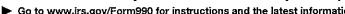
| Form | 99 | 0 |
|------|----|---|
| Form | 23 | Ų |

# 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<br>Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. |                   |  |                                      |                |               |                      |                               |
|--------------------------------|---|-------------------|--|--------------------------------------|----------------|---------------|----------------------|-------------------------------|
|                                |   |                   |  |                                      | dending J      |               |                      |                               |
| Bc                             | heck if<br>plicable   | C Name o          | f organization   |                                      |                | D Empl        | oyer identific       | cation number                 |
|                                | Addres  | S TUH             | - Jeanes Campus Aux  | riliarv                              |                |               |                      |                               |
|                                | Name<br>change  |                   | usiness as   |                                      |                | 1 23          | -19177               | 76                            |
|                                | Initial<br>return   |                   | and street (or P.O. box if mail is not del   | ivered to street address)            | Room/suite     |               | hone number          |                               |
|                                | Final<br> return/   |                   | N. Broad Street  | 1761 04 10 04 001 autorooty          | 936            |               | 5-379-2              |                               |
|                                | termin-<br>ated   |                   | own, state or province, country, and 2   | ZIP or foreign postal code           |                | G Gross       |                      | 131,772.                      |
| [                              | Amend<br>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.                            |
|                                | _   | <b>.</b>          |  |                                      |                | 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><br>0. | <u>96,131.</u><br>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.<br>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<br>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<br>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                          |
| <b>.</b> .                     |   | 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 <b>99</b> ( |

|    | 1990 (2021) TUH - Jeanes Campus Auxiliary  | 23-1917           | 776       | Page <b>2</b>  |
|----|--|-------------------|-----------|----------------|
| 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 <b>65.</b> ) |
|    | 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.           |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
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|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
| 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.     |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
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|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
| 4c | (Code:) (Expenses \$ 19,337. including grants of \$ 15,000. ) (Revenue (Code:)) (Reve  |                   |           | <b>866.</b> )  |
|    | TUH - Jeanes Campus Auxiliary raised funds for TUH - Jean  | nes Camp          | ıs        |                |
|    | through various sales conducted at the hospital.   | <b>_</b>          |           |                |
|    | ¥  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
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|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
|    |  |                   |           |                |
| 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   | <sub>age</sub> 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<br>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        | <b>Sponsoring organizations maintaining donor advised funds.</b> 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        | <b>Note:</b> 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<br>Enter the amount of reserves on hand                                     | 13c                          |            |     |                  |  |  |  |  |
|          |  |                              | 14a        |     | х                |  |  |  |  |
| 14a<br>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<br>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

