

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing fields B through M: B Check if applicable, C Name of organization (Temple University Hospital, Inc.), D Employer identification number (23-2825878), E Telephone number (215-707-6686), F Name and address of principal officer (Michael DiFranco), G Gross receipts (\$2,905,585,865), H(a) Is this a group return (Yes X No), H(b) Are all subordinates included? (Yes No), I Tax-exempt status (X 501(c)(3)), J Website (http://tuh.templehealth.org), K Form of organization (X Corporation), L Year of formation (1995), M State of legal domicile (PA).

Part I Summary

Table with 3 main sections: 1. Activities & Governance (lines 1-7b), 2. Revenue (lines 8-12), 3. Expenses (lines 13-19), 4. Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Signature block fields: Sign Here (Signature of officer: Michael DiFranco, Assistant Treasurer; Date: 5/8/2026), Paid Preparer Use Only (Preparer's name, signature, date, PTIN; Firm's name, EIN, address, phone no.).

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

Our mission is to support Temple University and its Health Sciences Center academic programs by providing the clinical environment and

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,346,642,396. including grants of \$ 74,926,876. ) (Revenue \$ 2,574,187,207. ) See Schedule O

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

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

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

4e Total program service expenses 2,346,642,396.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. Marked 'X' in Yes/No columns indicate completion.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [X] 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 financial 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
Michael DiFranco - 2157076686
3509 N. Broad Street, Philadelphia, PA 19140

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Young Director	2.00 48.00	X					0.	2,094,243.	42,028.	
(2) Abhinav Rastogi President & CEO	45.00 5.00			X			1,127,472.	0.	49,401.	
(3) John Ryan Secretary	2.00 48.00			X			0.	840,578.	50,704.	
(4) Daniel del Portal Chief Clinical Officer	48.00 2.00				X		490,516.	0.	54,939.	
(5) Chaudron Carter Chief Nurse Executive	50.00 0.00				X		493,381.	0.	49,565.	
(6) Patrick Schmincke Chief Operating Officer	50.00 0.00			X			479,307.	0.	48,962.	
(7) Rebecca Armbruster Chief Medical Officer	50.00 0.00				X		464,952.	0.	61,770.	
(8) Susan Coull Chief GME Officer	50.00 0.00				X		405,518.	0.	45,668.	
(9) Christopher Snyder Treasurer	2.00 48.00			X			0.	399,783.	47,462.	
(10) Steven Carson SVP Population Health	50.00 0.00					X	422,928.	0.	15,046.	
(11) Michael DiFranco Asst Treasurer	2.00 48.00			X			0.	382,261.	50,978.	
(12) Matthew Shelak Executive Director	49.00 1.00					X	406,246.	0.	26,887.	
(13) Joseph Kosich AVP Health Info Management	50.00 0.00					X	361,933.	0.	46,320.	
(14) Shidong Li Chief Physicist	50.00 0.00					X	353,960.	0.	48,571.	
(15) John Robison Executive Director	48.00 2.00					X	350,972.	0.	45,923.	
(16) John A. Fry Director	2.00 48.00	X					0.	320,667.	3,931.	
(17) Timothy Cyphers Asst Treasurer	2.00 48.00			X			0.	166,000.	36,273.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Tausha Saunders Asst Secretary	2.00 48.00			X				0.	189,946.	375.
(19) Amy Montour Asst Secretary	2.00 48.00			X				0.	17,848.	0.
(20) Sandra Harmon-Weiss Chair	2.00 7.00	X		X				0.	0.	0.
(21) John W. Meacham Vice Chair	2.00 2.00	X		X				0.	0.	0.
(22) Eleanor Reinhardt Director	2.00 5.00	X						0.	0.	0.
(23) Janet Yeomans Director	2.00 0.00	X						0.	0.	0.
(24) Jerome Kline Director	2.00 0.00	X						0.	0.	0.
(25) Dr. Eugene M. Smolens Director	2.00 0.00	X						0.	0.	0.
(26) Michael Bradshaw Director	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,357,185.	4,411,326.	724,803.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,357,185.	4,411,326.	724,803.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2,360

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University Health System, 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	207,235,311.
Temple Faculty Practice Plan, Inc, 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	152,683,321.
Temple University, 400 Carnell Hall, 1803 N Broad Street, Philadelphia, PA 19121	Purchased Services, Strategic Support	141,177,295.
Fox Chase Medical Group Inc., 3509 N Broad Street, No. 936, Philadelphia, PA 19140	Physicians, Related Organization	29,053,659.
Omnicell Specialty Pharmacy Services, Inc, 1620 W Northwest Hwy Ste 100, Grapevine,	Professional Fees	9,794,265.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 75

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,403,928.				
	<b>d</b> Related organizations	<b>1d</b>	59,374,012.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	14,526,271.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	45,686.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 45,686.				
	<b>h Total.</b> Add lines 1a-1f		75,349,897.				
	Program Service Revenue	<b>2 a</b> Patient Service Revenue	Business Code 621110	2,556,196,955.	2,556,196,955.		
<b>b</b> Parking Fees		812930	5,574,047.	5,574,047.			
<b>c</b> Cafeteria Sales		722514	4,742,443.	4,742,443.			
<b>d</b> Rent from Tax Exempt A		531120	3,629,952.	3,629,952.			
<b>e</b>							
<b>f</b> All other program service revenue		900099	4,043,810.	4,043,810.			
<b>g Total.</b> Add lines 2a-2f			2,574,187,207.				
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		68,917,721.			68,917,721.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	187,001,642.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	176,158,140.				
	<b>c</b> Gain or (loss)	<b>7c</b>	10,843,502.				
<b>d</b> Net gain or (loss)		10,843,502.			10,843,502.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,403,928. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		129,398.				
<b>b</b> Less: direct expenses	<b>8b</b>		896,803.				
<b>c</b> Net income or (loss) from fundraising events			-767,405.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
	<b>12 Total revenue.</b> See instructions			2,728,530,922.	2,574,187,207.	0.	78,993,818.

