

Return of Organization Exempt From Income Tax

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

2022

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 **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Temple University Hospital, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3509 N Broad Street 936 City or town, state or province, country, and ZIP or foreign postal code Philadelphia, PA 19140 F Name and address of principal officer: Michael DiFranco, CPA 3509 N Broad Street, Philadelphia, PA 19140	D Employer identification number 23-2825878 E Telephone number 215-707-6686 G Gross receipts \$ 2,240,335,751. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: http://tuh.templehealth.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1995
M State of legal domicile: PA		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7771
	6 Total number of volunteers (estimate if necessary)	6	170
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	54,448,745.	5,660,041.
	9 Program service revenue (Part VIII, line 2g)	1,936,994,075.	2,006,425,017.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,261,361.	51,668,914.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-243,505.	-977,548.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,172,460,676.	2,062,776,424.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,533,167.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		652,731,026.	708,834,981.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		862,870.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,189,987,423.	1,259,960,193.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,911,251,616.	2,107,869,780.
19 Revenue less expenses. Subtract line 18 from line 12	261,209,060.	-45,093,356.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,514,659,109.	1,428,199,938.
	21 Total liabilities (Part X, line 26)	718,540,955.	672,974,123.
	22 Net assets or fund balances. Subtract line 21 from line 20	796,118,154.	755,225,815.

Part II Signature Block

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

Sign Here	Signature of officer	Date 5/9/2024	
Paid Preparer Use Only	Print/Type preparer's name Michael DiFranco, CPA, Assistant Treasurer	Preparer's signature 	Date
	Firm's name Firm's address	Check if self-employed <input type="checkbox"/>	PTIN
		Firm's EIN 	Phone no.

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,828,841,312. including grants of \$ 139,074,606.) (Revenue \$ 2,006,425,017.) See Schedule O

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

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 1,828,841,312.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business 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... 16; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process 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	38.00 12.00	X						1,714,324.	0.	33,367.
(2) Jason Wingard Director	2.00 48.00	X						0.	1,387,566.	61,426.
(3) Abhinav Rastogi President & CEO	45.00 5.00			X				848,274.	0.	43,997.
(4) Nicholas Barcellona Treasurer	2.00 48.00			X				0.	833,523.	45,616.
(5) John Ryan Secretary	2.00 48.00			X				0.	726,123.	44,812.
(6) Angelo Venditti Chief Nurse Executive (until 3/20/23)	50.00 0.00				X			529,771.	0.	40,744.
(7) Daniel del Portal Chief Clinical Officer	48.00 2.00				X			448,291.	0.	46,028.
(8) Rebecca Armbruster Chief Medical Officer	50.00 0.00				X			425,971.	0.	52,057.
(9) Steven Carson SVP Population Health	50.00 0.00				X			446,736.	0.	26,643.
(10) Sean Rowland VP Perioperative Services	50.00 0.00					X		394,019.	0.	42,149.
(11) Shidong Li Chief Physicist	50.00 0.00					X		326,365.	0.	58,840.
(12) Susan Coull Chief GME Officer	50.00 0.00					X		340,674.	0.	38,997.
(13) Joseph Kosich AVP Health Info Management	50.00 0.00					X		333,264.	0.	42,666.
(14) Xenia Atienza RN-Staff/Clinical Nurse	50.00 0.00					X		355,832.	0.	11,352.
(15) John Robison Executive Director	48.00 2.00				X			325,935.	0.	40,422.
(16) Christopher Snyder Asst Treasurer	2.00 48.00			X				0.	307,102.	40,270.
(17) Ray Lefton Chief Financial Officer	50.00 0.00				X			296,269.	0.	50,030.