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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<br>14 | Did the organization have a written whistleblower policy?<br>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?<br>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. |  |  |  |  |
| <ul> <li>List all of the</li> </ul>  | 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<br>(do not check more than one             |         | Reportable   | Reportable                      | Estimated    |                                 |                              |                          |
|                                     | hours per         | box                            | ox, unless person is be<br>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<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>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<br>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 <b>8</b>  |
|------|--|--|--------------------------------|------------------------|--------------------------------|---------------------------------------|---------------------------------|-------------|---|--|--------------|----------------------|---|---------------|
| Par  | t VII Section A. Officers, Directors, Trust  | tees, Key Emp  | loye                           | ees,                   | and                            | l Hig                                 | ghes                            | t C         | ompensated Employee                                 | s (continued)                                    |              |                      |   |               |
|      | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | (do<br>box,                    | not cl<br>unles        | (C<br>Posi<br>heck r<br>ss per | <b>C)</b><br>ition<br>more<br>rson is |                                 | one<br>1 an | <b>(D)</b><br>Reportable<br>compensation<br>from    | (E)<br>Reportable<br>compensatic<br>from related | on           | Est<br>am            | (F)<br>imate<br>ount c<br>other               |               |
|      |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer                        | Key employee                          | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organization<br>(W-2/1099-MIS<br>1099-NEC)       | SC/          | frc<br>orga<br>and   | ensat<br>m the<br>nizati<br>relate<br>nizatio | e<br>on<br>ed |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      |  |  |                                |                        |                                |                                       |                                 |             |   |  |              |                      |   |               |
|      | Subtotal   |  |                                |                        |                                |                                       |                                 |             | 0.  | 86,89  | 96.          | 36                   | ,67   | 71.           |
| с    | Subtotal<br>Total from continuation sheets to Part VII<br>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<br>the organization. Report compensation for t |  |                                |                        |                                |                                       |                                 |             |   | <i>,</i> ,                                       | oensatio     |                      |   |               |
|      | (A)<br>Name and business   | address  | NC                             | ONE                    | 2                              |                                       |                                 |             | <b>(B)</b><br>Description of s                      | ervices  | Cor          | ( <b>C</b> )<br>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<br>(A) | (B)               | (C)              | []<br>(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<br>c         |  |                       |                            |                   |                  |                                   |
| ifts,<br>r Ai   | d              |  |                       |                            |                   |                  |                                   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | e              | Government grants (contributions) <b>1e</b>                          |                       |                            |                   |                  |                                   |
| 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<br>Rev   | d              |  | _                     |                            |                   |                  |                                   |
| Program Service<br>Revenue                                | e<br>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 <b>7a</b>                                |                       |                            |                   |                  |                                   |
| Ø   | d              | Less: cost or other basis<br>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<br>9b              |                            |                   |                  |                                   |
|   |                | Less: direct expenses<br>Net income or (loss) from gaming activities |                       |                            |                   |                  |                                   |
|   |                | Gross sales of inventory, less returns                               | <b>▶</b>              |                            |                   |                  |                                   |
|   |                |  | 10a                   |                            |                   |                  |                                   |
|   | b              |  | 10b                   |                            |                   |                  |                                   |
|   |                | Net income or (loss) from sales of inventory                         |                       |                            |                   |                  |                                   |
| <i>(</i> <b>^</b>   |                |  | Business Code         |                            |                   |                  |                                   |
| Miscellaneous<br>Revenue                                  | 11 a           | Trust distributions  | 523000                | 33,653.                    |                   |                  | 33,653.                           |
| ane   | b              |  | _                     |                            |                   |                  |                                   |
| cell<br>Seve  | с              |  | _                     |                            |                   |                  |                                   |
| Mis   | d              | All other revenue  |                       |                            |                   |                  |                                   |
|   | е              | Total. Add lines 11a-11d   |                       | <u>33,653.</u><br>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<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                       | <b>(A)</b><br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|-----------|--|------------------------------|------------------------------------|---|---------------------------------------|
| 10,<br>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<br>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<br>10   |  |                              |                                    |   |                                       |
| 11        | Payroll taxes<br>Fees for services (nonemployees):   |                              |                                    |   |                                       |
|           |  |                              |                                    |   |                                       |
| a<br>b    | Management   |                              |                                    |   |                                       |
|           |  |                              |                                    |   |                                       |
| c<br>c    | Accounting   |                              |                                    |   |                                       |
| d         | Lobbying<br>Professional fundraising services. See Part IV, line 17  |                              |                                    |   |                                       |
| e<br>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<br>20  | Conferences, conventions, and meetings   |                              |                                    |   |                                       |
| 20        | Interest   |                              |                                    |   |                                       |
| 21        | Payments to affiliates   |                              |                                    |   |                                       |
| 22        | Depreciation, depletion, and amortization  |                              |                                    |   |                                       |
| 23<br>24  | Insurance  |                              |                                    |   |                                       |
| 24        | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>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<br>L    | Fundraising & Sales Exp  | 14,456.                      | 40,130.                            |   | 10,119                                |
| b         | Sales tax remitted   | 3,645.                       | 3,645.                             |   | 10,119                                |
| C<br>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        | <b>Joint costs.</b> 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><br>rt X | 2021) TUH - Jeanes Campus Auxiliary<br>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>(B)</b><br>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.<br>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)

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1,016,373.

|    | 1990 (2021) TUH - Jeanes Campus Auxiliary   | 23-19      | 17776      | Pag  | <sub>je</sub> 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?                     |            | <b>2</b> 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?                                  |            | <b>2</b> 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?   |            | <b>3</b> 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 |
|------------|---|
|------------|---|