**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 response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	74,926,876.	74,926,876.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,014,972.		4,014,972.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	616,622,115.	597,866,342.	18,755,773.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,130,145.	35,000,427.	1,129,718.	
<b>9</b> Other employee benefits .....	104,401,044.	97,199,901.	7,201,143.	
<b>10</b> Payroll taxes .....	45,196,077.	43,560,003.	1,636,074.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,322,845.		805,166.	517,679.
<b>b</b> Legal .....	1,457,832.	210,206.	1,247,626.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	710,177,397.	480,696,390.	229,481,007.	
<b>12</b> Advertising and promotion .....	4,622,377.	227,144.	4,395,233.	
<b>13</b> Office expenses .....	748,821,582.	737,453,856.	11,367,726.	
<b>14</b> Information technology .....	3,469,980.	3,459,332.	10,648.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	35,383,255.	29,383,390.	5,999,865.	
<b>17</b> Travel .....	2,380,275.	2,264,868.	115,407.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	-268,489.	-276,738.	8,249.	
<b>20</b> Interest .....	14,135,767.	11,991,906.	2,143,861.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	36,373,937.	28,794,844.	7,579,093.	
<b>23</b> Insurance .....	103,149,524.	98,871,118.	4,278,406.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> Tax Assessment	84,050,703.	84,050,703.		
<b>b</b> Equipment Rental and Ma	21,445,397.	19,573,987.	1,871,410.	
<b>c</b> Other Expenses	5,505,101.	1,387,841.	4,117,260.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,653,318,712.	2,346,642,396.	306,158,637.	517,679.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	53,996,173.	<b>1</b>	43,207,594.
	<b>2</b> Savings and temporary cash investments .....	257,695.	<b>2</b>	1,097,948.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	400,601,460.	<b>4</b>	460,778,112.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	39,787,109.	<b>8</b>	40,491,263.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 978,462,621.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 689,171,117.		
	<b>11</b> Investments - publicly traded securities .....	257,321,428.	<b>10c</b>	289,291,504.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	562,077,903.	<b>11</b>	630,172,366.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	117,885,132.	<b>12</b>	126,572,059.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	177,409,430.	<b>14</b>	173,751,542.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,609,336,330.	<b>15</b>	1,765,362,388.	
<b>17</b> Accounts payable and accrued expenses .....	190,824,562.	<b>16</b>	199,624,916.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	11,551,349.	<b>23</b>	8,108,771.	
<b>25</b> 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 .....	602,299,089.	<b>24</b>	656,240,884.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	804,675,000.	<b>25</b>	863,974,571.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	728,341,737.	<b>26</b>	815,868,274.
	<b>28</b> Net assets with donor restrictions .....	76,319,593.	<b>27</b>	85,519,543.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	804,661,330.	<b>31</b>	901,387,817.
<b>33</b> Total liabilities and net assets/fund balances .....	1,609,336,330.	<b>32</b>	1,765,362,388.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,728,530,922.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,653,318,712.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	75,212,210.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	804,661,330.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,879,649.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	16,634,628.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	901,387,817.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 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.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		



**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

	(a) Donor advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,088,171.	59,980,502.	56,829,130.	65,275,542.	54,564,472.
b Contributions					
c Net investment earnings, gains, and losses	3,219,091.	4,107,669.	3,151,372.	-8,446,413.	10,711,070.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	67,307,263.	64,088,171.	59,980,502.	56,829,130.	65,275,542.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,199,829.		6,199,829.
b Buildings		483,282,669.	355,465,413.	127,817,256.
c Leasehold improvements				
d Equipment		434,302,611.	331,213,730.	103,088,881.
e Other		54,677,512.	2,491,974.	52,185,538.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				289,291,504.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Clarion Lion Properties Fund	63,595,095.	End-of-Year Market Value
(B) Davidson Kempner Capital Management	62,966,797.	End-of-Year Market Value
(C) FCOI II Holdings, L.P.	10,167.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	126,572,059.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" 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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Self-Insurance Assets	9,986,688.
(2) Assets Held in Perpetual Trust	65,405,623.
(3) Due From Affiliated Companies	66,297,779.
(4) Other Assets	32,061,452.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	173,751,542.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Self-Insurance Program Liability	116,303,055.
(3) Reserve Liability	40,336,388.
(4) Long-Term Debt, Intercompany	216,264,173.
(5) Other Liabilities	47,312,174.
(6) Due to Affiliated Companies	234,814,277.
(7) Estimated Settlements, 3rd Party Payers	1,210,817.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	656,240,884.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part 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.

Part V, line 4:

The endowment funds will be used for capital purposes, maintenance of the Liacouras Garden, appreciation awards to "Non-Professional" Employees and to cover the cost of unreimbursed care for the prevention and treatment of crippling diseases in children.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> Temple University Hospital, Inc.	<b>Employer identification number</b> 23-2825878
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1)			30,510,993.		30,510,993.	1.15%
<b>b</b> Medicaid (from Worksheet 3, column a)		244,647	1106976278.	1051067768.	55,908,510.	2.11%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial assistance and means-tested government programs		244,647	1137487271.	1051067768.	86,419,503.	3.26%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	520	231,212	11,295,528.	3,473.	11,292,055.	.43%
<b>f</b> Health professions education (from Worksheet 5)			198,258,797.	45,338,591.	152,920,206.	5.76%
<b>g</b> Subsidized health services (from Worksheet 6)		59,049	89,965,205.	45,936,073.	44,029,132.	1.66%
<b>h</b> Research (from Worksheet 7)			2,000,000.		2,000,000.	.08%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			4,000,000.		4,000,000.	.15%
<b>j Total.</b> Other benefits	520	290,261	305,519,530.	91,278,137.	214,241,393.	8.08%
<b>k Total.</b> Add lines 7d and 7j	520	534,908	1443006801.	1142345905.	300,660,896.	11.34%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: Facility Reporting Group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 6

	Yes	No
<b>Community Health Needs Assessment (CHNA)</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.templehealth.org/locations/temple-university-hospital</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 25</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," list url: <u>www.templehealth.org/locations/temple-university-hospital</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: Facility Reporting Group A

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>100</u> % for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.templehealth.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.templehealth.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: Facility Reporting Group A

	Yes	No
<p><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	X	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p><b>a</b> <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: Facility Reporting Group A

	Yes	No
<p><b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	X
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## Facility Reporting Group A

Part V, line 16c, FAP Plain Language Summary website:

<https://www.templehealth.org>

## Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: Temple University Hospital, Inc
- Facility 3: Temple Univ. Hosp @ Episcopal Campus
- Facility 4: Northeastern Ambulatory Care Center
- Facility 5: Temple Univ Hosp Infusion Rm @Fox Chase Cancer
- Facility 2: Temple University Hospital @ Jeanes Campus
- Facility 6: Temple Women & Families Hospital

## Group A-Facility 1 -- Temple University Hospital, Inc

Part V, Section B, line 5: In conducting its Community Health Needs Assessment (CHNA), Temple University Hospital considered input from representatives of the community served by its facility, including those with special knowledge or expertise in public health. Our processes, as well as the persons with whom Temple University Hospital consulted are set forth on pages 19-43 of its 2022 CHNA posted in plain view on the hospital's website at

<https://www.templehealth.org/sites/default/files/inline-files/2022%20rCHNA-TempleUniversityHospital.pdf> . Although a broad CHNA was conducted with regional partners, the needs of our specific communities served are reflected on pages 33-43.

## Group A-Facility 1 -- Temple University Hospital, Inc

Part V, Section B, line 11: Temple University Hospital is addressing most needs identified in our CHNA. Our approach to addressing additional needs is identified in our CHNA Implementation strategy on pages 23-25 , which is posted in plain view on the hospital's websites at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health> .

## Group A-Facility 2 -- Temple University Hospital @ Jeanes Camp

Part V, Section B, line 5: Refer to Facility 1 description.

## Group A-Facility 2 -- Temple University Hospital @ Jeanes Camp

Part V, Section B, line 11: Refer to Facility 1 description.

## Group A-Facility 3 -- Temple Univ. Hosp @ Episcopal Campus

Part V, Section B, line 5: Refer to Facility 1 description.

## Group A-Facility 3 -- Temple Univ. Hosp @ Episcopal Campus

Part V, Section B, line 11: Refer to Facility 1 description.

## Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 5: Refer to Facility 1 description.

## Group A-Facility 4 -- Northeastern Ambulatory Care Center

Part V, Section B, line 11: Refer to Facility 1 description.

