	0.00	Х						0.	0.	0.
			-							
		1								
	1	I	L							

	990 (2021) TUH - Jea	nes Cam	pu	S	Au	xi	<u>li</u>	ar	сy	23-1	<u>9177'</u>	76	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box,	not cl unles	(C Posi heck r ss per	C) ition more rson is		one 1 an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	Est am	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	frc orga and	ensat m the nizati relate nizatio	e on ed
	Subtotal								0.	86,89	96.	36	,67	71.
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	86,89	0.		, 67	0.
	Total number of individuals (including but no compensation from the organization							o re		•			,	0
													Yes	No
3	Did the organization list any former officer,	director, truste	e, k	ey e	empl	oyee	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for su											3	_	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										L	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		х
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest cor the organization. Report compensation for t									<i>,</i> ,	oensatio			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Cor	(C) npen	satior	ו
								_						
2	Total number of independent contractors (ir \$100,000, of compensation from the organiz	•	ot lin	nitec	d to t	thos		ted	above) who received mo	ore than				

	<u>1 990 (</u>		s Campus Au	uxiliary		23-1917	776 Page 9
Pa	rt VII						_
		Check if Schedule O contains a response	se or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
- (0, (0	1	Fodorated compaigns					
ants	га	Federated campaigns1aMembership dues1b					
, Gra	b c						
ifts, r Ai	d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	1,988.				
d Dt	g	Noncash contributions included in lines 1a-1f					
a C	h	Total. Add lines 1a-1f	►	1,988.			
			Business Code				
ce	2 a	Gift shop	453220	70,265.	70,265.		
ervi	b	Various sales	_	25,866.	25,866.		
n S	С		_				
grar Rev	d		_				
Program Service Revenue	e f	All other program service revenue	_				
-	a	Total. Add lines 2a-2f		96,131.			
	3	Investment income (including dividends, int		5071510			
	Ū	other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	(
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory 7a					
Ø	d	Less: cost or other basis and sales expenses					
venue		Gain or (loss)					
Rev		Net gain or (loss)					
erF		Gross income from fundraising events (not					
Other		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	8a				
		· · · · · · · · · · · · · · · · · · ·	8b				
		Net income or (loss) from fundraising events	s ►				
	9 a	Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	9a 9b				
		Less: direct expenses Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	▶				
			10a				
	b		10b				
		Net income or (loss) from sales of inventory					
<i>(</i> ^			Business Code				
Miscellaneous Revenue	11 a	Trust distributions	523000	33,653.			33,653.
ane	b		_				
cell Seve	с		_				
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		<u>33,653.</u> 131,772.	96,131.	0.	22 652
	12	Total revenue. See instructions	🕨	//2.	JU,IJI.	J U.	33,653.

Form 990 (2021) TUH - Jeanes Campus Auxiliary
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).

	Check if Schedule O contains a respons 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
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	31,490.	31,490.		
3	Grants and other assistance to foreign	01,1900	01/1000		
U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5					
6	trustees, and key employees Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10					
11	Payroll taxes Fees for services (nonemployees):				
a b	Management				
c c	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	20,468.	20,468.		
10		2,072.	2,072.		
12	Advertising and promotion	3,711.	3,237.	474.	
13	Office expenses	5,711•	5,257•		
14	Information technology				
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) Gift shop merchandise	40,130.	40,130.		
a L	Fundraising & Sales Exp	14,456.	40,130.		10,119
b	Sales tax remitted	3,645.	3,645.		10,119
C L	Dates Las remitted	3,043.	5,045.		
d					
e	· · · · · ·	130,972.	120,379.	474.	10,119
<u>25</u>	Total functional expenses. Add lines 1 through 24e	130,914.	120,379.	4/4.	10,119
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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	<u>990 (</u> rt X	2021) TUH - Jeanes Campus Auxiliary Balance Sheet		23-	1917776 Page 11
Fai					
		Check if Schedule O contains a response or note to any line in this Part X	(A)		
			Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,104.	1	17,177.
	2	Savings and temporary cash investments	165,590.	2	162,330.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As:	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	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	835,679.	15	682,255.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	861,762.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	32,560.	27	27,222. 834,540.
Net Assets or Fund Balances	28	Net assets with donor restrictions	983,813.	28	834,540.
nnc		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ťΑ	31	Retained earnings, endowment, accumulated income, or other funds		31	061 760
ž	32	Total net assets or fund balances	1,016,373.	32	861,762.