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<br>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<br>1 [<br>2 [<br>3 [<br>4 [        | rgani   | zation is not a private found<br>A church, convention of ch<br>A school described in <b>sect</b><br>A hospital or a cooperative<br>A medical research organiz | urches, or association<br>ion 170(b)(1)(A)(ii). (#<br>hospital service orga | n of churches described<br>Attach Schedule E (Form<br>nization described in se      | in <b>sectio</b><br>n 990).)<br><b>ection 170</b> | n 170(b)(1<br>(b)(1)(A)(ii                   | i).                           | )(iii). Enter | the hospital's name,                            |
| 5 [                                      |   | city, and state:<br>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 [<br>11 [<br>12 [<br>a<br>b<br>c<br>d | <ul> <li>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.</li> <li>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.</li> <li>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.</li> </ul> |   |   |   |   |  |                               |               |   |
| е  |   | Check this box if the orga  |   |   |   |  | Type I, Type I                | II, Type III  |   |
|  | <b>F</b> oto  | functionally integrated, or   | 51  | nally integrated supportin  | ng organiz  | ation.                                       |                               |               |   |
|  |   | r the number of supported or<br>ide the following informatior   | •   | d organization(s)   |   |  |                               |               |   |
|  |   | ) Name of supported<br>organization   | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the orga<br>in your governi<br><b>Yes</b> | nization listed<br>ng document?<br><b>No</b> | (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>(b)</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>(b)</b> 2018      | <b>(c)</b> 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      | <b>re.</b> 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   |  |                      |                 |          |          |                               |  |  |
|--|------|---|--|----------------------|-----------------|----------|----------|-------------------------------|--|--|
| membership tees received. (Do not<br>include any virtual and rents.)       8,476.9,722.4,025.1,018.1,988.25,229.         2 Gross received from activities of the<br>organization's tax exempt purpose<br>3 Gross received from activities in elated to the<br>organization's tax exempt purpose<br>3 Gross received from activities in the activity of the organization's tax exempt purpose<br>3 Gross received from activities in the activity of the organization's tax exempt purpose<br>3 Gross received from activities and table or the organization's tax exempt purpose<br>3 Gross received from activities and table organization's tax exempt purpose<br>3 Gross received from activities and the organization's tax exempt purpose<br>3 Gross received and ether part of the organization's tax exempt purpose<br>3 Gross received from activities and the organization's tax exempt purpose<br>3 Gross received and the station's tax exempt purpose<br>3 Gross received from activities and the organization's tax exempt purpose<br>3 Gross received and the station's for the organization's tax exempt and the organization's tax exempt purpose<br>3 Gross received and the station's for the organization's tax exempt purpose<br>3 Gross received and the station's for the organization's tax exempt and the organization's tax exempt and the statistic tax<br>3 received from activities tax exempt purpose<br>3 Gross received and the statistic tax<br>3 Gross received and the organization's first scores<br>4 Gross from first states throws the statistic tax<br>3 Gross received and the organization's first scores<br>4 Gross from first states throws the statistic tax<br>3 Gross received and the organization's first scores<br>4 Gross from first states throws the statistic tax<br>3 Gross received and tax det the organization's first scores<br>4 Gross from first states throws the statistic tax<br>3 Gross received and tax dethe tax<br>4 Gross from first scores from the s | Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2017                                   | <b>(b)</b> 2018      | <b>(c)</b> 2019 | (d) 2020 | (e) 2021 | <b>(f)</b> Total              |  |  |
| Include any 'unusual grants',,   | 1    | Gifts, grants, contributions, and   |  |                      |                 |          |          |                               |  |  |
| 2       Goss receipts from advelsions, mechandles and of averses and of a services of the averse section 513       147,558.137,664.107,000.87,428.96,131.575,781.         3       Gross receipts from advelse to the organization is tax exempt purpose       147,558.137,664.107,000.87,428.96,131.575,781.         4       Tax reverues levied for the organization is there and the organization is behalf       78,692.54,339.45,156.31,000.33,653.242,840.         4       Tax reverues levied for the organization is there and the relation is behalf       78,692.54,339.45,156.31,000.33,653.242,840.         5       The value of services or facilities       78,692.54,339.45,156.31,000.33,653.242,840.         6       Total Addition its behalf       234,726.201,725.156,181.119,446.131,772.843,850.         7a Arounts included on lines 1, 2, and 3 received from disquiffee persons       0.         8       Arounts included on lines 1, 2, and 3 received from disquiffee persons       0.         9       Arounts included on lines 1, 2, and 3 received from disquiffee persons       0.         9       Arounts included on lines 1, 2, and 3 received from disquiffee persons       0.         9       Arounts included on lines 10.2, and 3 received from disquiffee persons       0.         9       Arounts included on lines 10.2, and 7.       49,726.201,725.156,181.119,446.131,772.843,850.         10       Gorden include, and rule and anormality surease secion 501(c)(3) organization, there and an orb   |      | membership fees received. (Do not   |  |                      |                 |          |          |                               |  |  |