## Group A-Facility 5 -- Temple Univ. Hosp Infusion Rm @Fox Chase

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, line 5: Refer to Facility 1 description.

Group A-Facility 5 -- Temple Univ. Hosp Infusion Rm @Fox Chase

Part V, Section B, line 11: Refer to Facility 1 description.



**Part VI Supplemental Information**

Provide the following information.

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

Part I, Line 7:

As set forth in the Temple University Health System Department of Finance Policies and Procedures (TUHS-FIN 302), it is the policy of Temple University Health System to provide all necessary urgent and emergent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Temple University Health System (TUHS) that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances is in effect to insure maximum collections. All patients have the option to apply for the TUHS Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist TUHS in qualifying them for financial assistance. TUH Inc.'s cost to charge ratio for Part 1, lines 7a through 7d is derived by total expenses divided by the total gross charges.

Part I, Line 7g:

Temple University Hospital invested about \$44 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well the inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Part II, Community Building Activities:

Temple University Hospital engages in many community building activities throughout the year. These activities, separate from our "community health improvement" activities, advance the health or safety of the neighborhoods we serve.

A summary of our community building and other community benefit activities is provided in our Community Benefit Report posted in plain view on our hospital's website at <https://www.templehealth.org/locations/temple-university-hospital/about/community-health>

**Part VI** Supplemental Information (Continuation)

## COMMUNITY SUPPORT.

(1) Emergency Preparedness and Research: This program helps ensure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care under the most austere conditions. This program is a critical link in federal, state, and local disaster response plans. Our Emergency Preparedness Department participates in three local committees, including the North Philadelphia Emergency Healthcare Support Zone, the Regional Hospital Subcommittee, and the Emergency Support Function-8 Work Group. These committees focus on creation of drills, policy development, and continuing education.

(2) Employee Community Engagement: Temple University Hospital facilitates a variety of engagement initiatives throughout the year, including drives for new coats and clothing, holiday gifts, food, and school supplies intended to assist low-income families within our communities. The hospital is committed to supporting local public schools, recognizing that many families face challenges in acquiring cold weather attire and essential school supplies.

(3) At Your Service: Temple University Hospital's volunteer intern program connects undergraduate students with interest in medical careers who engage in non-clinical rounding on inpatient and outpatient units and interact with patients and families. Interns gain familiarity with hospital settings while enhancing the experience of patients and visitors.

(4) Support for Early Learning: Temple University Hospital's Episcopal Campus provides facility use for the charitable purpose of providing early learning education for low-income children with intellectual and developmental disabilities.

(5) Hospital to Housing: As a key partner in the Estadt-Lubert Collaborative for Housing and Recovery, Temple University Hospital is collaborating with Project Home to tackle the opioid crisis affecting the Kensington community. This joint effort aims to bridge gaps in care and support a smooth transition from hospital discharge to temporary housing for people experiencing homelessness.

## WORKFORCE DEVELOPMENT

(1) Investment in Community Healthcare Workforce: In collaboration with the District Council 1199C Training and Upgrade Fund, this initiative enhances the local healthcare workforce by providing targeted skills development essential for delivering high-quality care. The program offers comprehensive training and educational opportunities to community residents, equipping them to thrive in an evolving healthcare environment. About half of the participants are union members, while the remainder come from the broader community, including individuals who have been laid off or are receiving public assistance. Career pathway options cover nursing, behavioral health, allied health, childcare, and health IT. Educational services include GED preparation and testing, ESL courses, and safety training.

(2) TEACH High School Mentorship: Our Technical Education and Careers in Healthcare (TEACH) collaborative with the Philadelphia School District

**Part VI Supplemental Information** (Continuation)

provides paid internships for high school seniors. We recruit from local schools and introduce students to roles in outpatient rehabilitation, supply chain, dietary, patient transport, and environmental services. We provide on the job training and help develop resume and interview skills. After completing their first semester, interns have an option to return for a second semester with a goal of employment upon graduation.

(3) Community Health Worker Program: In partnership with Temple University's Center for Social Policy and the Philadelphia Workforce Development Corporation, this program trains unemployed members of our community to become Community Health Workers. Through this program, we help residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes, and cost.

(4) Learn to Earn: Through unique partnerships with external job-training organizations who provide free instruction and certifications, we recruit local community members as medical assistants, pharmacy technicians, and information technology professionals.

(5) Nursing Scholars Program: Operated through innovative partnerships, this program provides students applying to or enrolled in an RN or CRNA program with up to \$40,000 of loan sponsorship if they commit to working for Temple Health upon graduation.

## Part III, Line 2:

Effective July, 1, 2018, the Health System adopted a new revenue recognition accounting standard that resulted in significant changes to the methodology for reporting bad debt expense. Under the previous standard, estimates for amounts not expected to be collected based on historical experience were recorded within net patient service revenue and then recognized as bad debt expense. Under the new standard, estimates for unrealizable amounts are recognized as implicit price concessions that are a direct reduction to net patient service revenues. As a result, the amount of bad debt expense reported in the Health System's financial statements has been greatly reduced, despite the fact that overall collection rates have not changed.

## Part III, Line 8:

Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2025, the cost of providing services to the Medicare population was \$55,245,351 higher than revenue. Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by TUH provides a community benefit because it benefits a charitable class, the elderly.

## Part III, Line 9b:

Temple University Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If a patient does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class. The account will be forwarded to the

**Part VI Supplemental Information** (Continuation)

collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that TUH provides free and/or reduced price care to persons who qualify, that TUH provides assistance in applying for and obtaining government funded insurance, and that patients can contact TUH's Financial Services Department for assistance.

## Part VI, Line 2:

In addition to our Community Health Needs Assessment described in Part V Section B, Temple University Hospital (TUH) further assesses community health needs using comprehensive sets of internal and external data sources. Externally, we rely on health data compiled by federal, state, city, and community-based health organizations, including the following:

## \*Pennsylvania Department of Health

-<http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un>

## \*Pennsylvania and County Health Profiles-

Philadelphia | Pennsylvania County Health Profiles (pa.gov)

## \*Pennsylvania Health Care Cost Containment Council (PHC4) -

<http://www.phc4.org/reports/utilization/inpatient/>

## \*Philadelphia Department of Public Health, including the Philadelphia

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

<http://www.phila.gov/health/Commissioner/DataResearch.html>

## \*County Health rankings: Pennsylvania | County Health Rankings &amp; Roadmaps

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

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/LimitedDataSets/MEDPARLDHospitalNational.html>

## \*Vizient (University Healthcare Consortium) Clinical Database\*Current

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

Internally, we rely on the following sources:

## \*Feedback from the Temple University Hospital Community Advisory Council.

The purpose of the Community Advisory Council is to help Temple University Hospital achieve its mission, including its responsibility to Medicare and Medicaid to achieve equitable and high quality care, with a focus on the following community health goals: To promote access to quality healthcare, with emphasis on those residing in the communities served by the Temple University Hospital; To advise Temple University Hospital clinical and administrative leadership on community health needs and barriers to care; To develop innovative approaches for reducing health disparities; for enhancing care quality and affordability; and for promoting access to clinical and social services.

\*Feedback from our various Patient and Family Advisory Councils (PFAC), including the separate Temple Physicians, Inc. These groups are organized under Temple University Hospital's Department of Patient Experience.