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) Chaudron Carter Chief Nurse Executive (from 3/20/23)	50.00 0.00				X			309,037.	0.	37,148.
(19) Michael DiFranco Asst Treasurer	2.00 48.00			X				0.	313,586.	31,332.
(20) Lisa Corbin Asst Treasurer	2.00 48.00			X				0.	268,686.	69,692.
(21) Charna Wright Asst Secretary (until 10/20/22)	2.00 48.00			X				0.	89,226.	19,576.
(22) Tausha Saunders Asst Secretary (from 10/20/22)	2.00 48.00			X				0.	72,616.	4,194.
(23) Patrick Schmincke Chief Operating Officer	50.00 0.00			X				45,831.	0.	4,840.
(24) Sandra Harmon-Weiss Chair	2.00 7.00	X		X				0.	0.	0.
(25) John W. Meacham Vice Chair	2.00 2.00	X		X				0.	0.	0.
(26) Jane Cameron Miller Director	2.00 0.00	X						0.	0.	0.
1b Subtotal								7,140,593.	3,998,428.	886,198.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,140,593.	3,998,428.	886,198.

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 1,796

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	159,698,762.
Temple Faculty Practice Plan, Inc, 3509 N Broad Street, No. 936, Philadelphia, PA	Purchased Services, Related Organization	142,731,363.
Temple University, 400 Carnell Hall, 1803 N Broad Street, Philadelphia, PA 19121	Physicians, Purchased Services	101,741,082.
Fox Chase Cancer Center Medical Group Inc, 3509 N Broad Street, No. 936,	Physicians, Purchased Services	19,581,577.
Mark Environmental Services Inc 4000 4th St, Moosic, PA 18507-1442	Purchased Services, Parking Services	7,378,525.

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 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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Eleanor Reinhardt Director	2.00 5.00	X						0.	0.	0.
(28) Janet Yeomans Director	2.00 0.00	X						0.	0.	0.
(29) Jerome Kline Director	2.00 0.00	X						0.	0.	0.
(30) Dr. Eugene M. Smolens Director	2.00 0.00	X						0.	0.	0.
(31) Michael Bradshaw Director	2.00 0.00	X						0.	0.	0.
(32) Rebecca Rakoski Isbill Director	2.00 0.00	X						0.	0.	0.
(33) Martin Ogletree Director	2.00 3.00	X						0.	0.	0.
(34) Mitchell Morgan Director	2.00 2.00	X						0.	0.	0.
(35) Charlotte E. Morris Director	2.00 0.00	X						0.	0.	0.
(36) Christine Tartaglione Director	2.00 0.00	X						0.	0.	0.
(37) Joyce Salzberg Director	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	833,644.				
	d Related organizations	1d	109,452.				
	e Government grants (contributions)	1e	1,142,978.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,573,967.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 519,605.				
	h Total. Add lines 1a-1f		5,660,041.				
	Program Service Revenue	2 a Patient Service Revenue	Business Code				
		621110	1,985,606,872.	1,985,606,872.			
b Parking Fees		812930	5,310,952.	5,310,952.			
c Cafeteria Sales		722514	3,995,446.	3,995,446.			
d Rent from Tax Exempt A		531120	3,455,007.	3,455,007.			
e							
f All other program service revenue		900099	8,056,740.	8,056,740.			
g Total. Add lines 2a-2f			2,006,425,017.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,532,216.			36,532,216.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	91,523,272.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	176,386,574.				
	c Gain or (loss)	7c	15,136,698.				
d Net gain or (loss)		15,136,698.			15,136,698.		
8 a Gross income from fundraising events (not including \$ 833,644. of contributions reported on line 1c). See Part IV, line 18	8a		195,205.				
		b Less: direct expenses	8b	1,172,753.			
		c Net income or (loss) from fundraising events		-977,548.			-977,548.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions		2,062,776,424.	2,006,425,017.	0.	50,691,366.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	139,074,606.	139,074,606.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,378,536.		5,378,536.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	542,785,110.	526,308,111.	16,476,999.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,054,546.	31,020,285.	1,034,261.	
9 Other employee benefits	87,111,707.	83,882,043.	3,229,664.	
10 Payroll taxes	41,505,082.	39,880,563.	1,624,519.	
11 Fees for services (nonemployees):				
a Management	1,208,279.		345,409.	862,870.
b Legal	1,987,457.	91,607.	1,895,850.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	552,226,641.	364,414,780.	187,811,861.	
12 Advertising and promotion	4,669,540.	201,527.	4,468,013.	
13 Office expenses	521,589,137.	522,062,362.	-473,225.	
14 Information technology	3,636,955.	3,624,274.	12,681.	
15 Royalties				
16 Occupancy	26,006,057.	21,057,151.	4,948,906.	
17 Travel	2,054,746.	1,979,660.	75,086.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	312,571.	298,041.	14,530.	
20 Interest	13,618,368.	13,500,980.	117,388.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,716,332.	26,667,614.	7,048,718.	
23 Insurance	14,547,106.	12,048,346.	2,498,760.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Tax Assessment	58,742,292.	24,585,425.	34,156,867.	
b Equipment Rental and Ma	18,943,559.	16,880,000.	2,063,559.	
c Other Expenses	6,701,153.	1,263,937.	5,437,216.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,107,869,780.	1,828,841,312.	278,165,598.	862,870.
26 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	269,865,573.	1	33,104,966.
	2 Savings and temporary cash investments	72,584.	2	365,308.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	273,369,107.	4	330,401,906.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	40,580,517.	8	44,208,378.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 859,114,126.		
	b Less: accumulated depreciation	10b 630,168,154.		
	11 Investments - publicly traded securities	216,907,538.	10c	228,945,972.
	12 Investments - other securities. See Part IV, line 11	438,695,626.	11	496,602,580.
	13 Investments - program-related. See Part IV, line 11	131,304,856.	12	120,828,438.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	143,863,308.	14	173,742,390.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,514,659,109.	15	1,428,199,938.	
17 Accounts payable and accrued expenses	125,371,290.	16	115,500,537.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	8,843,285.	23	8,907,610.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	584,326,380.	24	548,565,976.	
26 Total liabilities. Add lines 17 through 25	718,540,955.	25	672,974,123.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	729,683,530.	26	684,233,258.
	28 Net assets with donor restrictions	66,434,624.	27	70,992,557.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	796,118,154.	31	755,225,815.
33 Total liabilities and net assets/fund balances	1,514,659,109.	32	1,428,199,938.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,062,776,424.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,107,869,780.
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,093,356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	796,118,154.
5	Net unrealized gains (losses) on investments	5	2,772,363.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,428,654.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	755,225,815.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Temple University Hospital, Inc.