| metchandies sold or services performed, or faillies turnished to use out and twitter that is related to the organization's benefit and ether particles turnished the organization's benefit and ether particles turnished the organization is take semiple purposes.       147, 558. 137, 664. 107, 000. 87, 428. 96, 131. 575, 781. 78, 597, 781. 78, 692. 54, 339. 45, 156. 31, 000. 33, 653. 242, 840. 78, 692. 54, 339. 45, 156. 31, 000. 33, 653. 242, 840. 78, 692. 54, 339. 45, 156. 31, 000. 33, 653. 242, 840. 78, 692. 54, 339. 45, 156. 119, 446. 131, 772. 843, 850. 78, 400. 79, 400. 79, 4   |      | include any "unusual grants.")  | 8,476.                                     | 9,722.               | 4,025.          | 1,018.   | 1,988.   | 25,229.                       |  |  |
| a Gross receipts from activities that<br>are not nurrelated trade to the<br>responded on its behalf       78,692.       54,339.       45,156.       31,000.       33,653.       242,840.         4 Tax revenues levied for the organ-<br>ization's benefit and ether part to<br>or expended on its behalf       78,692.       54,339.       45,156.       31,000.       33,653.       242,840.         6 Total. Add lines 1 through 5       78,692.       54,339.       45,156.       31,000.       33,653.       242,840.         7 a Amounts included on lines 1,2, and<br>3 received from disputified persons       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         2 Add lines 7 and 7b.       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         3 Gross income from interest,<br>diverse to separt the interest,<br>diverse to separt to separt interest,<br>diverse to separt interest,<br>diverse to respert to respert to separt interest,<br>diverse to respert to respert to respect to separt interest,<br>diverse to respert to respect to r  | 2    | merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the                        | 147,558.                                   | 137,664.             | 107,000.        | 87,428.  | 96,131.  | 575,781.                      |  |  |
| are not an unrelated trade or business and reserved from dispatibility of the organization's benefit and either paid to or expended on its behalf       78,692.54,339.45,156.31,000.33,653.242,840.         4       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       234,726.201,725.156,181.119,446.131,772.843,850.         5       The value of services or facilities furnished by a governmental num to the organization without charge       234,726.201,725.156,181.119,446.131,772.843,850.         6       Total. Add lines 1 through 5       0.         0.4 Dimes 7 and 70       0.0         0.4 Dimes 7 and 70       0.0         0.4 Dimes 7 and 70       0.0         0.5 Dividi Support.       0.0         0.6 Dividi Support.       0.0         0.7 Costs income from line 6.0       0.0         0.8 Public support. Userging in Proceeded on sets behave a beginning in Proceeded on sets behave a beha   | 3    | •   | ,  | ,                    |                 |          |          |                               |  |  |
| 4 Tax revenues levied for the organization's benefit and either pad to         or expended on its behalf         more than 20 of its behalf         more than 2   | Ū    | are not an unrelated trade or bus-  | 78 692                                     | 51 339               | 15 156          | 31 000   | 33 653   | 242 840                       |  |  |
| is the original of the product of expended on its behalf       is the original of expended on its behalf         5 The value of services or facilities furnished by a governmental unit to the originalization without charge       is the originalization without charge         6 Total. Add lines 1 through 5       is calved of on disqualified persons         b Amounts included on lines 1, 2, and 3 received throm disqualified persons that execute through the throm of the disqualified persons that execute through the throm of the disqualified persons that execute through the throm of the disqualified persons that execute through the throm of the disqualified persons that execute throm the distribution of the distribution distret the distribution o  |      |   | 10,092.                                    | 54,559.              | 45,150.         | 51,000.  | 55,055.  | 242,040.                      |  |  |
| furnished by a governmental unit to the organization without charge is to residue on lines 1, 2, and 3 received from disqualified persons       234, 726. 201, 725. 156, 181. 119, 446. 131, 772. 843, 850.         7a Amounts included on lines 1, 2, and 3 received from disqualified persons       0.       0.         b Amounts included on lines 2 ard 3 received from disqualified persons       0.       0.         b Amounts included on lines 2 ard 3 received from disqualified persons       0.       0.         c Add lines 7 and 7b       0.       0.       0.         8 Public support. Galaktium Ztemi Height       0.       0.       0.         9 Amounts included on lines 1, 2, and 7b       0.       0.       0.         9 Amounts from line 6 rest.       0.       0.       0.         9 Amounts included on lines 1, 2, and 7b       0.       0.       0.         9 Amounts include on lines 2 ard 3 received on securities loars, rents, royallies, and income from interest.       0.0       0.       0.         10 Gross income from interest.       0.0       0.0       0.0       0.       0.         10 Add lines 10 and 10b       1.0       0.0       0.0       0.0       0.         11 Net income. Bor on include gain or to set organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       0.0       0.   | 4    | ization's benefit and either paid to  |  |                      |                 |          |          |                               |  |  |