## \*Collaboration of Medical School and Hospital leadership.

\*Consensus discussion with key clinical providers and community service organizations.

## \*Performance Improvement, Risk Management and Patient Safety outcomes.

\*Feedback from community members of our board of directors and routine interaction with neighborhood community organizations.

**Part VI Supplemental Information** (Continuation)

\*Historic, service line specific utilization data.

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

\*In addition to assessing data sources, we work closely with the City of Philadelphia Department of Public Health's Health Centers, other local Federally Qualified Health Centers (FQHCs), the City's Police and Fire Departments and other community-based health and social services organizations to address specific needs of vulnerable populations. These partnerships enable us to coordinate care delivery in both inpatient and outpatient settings and improve health outcomes for the communities we serve.

To support moms and newborns, we collaborate with Esperanza Community Health Center (Esperanza), Delaware Valley Community Health, and Greater Philadelphia Health Action to provide a full range of obstetrical services.

Representatives of Temple University Hospital serve on several health-and safety related boards and committees of the City of Philadelphia, including the Office of Managing Director, Health Department, Department of Behavioral Health and Intellectual Disability Services.

Part VI, Line 3:

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

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

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

\*Temple's Charity Care discounting policy is not restricted to Emergency Department patients, but is available to inpatients and outpatients as well.

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

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

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

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

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

**Part VI** Supplemental Information (Continuation)

\*Hospital website.

Part VI, Line 4:

As indicated in Temple University Hospital's Community Health Needs Assessment available at

<https://www.templehealth.org/locations/temple-university-hospital/about/community-health>, our primary service area (TUH Service Area) is comprised of the following zip codes: 19111, 19120; 19121;19122; 19124; 19125; 19129; 19132; 19133; 19134; 19135; 19140; 19144 and 19149. These zip codes represent about 68% of where our patients reside seen on an inpatient and observation basis. Our service area's population has a disproportionately high percentage of non-college educated residents living in poverty compared to the city, state, and nation.

The following data is current as of the time of conducting our most recent 3-year Community Health Needs Assessment referenced above.

A. Population and Population Growth

The TUH Service Area's includes a population of about 620,000, which is about one-third of Philadelphia's population of about 1.5 million.

B. Age Distribution

The TUH Service Area's age distribution reveals an overall younger population with 28.8% under the age of 20; 36.3% age 20-44; 23.2% age 45-64; and 11.7% age 65 and up.

C. Education Level

The population in the TUH service area consisted of 56% with a high school education or less.

D. Household Income

The median household income is \$46,728.00.

E. Population Below Federal Poverty Level

Approximately 25% of the population living within TUH's service area lives below the federal poverty level.

F. Race/Ethnicity

In TUH's service area, 37.3% of the population identifies as Black; 29.3% as Hispanic; 22.5% as White; 7.67% as Asian; and 4.2% as others.

G. Payer Mix

Approximately 87% of TUH service area's residents were covered by either Medicaid or Medicare: 46% for Medicaid, and 41% for Medicare.

Part VI, Line 5:

In addition to the Community Building activities described in Section V above, Temple University Hospital organized or participated as a key partner in several community health improvement activities. These activities are free to the community, subsidized by Temple University Hospital, do not generate a patient bill, and are conducted for the purpose of improving community health.

TUH is an indispensable provider of health care in the largest city in America without a public hospital. Among Pennsylvania's full-service safety-net providers, Temple University Hospital serves the greatest volume and highest percentage of patients covered by Medicaid. About 87% of our inpatients are covered by government programs: 46% by Medicare and 41% by Medicaid. Temple University Hospital is in a medically underserved area.

During our FYE June 30, 2025, Temple University Hospital engaged in numerous programs and events serving thousands of community members. Below

**Part VI Supplemental Information** (Continuation)

are selected highlights.

(1) Addressing the Opioid Epidemic: Temple University is on the front line addressing this public health crisis: 25% of our inpatients have a substance use disorder; our service area's drug overdose mortality rate is about five-times the national rate and has the highest opioid mortality rate in the City of Philadelphia. Our Temple Recovery Using Scientific Treatment (TRUST) Clinic, integrated into our family medicine and general internal medicine practices, provides low-barrier substance use disorder treatment with on-site peer recovery and case management services. The TRUST Clinic supports community-based primary care providers and Temple University Hospital's Emergency Departments at its main, Episcopal and Jeanes campuses. Our outpatient substance use disorder clinic provides individual and group counseling, medication management, and therapies. With a multidisciplinary team of psychiatrists, certified recovery specialists, and addiction therapists, we support patients through recovery, offering flexible scheduling and seamless transitions between care levels.

(2) Addressing Public Health Impact of Gun Violence: Temple University Hospital's prevention and intervention programs provide a comprehensive approach to addressing this public health crisis. Cradle to Grave is our collaborative program with the Juvenile Justice Department and local schools that works with at-risk youth to break the cycle of gun violence. Our Fighting Chance program is one of the nation's few initiatives that teach community members how to provide basic first aid to gunshot wound victims.

(3) Trauma Victim Advocate Program: We provide social, emotional, and material support to patients and families from their time of entry into our hospital through discharge. Our 24/7 advocate team offers counseling and facilitates access to victim services that aid with post-traumatic recovery and community re-integration. We provide referrals to crime agencies to assist with relocation, recovery of lost wages, unpaid medical bills, and mental health services. In FY25, we linked more than 1,000 patients to North Philadelphia-based crime victim service agencies through TUH's 24-hour Trauma Advocate Program.

(4) Cure Violence Philadelphia (CVP): This structured violence intervention program is based on the premise that violence is a public health issue. The program is designed to reduce the spread of violence through interrupting its transmission, concentrating on those at highest risk, and changing social norms that propagate violence. Trained outreach workers identify and mediate conflicts in the community. They help high-risk individuals obtain the social services they need -- making them less likely to commit violence.

(5) Improving Maternal Health Outcomes: In pursuit of our mission to improve health outcomes, Temple's Hospital for Women and Families is the Philadelphia region's only hospital dedicated to women and family health. During FY 2025, the campus offered OB/GYN, pediatrics, and radiology outpatient services. The hospital fully opened in September 2025 with state-of-the-art Level III Intensive Care Unit, Labor and Delivery services, Maternal Intensive Care, Medical Surgical Units, and a Fetal Care Center. Outpatient offerings include maternal fetal medicine, family practice, diagnostic imaging, and wraparound services.

(6) Care Transitions & Community Health Workers (CHW) Programs: Our CHWs

**Part VI Supplemental Information** (Continuation)

conduct home visits, schedule and attend doctor appointments, coordinate transportation, and connect patients with social supports to improve quality of life and treatment outcomes. Our EPIC social determinants of health survey tool helps us identify and address gaps in patient needs such as housing, food, access to internet, transportation, utility assistance, and general health literacy.

(7) Multi-Visit Patient (MVP) Clinic: This clinic focuses on reducing readmissions by identifying and supporting high-risk, multi-visit patients through a transitional clinic that connects inpatient care with outpatient disease management and social support. Patients enrolled in this clinic are paired with a Community Health Worker and a social worker to help address their social determinants of health (SDOH) needs. Participation in the clinic has led to a 58% decrease in inpatient utilization and a 59% drop in emergency department (ED) visits, indicating patients are accessing care in more appropriate settings.