Employer identification number
23-2825878

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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 in (a)	2c
d Number of conservation easements included in (c) 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?

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 on 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	56,829,130.	65,275,542.	54,564,472.	35,872,119.	36,142,078.
b Contributions				21,271,758.	
c Net investment earnings, gains, and losses	3,151,372.	-8,446,413.	10,711,070.	-2,579,405.	-269,959.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	59,980,502.	56,829,130.	65,275,542.	54,564,472.	35,872,119.

- 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? <input type="checkbox"/> | 3b | |
- 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		436,610,271.	332,316,043.	104,294,228.
c Leasehold improvements				
d Equipment		397,552,412.	295,457,590.	102,094,822.
e Other		18,751,614.	2,394,521.	16,357,093.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				228,945,972.

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	152,052.	End-of-Year Market Value
(3) Other		
(A) Clarion Lion Properties Fund	68,263,346.	End-of-Year Market Value
(B) Davidson Kempner Capital Management	52,362,042.	End-of-Year Market Value
(C) FCOI II Holdings, L.P.	50,997.	End-of-Year Market Value
(D) Metropolitan Real Estate Partners	1.	End-of-Year Market Value
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	120,828,438.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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	21,996,442.
(2) Assets Held in Perpetual Trust	58,335,153.
(3) Due From Affiliated Companies	62,124,978.
(4) Other Assets	31,285,817.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	173,742,390.