| 6       Total. Add lines 1 through 5       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         7a Amounts included on lines 1, 2, and<br>3 received from disqualified persons<br>to mother indequalified persons that<br>exceed the grader of Sto0 or Wo The<br>amounts included on lines 2 and 3 received<br>to mother indequalified persons that<br>exceed the grader of Sto0 or Wo The<br>amounts included on lines 2 and 3 received<br>to mother indequalified persons that<br>exceed the grader of Sto0 or Wo The<br>amounts included on lines 2 and 3 received<br>to mother indequalified persons that<br>exceed the grader of Sto0 or Wo The<br>amounts include on lines 2 and 3 received<br>to the submet interest,<br>dividends, payments received on<br>securites loans, rents, royalites,<br>and income from interest,<br>dividends, payments received on<br>securites loans, rents, royalites,<br>and income from interest,<br>dividends, payments received on<br>securites loans, rents, royalites,<br>and income from interest,<br>dividends, payments received on<br>securites loans, rents, royalites,<br>and income from interest,<br>dividends, payments received on<br>securites loans, rents, royalites,<br>and income from interest,<br>dividends for 11 Net income from unrelated business<br>activities not include do into 10b,<br>whether or not the business is<br>regularly carried on<br>12 Other income. Do not include grin<br>or loas from the sale of capital<br>assets (Explain in Part VI).       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         14       First 5 years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here       1       1       1       0.0.00       9         5       Public support p  | 5    | furnished by a governmental unit to   |  |                      |                 |          |          |                               |  |  |
| 7a Amounts included on lines 1, 2, and<br>3 received from disqualified persons       0.         6 Amounts included on lines 1, 2, and<br>b Amounts included relines 2 and 3 received<br>from other than disqualified persons that<br>exceed the grader of 50.00 or 160 the<br>amounts rollines 13 to the year       0.         6 Add lines 7a and 7b       0.         7 Add lines 7a and 7b       0.         8 Public support.       0.         Calendar year (of fisal year beginning in) ><br>9 Amounts from line 6       0.2017         9 Amounts from line 6       0.2324, 726.         10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatlies,<br>and income from similar sources<br>agained fater June 30, 1975       234, 726.         11 Net income from unrelated business<br>agained fater June 30, 1975       234, 726.       201, 725.       156, 181.       119, 446.       131, 772.       843, 850.         12 Other income, from nurelated business<br>agained fater June 30, 1976       234, 726.       201, 725.       156, 181.       119, 446.       131, 772.       843, 850.         13 Total support, (datilews, is ro, it, and 12)       234, 726.       201, 725.       156, 181.       119, 446.       131, 772.       843, 850.         14 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here       234, 726.       201, 725.       156, 181. <td< td=""><td>6</td><td>• • …</td><td>234 726.</td><td>201 725.</td><td>156 181.</td><td>119 446.</td><td>131 772.</td><td>843 850.</td></td<>   | 6    | • • …   | 234 726.                                   | 201 725.             | 156 181.        | 119 446. | 131 772. | 843 850.                      |  |  |
| 3 received from disqualified persons       0.         b Amounts included on lines 2 and 3 received       0.         b Amounts included on lines 2 and 3 received       0.         c Add lines 7 and 7 b       0.         a Public support. Summerications from line 6       0.         Section B. Total Support       843,850.         Section B. Total Support       (d) 2020       (e) 2021       (f) Total         9 Amounts include 7 time line 10.       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         10a Gross income from interest.       dividends, payments received on securities loans, rents, royalties, and income from similar sources.       0. <td< td=""><td></td><td>-</td><td>234,720.</td><td>201,723.</td><td>150,101.</td><td>119,4400</td><td>131,772.</td><td>040,0000</td></td<>  |      | -   | 234,720.                                   | 201,723.             | 150,101.        | 119,4400 | 131,772. | 040,0000                      |  |  |
| b Amounts included on lines 2 and 3 resided<br>tom dort hand disquilled poses that<br>second the graiter of \$3,000 or 1% of the<br>amount on line 3 for the year       0.         c Add lines 7a and 7b       0.         8 Public support.       843,850.         Section B. Total Support       843,850.         Calendar year (or fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       0.       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         10a Gross income from interest,<br>dividends, payments received on<br>securities clans, rents, royalties,<br>and income from similar sources       a  | 1 d  |   |  |                      |                 |          |          | 0                             |  |  |
| c Add lines 7a and 7b       0.         8 Public support.       843,850.         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         10a Gross income from similar sources       and income from similar sources       and income from similar sources       and income from similar sources         b Unrelated business taxable income       (es section 511 taxes) from businesses activities of ans.rents, royalities, and fincome       and income         (es section 511 taxes) from businesses activities on include gain or loss from the sale of capital assets (Explain in Part VI).       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         11 Net income from similar Sources       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Section C. Computation of Public Support P   | b    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the |  |                      |                 |          |          |                               |  |  |