Total net assets or fund balances

Total liabilities and net assets/fund balances

861,762. Form **990** (2021)

33

1,016,373.

	1990 (2021) TUH - Jeanes Campus Auxiliary	23-19	17776	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	131		
2	Total expenses (must equal Part IX, column (A), line 25)	2	130	, 97	<u>72.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,016	, 31	<u>73.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-155	,41	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	861	,76	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3 a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization	n
--------------------------	---

Name	e of t	he organization							identification number
		TUH	- Jeanes Ca	ampus Auxilia	ary			2	3-1917776
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o 1 [2 [3 [4 [rgani	zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or association ion 170(b)(1)(A)(ii). (# hospital service orga	n of churches described Attach Schedule E (Form nization described in se	in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,
5 [city, and state: An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	d in
		section 170(b)(1)(A)(iv). (C		0 ,	•	, ,			
6 [A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7 [An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	-			-		-	-
		-	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or
10 [11 [12 [a b c d	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 								
е		Check this box if the orga					Type I, Type I	II, Type III	
	F oto	functionally integrated, or	51	nally integrated supportin	ng organiz	ation.			
		r the number of supported or ide the following informatior	•	d organization(s)					
) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
Total									

	A (Form 990)) 202
Part II	Suppor	t S

Form 990) 2021 TUH - Jeanes Campus Auxiliary 23-1917776 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			-	_	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	-			-	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 TUH - Jeanes Campus Auxiliary

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Calendar year (of fical year beginning is) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 office, grants, contributions, and manual structures in the data any varies (f) funcated any varies (f) funcated and varies and the data of the da	Set	Stion A. Fublic Support								
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 00 % 18 01 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization IX b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization IX										
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18 .01 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 13 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17									
 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 				D 1 1 1 1 1						
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								/-		
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b		-	•						
			-					$\blacktriangleright \square$		
	20				-		-			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

TUH - Jeanes Campus Auxiliary

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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1

2

3a

3b

3c

4a

Yes

No

Sche	dule A (Form 990) 2021 TOH - Deanes Campus AuxIIIary	22-191///	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

7............

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization (s)</i>			
2	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations							
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the						
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a						
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard	3					

Section E. Type III Functionally Integrated Supporting Organizations

INT TTT

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
-		(

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	f each of its su	upported orgar	nizations. Com	plete line 3 below.
---	--	------------------	------------------	------------------	----------------	----------------	---------------------

С		The organization supported a g	governmental entity.	Describe in Part VI how	v you supported a governmental e	entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	----------------------------------	----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> P	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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chequie A		990	202

Schedule A	(Form 990)) 2021	TUH	-	Jeanes	Campus	Auxiliary	
Part V	Type III	I Non-Function	onally Ir	nte	egrated 509	9(a)(3) Sup	porting Organiza	ations

	(Form 990) 2021
Part V	Type III Non-Function

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	s 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	i
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	r	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	TUH -	Jeanes	Campus	Auxiliar	Y	23-1917776	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the exp b, 4c, 5a, 6, 9a 3; Part IV, Sect	lanations requ a, 9b, 9c, 11a, ion E, lines 1c	ired by Part II, line 11b, and 11c; Pa , 2a, 2b, 3a, and 3	e 10; Part II, line 17a c rt IV, Section B, lines 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C.

SCHEDULE D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

. . .