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	112,907,578.
(3) Unfunded Post-Retirement Benefits	8,069,938.
(4) Reserve Liability	49,580,206.
(5) Long-Term Debt, Intercompany	236,831,527.
(6) Other Liabilities	92,207,448.
(7) Due to Affiliated Companies	45,633,481.
(8) Estimated Settlements, 3rd Party Payers	3,335,798.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	548,565,976.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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 Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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	
c 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			21,677,974.		21,677,974.	1.03%
b Medicaid (from Worksheet 3, column a)		246,968	758,859,349.	870,631,282.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		246,968	780,537,323.	870,631,282.	21,677,974.	1.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	460	172,641	8,280,837.		8,280,837.	.39%
f Health professions education (from Worksheet 5)			182,413,493.	36,875,626.	145,537,867.	6.90%
g Subsidized health services (from Worksheet 6)		51,251	81,567,823.	36,212,706.	45,355,117.	2.15%
h Research (from Worksheet 7)			2,000,000.		2,000,000.	.09%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,723,059.		8,723,059.	.41%
j Total. Other Benefits	460	223,892	282,985,212.	73,088,332.	209,896,880.	9.94%
k Total. Add lines 7d and 7j	460	470,860	1063522535.	943,719,614.	231,574,854.	10.97%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with 3 columns: Question, Yes, No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (-362,104). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

Section B. Medicare

Table for Section B with 3 columns: Question, Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (220,687,975). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (264,581,066). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-43,893,091). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system [] Cost to charge ratio [X] Other.

Section C. Collection Practices

Table for Section C with 3 columns: Question, Yes, No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (Yes: X).

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

Table with 9 columns: Facility description, Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Rows 1-5 contain facility data for Temple University Hospital, Inc. and related centers.

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

	Yes	No
Community Health Needs Assessment		
1 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
2 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
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 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	
6a 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
6b 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
7 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):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://tuh.templehealth.org/content/community_health_informa</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 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	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>https://tuh.templehealth.org/content/community_health_information.htm</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 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.		
12a 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 If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c 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 financial assistance policy that:			
13	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:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://tuh.templehealth.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 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>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <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>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 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>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <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>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) 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 <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>c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 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 financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <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>22 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>a <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 <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>c <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>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>23 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>		23	X
<p>24 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>		24	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.

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

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 took into account 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 19-32 of its CHNA posted in plain view on the hospital's

website at

[https://www.templehealth.org/locations/temple-university-hospital/about/com](https://www.templehealth.org/locations/temple-university-hospital/about/community-health)

munity-health .

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/com](https://www.templehealth.org/locations/temple-university-hospital/about/community-health)

munity-health .

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.

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, 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (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 Hospital Emergency Care, Charity Care, Financial Assistance, and Uninsured Discount Policy, 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 ensure 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

Part VI Supplemental Information (Continuation)

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 numerous 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>

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

Part VI Supplemental Information (Continuation)

plans. Our Emergency Preparedness Department is involved 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 conducts numerous engagement activities throughout the year, including collections for new coats and clothing, holiday gifts, food, and school supplies to benefit low-income families living in our communities. We are particularly proud of the support that we provide to local public schools, where many families have limited resources to purchase cold weather clothing and school supplies for young children.

(3) At Your Service: Temple University Hospital's volunteer intern program connected undergraduate students who engage in pro-active non-clinical rounding on inpatient and outpatient units and interact with patients and families. Volunteer 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 autism and disabilities.

(5) Housing Smart: In collaboration with Health Partners Plan, Keystone First and Resources for Human Development launched a two-year program to help 25 homeless Medicaid patients who frequently use hospital emergency departments. Patients are provided free housing and caseworkers to connect

Part VI Supplemental Information (Continuation)

them with health and social services. Caseworkers assist patients by furnishing apartments, connecting with healthy meals, and helping with applications for income assistance such as Social Security.

(6) Southeast Pennsylvania Collaborative Opportunities to Advance Community Health (COACH) initiative: In partnership with the U.S. Department of Health & Human Services, Philadelphia Department of Health and the Healthcare Improvement Foundation, Temple helps address food insecurity.