(8) Malignancy Workup Pathway and Cancer Navigation (MVP-CAN): This program is a centralized cancer diagnostic navigation initiative that aims to ensure patients with suspected malignancy receive a prompt diagnosis and access to oncology care, especially those who are at high risk of not returning for follow-up. Through coordinated referrals, expedited diagnostics, and multidisciplinary navigation, the program reduced follow up gaps (35% to 89%), shortened time to biopsy (34 to 8 days) and treatment initiation (77 to 51 days), and reduced readmissions (25% to 1.4%). With over 568 referrals and 476 completed workups, MVP-CAN demonstrates measurable improvements in equitable access, early cancer detection, and appropriate transitions from inpatient to outpatient care.

(9) Certified Peer Recovery Specialist Program: This team with lived experience and specialized training links overdose patients and families with needed social services after treatment in our Emergency Departments and Crisis Response Center.

(10) Food Insecurity & Nutrition: Our Farm to Families program brings fresh, low-cost produce to North Philadelphia families through home delivery and neighborhood distribution to address obesity, food insecurity, cardiovascular disease, and diabetes related to poor diet and lifestyle. Families can use SNAP benefits and a "prescription" from a Temple doctor to purchase local fruits and vegetables helping them build capacity for healthier eating habits. In partnership with the Lewis Katz School of Medicine, St. Christopher's Foundation for Children and the Lancaster Farm Fresh Cooperative, food is sourced, packaged, and delivered to community food hubs. Our Jeanes Campus offers a seasonal fresh farm market, nutritional cooking demonstrations, and community access to its walking trail. Our Episcopal Campus operates a free food pantry, providing fresh fruits, vegetables, dairy, meats, and canned goods to the community weekly.

(11) Community Health Outreach: Temple University Hospital participated in numerous health fairs serving our immediate community to build trust and break down barriers to care. We often collaborate with Temple University's Schools of Medicine, Public Health, Dentistry, and Pharmacy to provide free health screenings and education on a variety of health issues affecting residents, including stroke prevention, diabetes, obesity, maternal and child health, cancer, depression, anxiety, addiction, and

**Part VI Supplemental Information** (Continuation)

post-traumatic stress syndrome.

(12) Social Supports: Our Social workers connected thousands of people with community-based social services, including free transportation, legal services, clothing, pharmaceuticals, co-pays, and medical supplies. We provide these supports for our vulnerable patient population to ease their transition to home after discharge or outpatient treatment.

(13) Behavioral Health Community Education. Our physicians and staff provide community-based education on seeking help for depression, suicidal behavior, and other mental health issues.

In addition to the above, Temple University Hospital offers culturally competent services to augment our ability to provide access to high quality care and improve outcomes for our patients and their caregivers. Below are selected highlights.

NOTE: Part VI, Line 5 continues after Part VI, Line 6

Part VI, Line 6:

Temple University Hospital is a member of the Temple University Health System, Inc. It is the chief clinical teaching site for the Temple University School of Medicine. Consistent with its mission to provide access to the highest quality of health care in community and academic settings, Temple University Hospital supports Temple University's Health Sciences Center academic programs by providing a clinical environment and research programs that offers high quality education and training for health care professionals. The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows: the hospital of the Fox Chase Cancer Center is devoted solely to cancer treatment, research, and prevention; the Temple Health System Transport Team, Inc. mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; the Institute for Cancer Research, Fox Chase Cancer Center Medical Group and Fox Chase Network's mission is to prevail over cancer, marshalling heart and mind in bold scientific discovery, pioneering prevention and compassionate care; the Temple Physicians, Inc., mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of the Temple University Health System; and the mission of Temple Faculty Practice Plan, Inc. is to provide access to the highest quality of clinical care to the patients of North and Northeast Philadelphia and surrounding areas, and to support the clinical, administrative, and corporate activities of Temple University Health System while continuing to support the academic and research mission of Temple University's Lewis Katz School of Medicine. The mission of Chestnut Hill Hospital is to provide compassionate, accessible, high quality, cost-effective healthcare to the community, to promote health, to educate healthcare professionals; and to participate in appropriate clinical research.

Part VI, Line 5

(14) Financial Services: Our Financial Counselors assist uninsured and under-insured patients in obtaining medical coverage and managing out-of-pocket costs. They help patients understand insurance details, answer questions about healthcare expenses, provide guidance on health

**Part VI Supplemental Information** (Continuation)

plan options, and enroll them in government-funded plans like Medicaid, Medicare, and ACA Marketplace. All counselors are CMS Certified Application Counselors. They support applications for Temple Hospitals' Charity Care and Sliding-Scale Assistance, set up payment plans, and help patients access assistance programs for costly medications.

(15) Linguistic and Cultural Services: Our language proficient bilingual staff, who we train and credential, performed thousands of interpretations this year. This program is one of several resources offered to non-English speaking patients and families. We also help other hospitals adapt our linguistic services for their patients.

Our Community Benefit Report, which includes a summary of our health improvement and other activities, is available on our hospital's website.

See:

<https://www.templehealth.org/locations/temple-university-hospital/about/community-health>

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Temple University Health System 3509 North Broad Street Philadelphia, PA 19140	23-2825881	501(c)(3)	15,000,000.	0.			General Support
Temple Faculty Practice Plan, Inc. 3509 North Broad Street Philadelphia, PA 19140	83-1002191	501(c)(3)	1,470,000.	0.			General Support
Wescore Foundation for Pulmonary Fibrosis - 229 North Main Street, 2nd Floor - Coopersburg, PA 18036	27-4464618	501(c)(3)	60,250.	0.			General Support
Temple Health System Transport Team, Inc. - 3509 North Broad Street - Philadelphia, PA 19140	75-3084023	501(c)(3)	6,865,000.	0.			General Support
Temple Physicians Inc. 3509 North Broad Street Philadelphia, PA 19140	23-2790607	501(c)(3)	11,625,000.	0.			General Support
America Oncologic Hospital 3509 North Broad Street Philadelphia, PA 19140	23-1352156	501(c)(3)	37,371,667.	0.			General Support

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12.

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Philadelphia Protestant Home 6500 Tabor Road philadelphia, PA 19111	23-1396804	501(c)(3)	7,500.	0.			General Support
American Heart Association Eastern States - PO Box 4002012 - Des Moines, IA 50340	13-5613797	501(c)(3)	25,000.	0.			General Support
Crohns & Colitis Foundation of America - 733 Third Avenue, 510 - New York, NY 10017	13-6193105	501(c)(3)	5,500.	0.			General Support
American Lung Association of Pennsylvania - 3001 Old Gettysburg Rd - Camp Hill, PA 17011	23-1365987	501(c)(3)	12,500.	0.			General Support
American Thoracic Society Inc 25 Broadway, 4th Floor New York, NY 10004	80-0759367	501(c)(3)	12,000.	0.			General Support