Employer identification number

	TUH - Jeanes Campus		<u></u>	23-1917776
Par			Similar Funds or A	CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's of	exclusive legal control	?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that g	grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for a	any other purpose confe	erring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	′es" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreation	tion or education)	Preservation of a his	storically important land area
	Protection of natural habitat	L	Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru	2c		
d	Number of conservation easements included in (c) acquired a	•		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r terminated by the orga	nization during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservat	ion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conservation e	easements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	, ,		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization	's financial statements t	hat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tr	assures or Other	Similar Assots
1 41	Complete if the organization answered "Yes" on Form			
			wanus statement and be	
Ia	If the organization elected, as permitted under FASB ASC 956	· ·		
	of art, historical treasures, or other similar assets held for pub			
L	service, provide in Part XIII the text of the footnote to its finan			e electronic ef
b	If the organization elected, as permitted under FASB ASC 956	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furtherand	ce of public service,
	provide the following amounts relating to these items:			► ¢
	(i) Revenue included on Form 990, Part VIII, line 1			
0			assots for financial gain	
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASE A			, provide
-	the following amounts required to be reported under FASB A	-		¢
а	Revenue included on Form 990, Part VIII, line 1			• \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

\$

Sche		eanes Camp							<u>17776</u>		_{ge} 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histoı	rical Tre	easures, or O	ther S	imila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accessio	n, and other record	s, check a	any of the f	following that ma	ake signi	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 La	oan or exc	hange program						
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how they	y further th	ne organization's	exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part			5				, ,			
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for co	ontribution	s or other assets	not inc	uded				
	on Form 990, Part X? Yes No										
b	If "Yes," explain the arrangement in Part XIII a										
		·	0						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						· · · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_	\square	
Par											
		(a) Current year		or year	(c) Two years b		Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
a	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a.	column (a))) held as:						
a	Board designated or quasi-endowment	•	%		// ·····						
b	Permanent endowment										
		<u> </u>									
-	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	•	ation that a	are held ar	nd administered	for the c	organiza	ation			
	by:						- J		<u>ا</u>	'es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV, I	line 11a. S	See Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	(c) Accu depre	umulate	ed	(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must ec		X column	1 (B) line 1	0c)						0.
					<i></i>			<u>P</u>	D (F		

Schedule D (Form 990) 2021

	on Form 990 Part IV line	11b See Form 990 Part X line 12	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
	(b) BOOK value	(c) Method of Valdation. Cost of end	oryear market value
 (1) Financial derivatives (2) Cleasely held equity interacts 			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	()		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Assets Held in Trust - Emi	ly Stackhous	e Trust	682,255.
(2)			
(3)			
(4)			
(5)			
(0)			
(6) (7)			
(7)			
(7) (8)			
(7) (8) (9)	15.)		682,255.
(7) (8)	15.)	►	682,255.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			682,255.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organization of liability)			682 , 255 . (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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TUH - Jeanes Campus Auxiliary Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 TUH - Jeanes Campus Auxilia		23-1917776 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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 XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information.		

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

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organizatio	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	•	-	Attach to For	m 990.			Open to Public Inspection
Name of the organization		s Auxiliary	s.gov/Form990 fo	r the latest inform	lation.		Employer identification number 23-1917776
Part I General Information on Grants a		S AUAIIIAIY					25 1511110
1 Does the organization maintain records criteria used to award the grants or assi	stance?				-		
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domestic	Governments. C	Complete if the orga	anization answered "א	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Temple University Hospital 3509 N. Broad Street – Room 936 Philadelphia, PA 19140	23-2825878	501(c)(3)	15,000.	0.			Restricted Donation - To be determined
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	is listed in the line	1 table	e line 1 table				Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 TUH - Jeanes Campus Auxiliary

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Exam fees and prep courses for nurses'					
certifications, costs related to nurses'					
conferences and seminars, books and software for					
nursing students	31	31,490.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

TUH - Jeanes Campus Auxiliary and TUH - Jeanes Campus are under common

control. All grants to TUH - Jeanes Campus are made for charitable

purposes that are subject to review by the Board of Directors or management

of their common parent.