(7) Public Safety: Partnership with Temple University to improve public safety on and around North Philadelphia campuses, including indoor and outdoor spaces open to community.

WORKFORCE DEVELOPMENT

(1) Investment in Community's Healthcare Workforce: The purpose of this program is to build our local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education for workers living in our community, which helps to adapt and improve skills that enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and those receiving public assistance. Career pathways include nursing, behavioral health, allied health, childcare, and health IT. Education services include GED classes and testing as well as ESL and safety instruction.

(2) Community Health Worker Program: In partnership with Temple

Part VI Supplemental Information (Continuation)

University's Center for Social Policy, District Council 1199c Training and Upgrade Fund and Philadelphia Workforce Development Corporation, this program trains unemployed members of our community to become Community Health Workers. Through this program, we are helping residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes and cost.

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 2023, the cost of providing services to the Medicare population was \$43,893,091 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 VI Supplemental Information (Continuation)

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 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 largely on health data compiled by federal, state, city, and community-based health organizations, including the following:

*United States Center for Disease Control:

<https://www.cdc.gov/DataStatistics/>

Part VI Supplemental Information (Continuation)

*Pennsylvania Department of Health

[-http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un](http://www.statistics.health.pa.gov/Pages/default.aspx#.WoIMY1Qo6Un)

*Pennsylvania and County Health Profiles-

<http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/County>

[HealthProfiles/Documents/County_Health_Profiles_2015.pdf](#)

[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:

<http://www.countyhealthrankings.org/app/pennsylvania/2017/overview>

*City Data: <http://www.city-data.com/>

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

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

[mitedDataSets/MEDPARLDShospitalNational.html](#)

*Maternity Care Coalition -

<http://maternitycarecoalition.org/research/#publications-and-reports>

*Vizient (University Healthcare Consortium) Clinical Database*Current

literature on evolving health care delivery issues and care delivery

models.

*Participation in the Southeast Pennsylvania Collaborative Opportunities

to Advance Community Health (COACH) initiative in partnership with the

Part VI Supplemental Information (Continuation)

U.S. Department of Health & Human Services, Philadelphia Department of

Health and the Healthcare Improvement Foundation.

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 equity in health and

healthcare delivery for all, 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 racial and ethnic 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. PFACs connected with six

separate practice locations in our community and the PFAC of our Heart and

Vascular Institute. 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.

*Historic, service line specific utilization data.

Part VI Supplemental Information (Continuation)

*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 address social determinants of health affecting 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.

Temple University Hospital also works closely with our community partners to provide adult health services. Esperanza Physicians maintain staff privileges and provide continuity of care for their patients at our hospital. Additionally, Esperanza participates in our Internal Medicine Residency Programs. Delaware Valley Community Health and the Greater Philadelphia Health Action also refer their patients to Temple University Hospital for inpatient care.

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

Part VI Supplemental Information (Continuation)

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:

Part VI Supplemental Information (Continuation)

*Posters in plain view at inpatient, outpatient and emergency registration

areas and billing offices;

*Patient discharge summaries, billing invoices and vendor collection

notices; and

*Hospital website.

Part VI, Line 4:

As indicated in Temple University Hospital's Community Health Needs

Assessment available at

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

munity-health and

<https://www.templehealth.org/locations/jeanes-campus-tuh/about/community-he>

alth, our primary service area (TUH Service Area) is comprised of the

following zip codes: 19111, 19120; 19121;19122; 19124; 19125; 19132;

19133; 19134; 19135; 19140; 19144 and 19149. These zip codes represent

about 70% 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 550,000, which is

about one-third of Philadelphia's population of about 1.5 million.

B. Age Distribution

Part VI Supplemental Information (Continuation)

The TUH Service Area's age distribution reveals an overall younger population with 25.8% under the age of 18; 27.1% age 18-34; 34.8% age 35-64; and 12.3% age 65 and up.

C. Education Level

The population in the TUH service area consisted of 61.6% with a high school education or less compared with national average of 61.5%. The TUH service area population consists of 38.4% with education beyond high school, compared with national average of 61.5%.