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

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

**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:

Grants were made only for tax-exempt purposes and were mostly to related organizations.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Michael Young Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,467,866.	599,145.	27,232.	22,424.	19,604.	2,136,271.	0.
(2) Abhinav Rastogi President & CEO	(i)	923,298.	175,400.	28,774.	15,525.	33,876.	1,176,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) John Ryan Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	710,914.	121,576.	8,088.	15,525.	35,179.	891,282.	0.
(4) Daniel del Portal Chief Clinical Officer	(i)	468,072.	22,444.	0.	18,799.	36,140.	545,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Chaudron Carter Chief Nurse Executive	(i)	418,331.	75,050.	0.	33,779.	15,786.	542,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Patrick Schmincke Chief Operating Officer	(i)	424,731.	46,126.	8,450.	15,525.	33,437.	528,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Rebecca Armbruster Chief Medical Officer	(i)	430,239.	34,713.	0.	34,500.	27,270.	526,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Susan Coull Chief GME Officer	(i)	355,713.	28,586.	21,219.	15,250.	30,418.	451,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Christopher Snyder Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	346,319.	31,726.	21,738.	15,525.	31,937.	447,245.	0.
(10) Steven Carson SVP Population Health	(i)	369,879.	30,049.	23,000.	0.	15,046.	437,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Michael DiFranco Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,511.	36,750.	0.	15,525.	35,453.	433,239.	0.
(12) Matthew Shelak Executive Director	(i)	360,053.	36,833.	9,360.	15,525.	11,362.	433,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Joseph Kosich AVP Health Info Management	(i)	310,647.	31,705.	19,581.	14,383.	31,937.	408,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Shidong Li Chief Physicist	(i)	330,960.	0.	23,000.	34,499.	14,072.	402,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) John Robison Executive Director	(i)	318,553.	32,419.	0.	15,648.	30,275.	396,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) John A. Fry Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,000.	0.	101,667.	0.	3,931.	324,598.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) Timothy Cyphers Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	149,900.	16,100.	0.	7,667.	28,606.	202,273.	0.
(18) Tausha Saunders Asst Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	172,828.	17,118.	0.	0.	375.	190,321.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**

**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ..... \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)Omnicell Specialty Pharm	Substantial Contrib	11,589,155.	Supplies, P		X
(2)Ricoh USA	Substantial Contrib	1,459,679.	Supplies, P		X
(3)Vizient Inc.	Substantial Contrib	2,165,140.	Supplies, P		X
(4)Language Services Assoc	Substantial Contrib	1,542,246.	Supplies, P		X
(5)Medtronic Inc	Substantial Contrib	63,930.	Supplies, &		X
(6)MRA Realty Inc	Substantial Contrib	18,450.	Profesional		X
(7)LabCorp of America Holdi	Substantial Contrib	57,872.	Supplies &		X
(8)Pennsylvania Department	Substantial Contrib	7,921.	Purchased S		X
(9)American Academy of Slee	Substantial Contrib	1,200.	Supplies		X
(10)Gift of Life Donor Progr	Substantial Contrib	17,449,596.	Supplies		X

**Part V Supplemental Information**

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

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

(a) Name of Person: Omnicell Specialty Pharmacy Services Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies, Professional Fees, & Purchased Services

(a) Name of Person: Ricoh USA

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies, Professional Fees, Purchased Services, & Leases

(a) Name of Person: Vizient Inc.

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies, Professional Fees, & Purchased Services

(a) Name of Person: Language Services Assoc Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies, Professional Fees, & Purchased Services

(a) Name of Person: Medtronic Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies, & Purchased Services

(a) Name of Person: MRA Realty Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Profesional Fees, & Purchased Services

(a) Name of Person: LabCorp of America Holdings

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Supplies & Purchased Services

**Part V Supplemental Information**

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

(a) Name of Person: Pennsylvania Department of Health  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(d) Description of Transaction: Purchased Services

(a) Name of Person: American Academy of Sleep Medicine  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(a) Name of Person: Gift of Life Donor Program  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(a) Name of Person: Quest Diagnostics Inc  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 2,182,218.  
(d) Description of Transaction: Purchased Services  
(e) Sharing of Organization Revenues? = No

(a) Name of Person: Press Ganey Assoc Inc  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 916,541.  
(d) Description of Transaction: Supplies, Professional Fees, & Purchased  
Services  
(e) Sharing of Organization Revenues? = No

(a) Name of Person: Johnson Controls Fire Protection LP  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 332,390.  
(d) Description of Transaction: Supplies, Professional Fees, Purchased  
Services, & Maintenance  
(e) Sharing of Organization Revenues? = No

(a) Name of Person: Lex Electric Co Inc  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 317,770.  
(d) Description of Transaction: Supplies, Professional Fees, Purchased  
Services, & Maintenance  
(e) Sharing of Organization Revenues? = No

(a) Name of Person: Frank R LaMarra Blders & Constr  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 138,501.  
(d) Description of Transaction: Professional Fees, Purchased Services, &  
Maintenance  
(e) Sharing of Organization Revenues? = No

(a) Name of Person: GlaxoSmithKline Holdings(Americas) Inc  
(b) Relationship Between Interested Person and Organization:  
Substantial Contributor  
(c) Amount of Transaction \$ 121,838.

**Part V Supplemental Information**

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

(d) Description of Transaction: Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: INTECH Construction LLC

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 56,752.

(d) Description of Transaction: Supplies, & Maintenance

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Phillies

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 56,280.

(d) Description of Transaction: Supplies, & Purchased Services

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Project Home

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 50,000.

(d) Description of Transaction: Professional Fees

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Johnson & Johnson Health Care Sys

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 16,593.

(d) Description of Transaction: Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Stephen E. Codella MD Memorial Foundatio

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 5,000.

(d) Description of Transaction: Purchased Services

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Futura Mobility LLC

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 3,246.

(d) Description of Transaction: Supplies

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Epic Systems Corporation

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 925.

(d) Description of Transaction: Purchased Services

(e) Sharing of Organization Revenues? = No

(a) Name of Person: TUHS-Jeanes Campus Auxiliary

(b) Relationship Between Interested Person and Organization:  
Substantial Contributor

(c) Amount of Transaction \$ 500.

**Part V Supplemental Information**

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

(d) Description of Transaction: Purchased Services

(e) Sharing of Organization Revenues? = No

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

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

(a) Name of Person: Gift of Life Donor Program

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies

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

(a) Name of Person: Omnicell Specialty Pharmacy Services Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, & Purchased Services

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

(a) Name of Person: Quest Diagnostics Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

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

(a) Name of Person: Vizient Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, & Purchased Services

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

(a) Name of Person: Language Services Assoc Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, & Purchased Services

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

(a) Name of Person: Ricoh USA

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, Purchased Services, & Leases

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

(a) Name of Person: Press Ganey Assoc Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, & Purchased Services

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

(a) Name of Person: Johnson Controls Fire Protection LP

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, Purchased

**Part V Supplemental Information**

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

Services, & Maintenance

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

(a) Name of Person: Lex Electric Co Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, Professional Fees, Purchased Services, & Maintenance

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

(a) Name of Person: Frank R LaMarra Blders & Constr

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Profesional Fees, Purchased Services, & Maintenance

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

(a) Name of Person: GlaxoSmithKline Holdings(Americas) Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies

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

(a) Name of Person: Medtronic Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, & Purchased Services

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

(a) Name of Person: LabCorp of America Holdings

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

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

(a) Name of Person: INTECH Construction LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, & Maintenance

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

(a) Name of Person: Phillies

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies, & Purchased Services

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

(a) Name of Person: Project Home

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Professional Fees

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

(a) Name of Person: MRA Realty Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

**Part V Supplemental Information**

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

(c) Description of Transaction: Professional Fees, & Purchased Services

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

(a) Name of Person: Johnson & Johnson Health Care Sys

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies

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

(a) Name of Person: Pennsylvania Department of Health

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

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

(a) Name of Person: Stephen E. Codella MD Memorial Foundatio

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

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

(a) Name of Person: Futura Mobility LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies

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

(a) Name of Person: American Academy of Sleep Medicine

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Supplies

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

(a) Name of Person: Epic Systems Corporation

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

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

(a) Name of Person: TUHS-Jeanes Campus Auxiliary

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(c) Description of Transaction: Purchased Services

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3	1,260.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		885.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	60.	FMV
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	2	430.	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Trips/Outings/C )	X	16	30,845.	FMV
26 Other ( Tickets/Members )	X	29	6,418.	FMV
27 Other ( Dining/Wine )	X	24	5,788.	FMV
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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Form 990, Part I, Line 1, Description of Organization Mission:  
 Our mission is to support Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs.