| 8       Public support. (saturative 7, tran line 6)       843,850.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Of fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Of across income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources acquired after June 30, 1975       234, 726.       201, 725.       156, 181.       119, 446.       131, 772.       843, 850.         Of the income from multime sources acquired after June 30, 1975       c <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |      |   |  |                      |                 |          |          |                               |  |  |
| Section B. Total Support         Calendar year (or fiscal year beginning in) >         9 Amounts from line 6         109 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatiles,<br>and income from similar sources         b Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975         c Add lines 10a and 10b         11 Net income from miles 0 to not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI).         12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI).         13 Total support. (Add lines 0, tot, 11, and 12)         234, 726. 201, 725. 156, 181. 119, 446. 131, 772. 843, 850.         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here         55 Cetion C. Computation of Public Support Percentage         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       100.00 %         16 Public support percentage for 2021 column (f), divided by line 13, column (f))       17       .00 %         17 Investment income percentage for 2021 checkule A, Part III, line 17       .01 %         18 investment income percentage for 2020 Schedule A, Part III, line 17       .01 %         19 3 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 i  |      |   |  |                      |                 |          |          |                               |  |  |
| Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         10a Gross income from similar sources and income from similar sources       b       11       11       11       11       11       11       11       12       11  |      |   |  |                      |                 |          |          | 843,850.                      |  |  |
| 9 Amounts from line 6       234,726.       201,725.       156,181.       119,446.       131,772.       843,850.         10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       201,725.       156,181.       119,446.       131,772.       843,850.         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       c       c       dividends, payments received on the 10b, whether or not the business are acquired after June 30, 1975       c       dividends on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularl  |      |   | 1  | Γ                    | Γ               |          | 1        |                               |  |  |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatiles,<br>and income from similar sources       Image: Complexity of the complex  |      |   | (a) 2017                                   | (b) 2018             | (c) 2019        | (d) 2020 | (e) 2021 | (f) Total                     |  |  |
| and income from similar sources  |      | Gross income from interest,<br>dividends, payments received on  | 234,/20.                                   | 201,725.             | 156,181.        | 119,446. | 131,//2. | 843,850.                      |  |  |
| (less section 511 taxes) from businesses<br>acquired after June 30, 1975   |      |   |  |                      |                 |          |          |                               |  |  |
| c Add lines 10a and 10b       Image: Constraint of the provided system of  | b    | (less section 511 taxes) from businesses  |  |                      |                 |          |          |                               |  |  |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on       12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       234,726.201,725.156,181.119,446.131,772.843,850.         13 Total support. (Add lines 9, 10c, 11, and 12.)       234,726.201,725.156,181.119,446.131,772.843,850.         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       >         5 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15 100.00 %         16 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       17 0.00 %         18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17 0.00 %         18 Investment income percentage for 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   |      | · · · · · · · · · · · · · · · · · · ·   |  |                      |                 |          |          |                               |  |  |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       234,726.201,725.156,181.119,446.131,772.843,850.         13 Total support. (Add lines 9, 10c, 11, and 12.)       234,726.201,725.156,181.119,446.131,772.843,850.         14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,<br>check this box and stop here       ▶□         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       100.00 %         16 Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99 %         Section D. Computation of Investment Income Percentage       17       .00 %         17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .00 %         18 Investment income percentage from 2020 Schedule A, Part III, line 17       .00 %         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<br>more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1X         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<br>line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       1X   |      | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is                          |  |                      |                 |          |          |                               |  |  |