D. Unemployment and Household Income

Unemployment

Philadelphia's unemployment rate is 9.2% compared with the 3.4% national average.

(Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, CY 2022)

Household Income

59.5% of households in the TUH service area earn less than \$50,000 per year, compared with the national rate of 34.8%.

E. Population Below Federal Poverty Level

Approximately 30% of the population living within TUH's service area lives at or below the federal poverty level.

F. Race/Ethnicity

In TUH's service area, 35.4% of the population identifies as Black; 31.5% as Hispanic, non-black; 21.4% as White Non-Hispanic; 7.7% as Asian& Pacific; and 4.1% as others.

G. Payer Mix

Approximately 79% of TUH service area's residents were covered by either Medicaid or Medicare: 49.1% for Medicaid, and 29.9% for Medicare.

Part VI Supplemental Information (Continuation)

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 carried out for the sole 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 86% of our inpatients are covered by government programs: 42% by Medicare and 44% by Medicaid. Temple University Hospital is located in a medically underserved area.

During our FYE June 30, 2023, Temple University Hospital engaged in numerous programs and events serving thousands of community members. Below 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 seven-times the national rate and has the highest opioid mortality rate in the City of Philadelphia. Our Temple Recovery Using Scientific Treatment (TRUST) Clinic, which is 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

Part VI Supplemental Information (Continuation)

TRUST Clinic supports community based primary care providers and Temple University Hospital's Emergency Departments at its main, Episcopal and Jeanes campuses. Our Begin the Turn street side multidisciplinary unit is staffed by a behavioral health professional, case manager, medical practitioner, and outreach workers. This team provides pharmacologic treatment for opioid use disorder and acute care services with a bridge to primary care and social services.

(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. The homicide mortality rate in our immediate service area is 700% higher than the national rate. With the addition of a full-time psychologist, Turning Point offers cognitive-based and trauma-informed mental health services to patients. 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) Healing Through Work: Our partnership with the Pennsylvania Commission on Crime and Delinquency and Philadelphia Works connects victims of gun violence with gainful employment to disrupt the cycle of interpersonal violence, open pathways, and bring stability to lives. A full-time workforce development specialist on our trauma team enrolls participants, helps set career goals, creates access to career pathways, and provides ongoing training and mentorship.

Part VI Supplemental Information (Continuation)

(4) 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's 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 FY23, we linked 1,620 patients to North Philadelphia-based crime victim service agencies through TUH's 24-hour Trauma Advocate Program.

(5) 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. As a replication site of the global Cure Violence model created in Chicago, our adapted model works to reduce the level of violence, particularly shootings and homicides, in Philadelphia. Trained outreach workers identify and mediate conflicts in the community. They work with high-risk individuals -- meeting them where they are and helping them obtain the social services they need -- making them less likely to commit violence.

(6) Maternal Health Equity: Geared toward prevention and treatment, this program advances and nurtures the health, wellbeing, and agency of Black, Latinx, and Indigenous birthing families in Philadelphia and beyond. A multidisciplinary team of clinicians, birth workers, and researchers cultivate impactful and sustainable solutions that support health equity at individual, family, health system, and societal levels. This program

Part VI Supplemental Information (Continuation)

addresses substance misuse in pregnancy in a trauma-informed, evidence-based way that supports the entire birthing family throughout the pregnancy and one-year post birth.

(7) Philadelphia Healthy and Safe Schools (PHASes): Trauma-informed schools have been shown to protect children who have been traumatized from suffering from substance misuse. A team of trauma specialists use educational coaching, parenting guidance, and social work values to empower the school community. The principal endeavor of the program is to transform two nearby public K-8 schools into urban trauma sensitive beacons . Providing safe and welcoming trauma-informed schools for children to learn, teachers to educate, and a community to grow will elicit openings to achieve educational milestones, generate a climate of sustainability, and engender greater academic and social equity.