Form 990, Part III, Line 1, Description of Organization Mission:  
 service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs.

Form 990, Part III, Line 4a, Program Service Accomplishments:  
 Temple University Hospital was founded in 1892 as "Samaritan Hospital," with the mission of caring for patients with limited incomes and ensuring access to medical care in its surrounding neighborhoods. As the chief academic teaching hospital of the Lewis Katz School of Medicine at Temple University, Temple University Hospital (TUH) is an 891-bed non-profit acute care hospital that provides a comprehensive range of medical services to its low-income communities, and a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania and beyond. TUH is accredited as an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems Foundation.

TUH is an indispensable provider of health care in the largest city in America without a public hospital. Within our immediate service area, about 37% of individuals live below the federal poverty level. Among Pennsylvania's full-service safety-net providers, Temple University Hospital serves the greatest volume and highest percentage of patients covered by Medicaid.

In addition to its main campus in North Philadelphia, TUH includes its Episcopal, Jeanes, Northeastern and Women & Families campuses, which all serve economically and socially disadvantaged communities.

As our chief clinical teaching site, TUH is staffed by over 400 physicians of Temple Faculty Physicians as well as physician scientists from our affiliated Fox Chase Cancer Center and our community-based Temple Physicians, Inc. The Temple Faculty Practice Plan represents about 20 academic departments, including subspecialties in emergency medicine, oncology, pulmonary, urology, gastroenterology, obstetrics, gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery, and psychiatry.

Temple University Hospital's Episcopal Campus provides a recovery oriented behavioral health treatment program, offering a welcoming approach and hope for those whose lives have been affected by mental illness and/or co-occurring disorders. It serves adults, age 18 or older, experiencing severe psychiatric symptoms that markedly impair their capacity to function adequately within the community. Many of its patients are diagnosed with psychiatric plus one or more

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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substance/alcohol disorders. Almost half have one or both diagnosis of hypertension and or diabetes. Many have multiple co-existing medical illnesses.

Temple physicians also staff important clinics that address major public health concerns, such as the Comprehensive NeuroAids Center at Temple University, which is dedicated to improving the public health impact of bench-to-clinic research associated with HIV-induced neurological diseases and cognitive disorders.

Temple's nationally renowned physicians offer state of the art treatment options for patients with complex medical problems, some of whom were previously considered untreatable. Using sophisticated technologies and personalized treatments, Temple physicians are working to alter the course of serious disease. In over a dozen research centers, our faculty is speeding the transformation of fundamental scientific discoveries into practical therapies with the potential to dramatically improve human health.

As a premier transplant center, Temple University Hospital performed over 400 organ transplants last year. We also participate in countless research studies to promote life-saving treatment modalities.

Our affiliated Temple Center for Population Health, LLC, (TCPH) promotes and manages our population health efforts. Its mission is to attain a sustainable model of health care delivery through clinical and business integration, community engagement, and academic distinction to promote healthy populations. The TCPH includes an extensive network of Patient Centered Medical Homes; chronic disease management programs for high risk populations utilizing nurse navigators; an extensive inpatient and outpatient community health worker program, peer coaching, and a central access center for appointment scheduling and acute care follow-up. The TCPH ambulatory performance improvement platform provides the infrastructure on which outpatient clinics can continue to achieve better care, smarter spending and healthier communities. The TCPH collaborates closely with TUH to assure smooth transitions of care, access to community resources and management of value-based purchasing.

Virtually all Temple physicians, whether faculty or community-based, care for patients covered by Medicaid in both the inpatient and outpatient setting. About 87% of Temple University Hospital's inpatients are covered by government programs: 41% by Medicare and 46% by Medicaid. Patients dually eligible for both Medicare and Medicaid comprise about half of our Medicare inpatient base. More than half of our total inpatient cases include a behavioral health diagnosis.

TUH serves as a critical access point for vital public health services. Last year we handled over 150,000 patients in our Emergency Department; about 10,000 patients in our Psychiatric Crisis Response Center. We delivered about 1,900 babies, of whom nearly 85% were covered by Medicaid.

Below we summarize a few of our clinical premier programs. For a summary of our key community engagement programs please refer to our Schedule H.

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

Our Heart & Vascular Institute is a hub of innovative clinical care, research, and education. The Institute has 27 specialized programs and over 100 cardiovascular caregivers, many nationally renowned. Our staff draw upon their collective experience and our state-of-the-art facilities and technology to deliver high-quality, personalized care for the entire range of cardiovascular conditions from high blood pressure to advanced heart failure and transplantation. We offer patients the newest minimally invasive procedures, mechanical assist devices, artificial hearts, and advanced surgeries, including complex hybrid procedures and multi-organ transplantation. Temple excels in donor heart assessment, resulting in higher transplant rates and shorter times on the wait-list for candidates.

Temple Lung Center

Temple is an international leader in developing new therapies for serious lung diseases. Our Lung Center has over 20 specialized lung disease programs that provide highly focused care from physicians who are trained in specific conditions. A distinguishing feature of the Center is its innovative research program that is unraveling the mechanisms of lung disease, discovering new treatments and testing lifesaving devices. Our robust slate of clinical trials the largest in the nation for non-cancer related pulmonary disease provides patients with access to novel therapies. In 2025, the Temple Lung Center set a new U.S. record by performing 179 lung transplants in a single calendar year, cementing its position as the nation's largest program.

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

Transplant Program

Temple University Hospital has a 40-year history of excellence in organ transplantation, having performed Philadelphia's first heart transplant in 1984. Today, we have transplant programs for lungs, livers, kidneys, and pancreases, and bone marrow with excellent results. Our transplant teams have pioneered methods to improve organ donor health and avoid post-transplant complications.

Digestive Disease Center

Our Digestive Disease Center's large clinical practice and active research program enable us to apply the latest techniques to treat even the most challenging cases involving the esophagus, stomach, small intestine, gallbladder, colon, and liver. Our areas of specialization include colorectal surgery, esophageal disorders, bariatric surgery, gastrointestinal cancer, inflammatory bowel disease, motility disorders, and therapeutic endoscopy. In addition, our thoracic surgeons are part of the Digestive Disease Center team, performing upper gastrointestinal surgeries, often robotically. These include surgeries for esophageal cancers, Barrett's esophagus, gastroesophageal reflux disease and achalasia.