| <ul> <li>13 Total support. (Add lines 9, 10c, 11, and 12.) 234, 726. 201, 725. 156, 181. 119, 446. 131, 772. 843, 850.</li> <li>14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</li> <li>Section C. Computation of Public Support Percentage</li> <li>15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))</li> <li>15 100.00 %</li> <li>16 99.99 %</li> <li>Section D. Computation of Investment Income Percentage</li> <li>17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</li> <li>17 .00 %</li> <li>18 Investment income percentage for 2020 Schedule A, Part III, line 17</li> <li>18 .01 %</li> <li>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</li> <li>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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>  | 12   | or loss from the sale of capital  |  |                      |                 |          |          |                               |  |  |
| 14       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       100.00 %         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99 %         Section D. Computation of Investment Income Percentage       17       .00 %         18       Investment income percentage from 2020 Schedule A, Part III, line 17       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       Image: State St  | 13   |   | 234,726.                                   | 201,725.             | 156,181.        | 119,446. | 131,772. | 843,850.                      |  |  |
| check this box and stop here       ▶         Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       100.00 %         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99 %         Section D. Computation of Investment Income Percentage       17       10       00 %         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       00 %         18       Investment income percentage from 2020 Schedule A, Part III, line 17       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       ▶       X         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       ▶       X  |      | ••  |  |                      | •               |          |          | on,                           |  |  |
| Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       100.00 %         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99 %         Section D. Computation of Investment Income Percentage       17       .00 %         17       Investment income percentage from 2020 Schedule A, Part III, line 17       17       .00 %         18       Investment income percentage from 2020 Schedule A, Part III, line 17       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       X         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       X   |      | check this box and <b>stop here</b>   | ~<br>· · · · · · · · · · · · · · · · · · · |                      |                 |          |          | ·····                         |  |  |
| 16       Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99       %         Section D. Computation of Investment Income Percentage         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       Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2" Schedule A, Part III, line 15         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       Image: Colspan="2">Image: Colspan="2" Colspan="2" Schedule A, Part III, line 17         19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 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       Image: Colspan="2">Image: Colspan="2" Colspan="2" Schedule A, Part III, line 17  | Sec  |   | c Support Per                              |                      |                 |          |          | ·                             |  |  |
| 16       Public support percentage from 2020 Schedule A, Part III, line 15       16       99.99       %         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       Image: X         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       Image: X   | 15   | Public support percentage for 2021 (I   | ine 8, column (f), d                       | ivided by line 13, c | column (f))     |          | 15       | 100.00 %                      |  |  |
| 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   |      |   |  |                      |                 |          |          |                               |  |  |
| <ul> <li>17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</li> <li>18 Investment income percentage from 2020 Schedule A, Part III, line 17</li> <li>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</li> <li>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</li> </ul>   |      |   |  |                      |                 |          |          |                               |  |  |
| 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   |   |  |                      |                 |          |          |                               |  |  |
| <ul> <li>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</li> <li>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</li> </ul>   |      |   |  | <b>D 1 1 1 1 1</b>   |                 |          |          |                               |  |  |
| more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization<br><b>b</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 <b>stop here.</b> The organization qualifies as a publicly supported organization<br>line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |      |   |  |                      |                 |          |          | /-                            |  |  |
| <b>b</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