Individual recipients of TUH - Jeanes Campus Auxiliary assistance were TUH

- Jeanes Campus nurses, whose certifications and continuing education

benefits TUH - Jeanes Campus as well as the nurses themselves. Such

Schedule I (Form 990) TUH - Jeanes Campus Auxiliary Part IV Supplemental Information	23-1917776 Page 2
assistance is subject to approval by each nurse's department	head, TUH -
Jeanes Campus's manager of nursing education, and the Associa	te Hospital
Director of Patient Services.	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ					
Name of the organization	TUH - Jeanes Campus Auxiliary	Employer identification number 23-1917776					
	rt VI, Section A, line 1a:						
	the organization's Bylaws, the Board, by resolution the directors in office, may designate and a						
Executive Committee which, to the extent provided in the resolution, shall have and exercise the authority of the Board between meetings of the Board.							
Form 990, Part VI, Section A, line 2: Francesca and George Weyhmuller are married to each other.							
Form 990, Part VI, Section A, line 6: The voting members of the Auxiliary are the members of the Executive Committee of the Board of Governors of Temple University Hospital.							
	rt VI, Section A, line 7a:						
In their capacity as voting members of the Auxiliary, the members of the Executive Committee of the Board of Governors of Temple University Hospital elect the Board of Directors of the Auxiliary.							
Form 990, Part VI, Section A, line 7b: The prior approval of the Board of Governors of Temple University Hospital							
	for altering, amending, repealing or replacing Campus Auxiliary.						

Form 990, Part VI, Section A, line 8b:

Most of the "committees" are of a temporary nature and formed for the

purpose of coordinating fund raising events and other programs.CommitteeLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2021132211 11-11-21Schedule O (Form 990) 2021

chairpersons report on the work of the committees at regular meetings of

the Board of Directors of the Auxiliary.

Form 990, Part VI, Section B, line 11b:

Prior to filing the final Form 990, a draft was reviewed by outside tax

counsel who recommended revisions. After these revisions and additional

revisions, a draft is provided to the President of the Auxiliary for

review.

Form 990, Part VI, Section B, Line 12c:

The Bylaws require Directors and Officers to disclose potential or actual

conflicts on an ongoing basis as matters arise.

Form 990, Part VI, Section B, Line 15:

The organization does not compensate any officers or key employees.

Therefore, the organization does not follow a process for setting their compensation.

Form 990, Part VI, Section C, Line 19:

Except to the extent required by applicable law, in which case the

documents are made available upon request, the governing documents,

conflict of interest policy and financial statements are not available to

the public.

Form 990, Part IX, Line 11g, Other Fees:

Reimbursement to Jeanes Hospital for Staff Support:

Program service expenses

Management and general expenses

0.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
TUH - Jeanes Campus Auxiliary	23-1917776
Fundraising expenses	0.
Total expenses	20,468.
Total Other Fees on Form 990, Part IX, line 11g, Col A	20,468.
Form 990, Part XI, line 9, Changes in Net Assets:	
Investment income	18,878.
Realized gain	67,053.
Fiduciary fees and taxes	-16,704.
Distributions	-33,653.
Unrealized Gain	-190,985.
Total to Form 990, Part XI, Line 9	-155,411.

SCHEDULE	F
(F	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

23-1917776

Department of the Treasury Internal Revenue Service Name of the organization

TUH - Jeanes Campus Auxiliary

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Emily A. Stackhouse Trust, c/o Wells Fargo							
Bank, Trustee - 37-1431773, 6325 S Rainbow							
Blvd STE 300, Las Vegas, NV 89118	Perpetual trust	Pennsylvania	501(c)(3)	PF			Х
Temple University Hospital - 23-2825878					Temple University		
3509 N. Broad Street, Room 936	7				Health System,		
Philadelphia, PA 19140	Health care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
	-						
	_						
	4						

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, income excluded from tax under sections 512-514)	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
	1											
	1											
	-											
	-											
	1											
	1											
							1	1			1	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		0. 1.0.01				Yes	No
									<u> </u>
									<u> </u>
									\square
									\square

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X			
	Gift, grant, or capital contribution to related organization(s)	1b	X				
с	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
		1g		X			
	Purchase of assets from related organization(s)	1h		X			
	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X				
	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p	X				
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r	X				
<u>s</u>	Other transfer of cash or property from related organization(s)	1s	X				
2	If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including covered relationships and transaction thresholds						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				

Schedule R (Form 990) 2021 TUH - Jeanes Campus Auxiliary

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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 of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 TUH Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.