Neurosciences Center

The Temple Neurosciences Center offers advanced care for conditions of the brain, spine, and nerves. Specialized neurological programs contained within our Center address medical conditions such as stroke, multiple sclerosis, epilepsy, movement disorders, neuromuscular disease, and amyotrophic lateral sclerosis (ALS). Our Center is home to the nationally respected Muscular Dystrophy Association/ALS Center of Hope and a stroke program that has been nationally recognized for its

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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high success rate in treating complex stroke patients. The Center's strong basic science and clinical research program provides patients with options for complex neurological conditions that other hospitals may not offer.

#### Orthopaedics & Sports Medicine

Temple's Orthopaedics and Sports Medicine team includes many of Southeast Pennsylvania's most respected surgeons and rehabilitation specialists. Our team provides advanced, personalized treatments for a wide range of injuries and conditions. This includes injuries of the foot and ankle, hand, knee, shoulder, elbow, and spine. Our orthopedic specialists also have special expertise in orthopedic trauma, joint replacement, sports medicine, and physical therapy. Our experts combine their experience and research with the latest technology and minimally invasive treatment techniques to help patients achieve a pain-free life.

#### Women's Health

In 2025, Temple Women & Families Hospital opened in Juniata Park, expanding access to high-quality, patient-centered healthcare for women and families in Philadelphia. The hospital was designed to bring together comprehensive services focused on women's health, maternity care, and family wellness in a modern, community-based setting. The facility offers prenatal and postpartum care, labor and delivery services, gynecologic care, and neonatal support, along with education and resources that help families before, during, and after pregnancy. The hospital reflects Temple Health's commitment to improving maternal health outcomes and strengthening support for families across the communities it serves.

#### Notable Awards & Distinctions

Our commitment to health equity drives every aspect of our business model. It's one of the reasons TUH was named one of the most socially responsible hospitals in the nation by the Lown Institute, ranking in the top 2%, and earning 'A' grades for community benefit, inclusivity, clinical outcomes, patient safety, avoiding overuse, and cost efficiency.

Among our distinctions is the achievement of Magnet status from the American Nurses Credentialing Center, a prestigious recognition of quality nursing care, community commitment and staff dedication. In addition to expanding services, Temple University Hospital continues to receive national recognition for the quality and safety of its care. The hospital recently earned its 78th "A" Safety Grade from The Leapfrog Group, a national quality award for stroke care from the American Heart Association, and additional recognition from Healthgrades. Temple University Hospital has also been ranked in the top 10 percent in the nation for overall pulmonary services for three consecutive years and has received the Healthgrades Pulmonary Care Excellence Award for three years in a row, highlighting the health system's continued commitment to delivering outstanding, patient-centered care.

#### Form 990, Part VI, Section A, line 1a:

Pursuant to the organization's bylaws, the Executive Committee consists of no less than seven members of the Board, including the President of Temple University, the Chair, the Vice Chair, and the Chairs of the Standing

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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Committees. The Executive Committee is authorized to act for the Board between its regular meetings.

Form 990, Part VI, Section A, line 6:

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

- (a) any dissolution or liquidation;
- (b) any merger;
- (c) any amendments to the Articles of Incorporation;
- (d) any amendments to the Bylaws regarding the member, the number of Governors, quorum or voting requirements;
- (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business;
- (f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization;
- (g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's;
- (h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine or the Temple University School of Podiatric Medicine;
- (i) the adoption of the organization's annual capital and operating budgets;
- (j) the issuance or assumption of any indebtedness in excess of Two Million Five Hundred Thousand Dollars (\$2,500,000); and
- (k) the execution of any contract providing for the management of the organization.

Form 990, Part VI, Section A, line 7a:

See Part VI Section A Line 6 Statement above

Form 990, Part VI, Section A, line 7b:

See Part VI Section A Line 6 Statement above

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

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

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

The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

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

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

There is a compensation committee that reviews and approves all total compensation of executive/key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

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

The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health Systems financial web site. The Annual Audited Financial Statements are also released to the public in the same manner. To the extent required by applicable law, the organization makes its governing documents available to the public upon request.

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

Corporate Charge:

Program service expenses	0.
Management and general expenses	206,876,235.
Fundraising expenses	0.
Total expenses	206,876,235.

Healthcare Professional:

Program service expenses	355,548,931.
Management and general expenses	5,795,626.
Fundraising expenses	0.
Total expenses	361,344,557.

Professional Fees:

Program service expenses	26,893,151.
Management and general expenses	1,841,005.
Fundraising expenses	0.
Total expenses	28,734,156.

Purchased Services:

Program service expenses	98,254,308.
Management and general expenses	14,968,141.
Fundraising expenses	0.
Total expenses	113,222,449.
Total Other Fees on Form 990, Part IX, line 11g, Col A	710,177,397.

Form 990, Part XI, line 9, Changes in Net Assets:

Other Comprehensive Pension Income	16,634,628.
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**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <p align="center">Temple University Hospital, Inc.</p>	Employer identification number <p align="center">23-2825878</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Temple University Health System, Inc. - 23-1365971, 300 Sullivan Hall 1330 W Berks St, Philadelphia, PA 19122	Education	Pennsylvania	501c3	Line 2	N/A		X
Temple University Health System, Inc. - 23-2825881, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University of the Commonwealth		X
Temple University Health System Foundation, Inc. - 23-2916108, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital Inc	X	
TUH - Jeanes Campus Auxiliary - 23-1917776 3509 N Broad Street Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Hospital, Inc.		X

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

Schedule R (Form 990) (Rev. 1-2025)

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Temple Physicians, Inc. - 23-2790607 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Temple Health System Transport Team, Inc - 75-3084023, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 10	Temple University Health System Inc		X
Episcopal Hospital - 23-1365351 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Health Care	Pennsylvania	501c3	Line 12a, I	Temple University Hospital Inc	X	
American Oncologic Hospital - 23-1352156 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Fox Chase Cancer Center Medical Group - 45-4540585, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	American Oncologic Hospital		X
Fox Chase Network, Inc. - 23-2467337 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 12b, II	American Oncologic Hospital		X
Institute for Cancer Research - 23-6296135 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19129	Health Care	Delaware	501c3	Line 4	American Oncologic Hospital		X
Temple Faculty Practice Plan, Inc. - 83-1002191, 3509 N Broad Street Room 936 c/o TUHS Legal, Philadelphia, PA 19129	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Anna T Jeanes Foundation - 23-2203406 7600 Central Avenue Philadelphia, PA 19111	Health Care	Pennsylvania	501c3	Line 12d, III-O	N/A		X
CHH Community Health - 88-3577015 8835 Germantown Ave Philadelphia, PA 19118	Health Care	Pennsylvania	501c3	Line 3	Temple University Health System Inc		X
Temple Health Physicians, P.C. - 99-2360361 100 Charles Ewing Blvd Suite 160 Ewing, NJ 08628	Health Care	New Jersey	501(c)(3)	Line 10	Fox Chase Cancer Center Medical Group, Inc.		X



**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....	X	
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Episcopal Hospital	K	2,190,534.	Negotiated Rate
(2) Episcopal Hospital	O	2,011,691.	Actual Hours Worked
(3) Episcopal Hospital	Q	443,262.	Actual Cost
(4)			
(5)			
(6)			