## 23-1917776 Page 4

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> <b>Part VI</b> <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<br>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.<br>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> <b>P</b> | 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<br>(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<br>(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

| chedule A | Eorm | aan | 202- |
|-----------|------|-----|------|
| 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 <b>3</b>                   |  |   |
| 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)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>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<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D,<br>Section D, lines 5, 6, and<br>(See instructions.) | mation. P<br>, 2, 3b, 3c, 4<br>lines 2 and 3 | rovide the exp<br>b, 4c, 5a, 6, 9a<br>3; Part IV, Sect | lanations requ<br>a, 9b, 9c, 11a,<br>ion E, lines 1c | ired by Part II, line<br>11b, and 11c; Pa<br>, 2a, 2b, 3a, and 3 | e 10; Part II, line 17a c<br>rt IV, Section B, lines<br>3b; Part V, line 1; Part | or 17b; Part III, line 12;<br>1 and 2; Part IV, Section<br>V, Section B, line 1e; Par | C.     |
|            |   |  |  |  |  |  |   |        |
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| 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   |                            |                            |                                 |
| <b>L</b> | 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>      |           | <sub>ge</sub> 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  | <b>(e)</b> 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:   |                                 |               |              |                       |                           | - <b>J</b>  |            | <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<br>basis (investr |               | .,           | t or other<br>(other) | ( <b>c)</b> Accu<br>depre | umulate     | ed         | <b>(d)</b> 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" (<br>(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           |
| <ul> <li>(1) Financial derivatives</li> <li>(2) Cleasely held equity interacts</li> </ul>  |                            |                                      |                               |
| (2) Closely held equity interests  |                            |                                      |                               |
| (3) Other  |                            |                                      |                               |
| (A)<br>(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)<br>(7)   |                            |                                      |                               |
| (7)  |                            |                                      |                               |
| (7)<br>(8)   |                            |                                      |                               |
| (7)<br>(8)<br>(9)  | 15.)                       |                                      | 682,255.                      |
| (7)<br>(8)   | 15.)                       | ►                                    | 682,255.                      |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line   |                            |                                      | 682,255.                      |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" (Complete if the organization of liability)   |                            |                                      | 682 , 255 .<br>(b) Book value |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability   |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability   |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)                                    |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)                             |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)                      |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)               |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)        |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7) |                            |                                      |                               |
| (7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)<br>(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

# 23-1917776 Page 3

#### 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                 | . <b>4</b> 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<br>(Form 990)  | Go                    | Grants and Oth<br>vernments, an<br>lete if the organizatio | nd Individual            | s in the Uni                                  | ted States  |                                       | OMB No. 1545-0047                            |
|---|-----------------------|--|--------------------------|---|---|---------------------------------------|--|
| Department of the Treasury<br>Internal Revenue Service  | •                     | -  | Attach to For            | m 990.  |   |                                       | Open to Public<br>Inspection                 |
| Name of the organization  |                       | s Auxiliary  | s.gov/Form990 fo         | r the latest inform                           | lation.   |                                       | Employer identification number<br>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<br>Part II Grants and Other Assistance to<br>recipient that received more than  | Domestic Organi       | zations and Domestic                                       | <b>Governments.</b> C    | Complete if the orga                          | anization answered "א   | es" on Form 990, Parl                 | IV, line 21, for any                         |
| <b>1 (a)</b> Name and address of organization or government   | (b) EIN               | (c) IRC section<br>(if applicable)                         | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance        |
| Temple University Hospital<br>3509 N. Broad Street – Room 936<br>Philadelphia, PA 19140   | 23-2825878            | 501(c)(3)  | 15,000.                  | 0.  |   |                                       | Restricted Donation - To<br>be determined    |
|   |                       |  |                          |   |   |                                       |  |
|   |                       |  |                          |   |   |                                       |  |
|   |                       |  |                          |   |   |                                       |  |
|   |                       |  |                          |   |   |                                       |  |
|   |                       |  |                          |   |   |                                       |  |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul> | 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

23-1917776

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-<br>cash assistance | <b>(e)</b> Method of valuation<br>(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.                                    |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
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|  |                          |                          |                                       |   |                                       |
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|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |

**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.  |                   |
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| SCHEDULE O<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service  | Supplemental Information to Form 990 or 990-<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ.<br>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:<br>Francesca and George Weyhmuller are married to each other.   |   |   |  |  |  |  |  |
| Form 990, Part VI, Section A, line 6:<br>The voting members of the Auxiliary are the members of the Executive<br>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<br>Executive Committee of the Board of Governors of Temple University Hospital<br>elect the Board of Directors of the Auxiliary. |   |   |  |  |  |  |  |
| Form 990, Part VI, Section A, line 7b:<br>The prior approval of the Board of Governors of Temple University Hospital  |   |   |  |  |  |  |  |
|   | for altering, amending, repealing or replacing<br>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<br>Name of the organization | Page 2<br>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.                                |
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| 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.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>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

23-1917776 Page 2

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<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated, income<br>excluded from tax under<br>sections 512-514) | Share of<br>end-of-year<br>assets | Disproportionate allocations? |     | Code V-UBI<br>amount in box<br>20 of Schedule | Genera<br>manag<br>partne | or Percentage<br><sup>ng</sup> 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

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | Sec<br>512(I<br>conti<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>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)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>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)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners s<br>501(c)(3<br>orgs.?<br>Yes N | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (r<br>Disprotion<br>allocat<br>Yes | )<br>opor-<br>ate<br>ions?<br><b>No</b> | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General o<br>managin<br>partner?<br>Yes No | (k)<br>Percentage<br>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.