(8) Care Transitions & Community Health Workers Programs: We developed a cohesive and robust series of programs that address social determinants and link patients to appropriate services. Our Community Health Worker (CHW) team serves as a critical resource for our surrounding neighborhoods. After identifying patients with complex social and medical health issues, CHWs conduct home visits, schedule and attend doctor appointments, coordinate transportation, and connect with other social supports to improve quality of life and treatment outcomes. We also developed a social determinants of health survey tool embedded in EPIC that is utilized to identify gaps in basic needs for patients such as housing, food, access to internet, transportation, utility assistance, and general health literacy. This has been implemented in our Emergency Departments and physician practices. When patients are identified with a gap, the CHW

Part VI Supplemental Information (Continuation)

team coordinates access to community-based programs. In addition, we
invested in web software that identifies community-based resources. This
site supports our CHWs work and is available to the community as a free
service.

(9) Multi-Visit Patient Clinic: Provides a full continuum of care for
patients with high emergency department use and frequent inpatient
admissions. Upon discharge, Community Health Workers link patients with
follow-up healthcare, provide meals and transportation, conduct home
visits, and connect with other social supports. Patients enrolled in the
clinic show a 50% reduction in emergency department use, a 72% reduction
in inpatient utilization, demonstrating that patients are seeking care in
a more appropriate setting .

(10) Certified Peer Recovery Specialist Team: We hired a team with lived
experience and specialized training that links overdose patients and
families with needed social services after treatment in our Emergency
Departments and Crisis Response Center.

(11) Food Insecurity & Nutrition: Given the limited access to fresh food
in North Philadelphia, 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

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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

(12) 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
 health screenings and education on a variety of health issues affecting
 residents, including diabetes, obesity, cancer, depression, anxiety,
 addiction, and PTSD. Health professionals from across Temple University
 Hospital's departments engaged in numerous outreach activities with
 government offices and community-based organizations. These include free
 health screenings and education on cancer, behavioral health, substance
 abuse, burn prevention, childbirth education and yoga instruction for
 expecting moms, diabetes care, smoking cessation, LGBTQ health, stroke
 prevention, and other topics.

(13) Social Supports: Our Social workers connected thousands of people
 with community-based social services, including free transportation, legal

Part VI Supplemental Information (Continuation)

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.

(14) 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 a number of 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.

(1) Financial Services: Temple employs Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage as well as providing assistance with out-of-pocket medical expenses. Our team of knowledgeable and caring professionals help patients understand their insurance coverage, limitations and out of pocket obligations. They assist patients and their families by answering their questions regarding the cost of healthcare services, providing information and guidance in comparing health plans, and enrolling them in government funded insurance plans such as Medicaid, Medicare and ACA Marketplace plans. All of our counselors are CMS Certified Application Counselors. In addition, they assist patients in applying for Temple Hospitals' Charity Care and Sliding-Scale Financial Assistance program and setting up payment plans. The financial counselors also assist patients in qualifying for patient assistance programs to cover most of the out-of-pocket costs for expensive medications.

Part VI Supplemental Information (Continuation)

(2) Linguistic and Cultural Services: Our language proficient bilingual staff, who we train and credential, performed thousands of interpretations this year. This unique program, known for its excellence, is one of many resources we provide to non-English speaking patients and families. We also assist other area hospitals that call on us to adapt our linguistic services module to their patient populations.

(3) Patient Family Advisory Councils (PFACS): Under the leadership of Temple University Hospital's Office of Patient Experience, we continued the six (6) Temple Physician Incorporated (TPI) and Temple Heart and Vascular Institute (THVI) PFACS for a total of 7 PFACS. The goal of these committees is to engage and encourage the participation of patients, their families, and members of the community in evaluating patient satisfaction. Our PFACS are currently setting priorities as well as developing recommendations for improving Temple University Hospital's services, programs, communications, and policies to better meet the needs of patients and families with the full support of Temple Health leadership.

A summary of our community health improvement and other community benefit activities is also 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/com](https://www.templehealth.org/locations/temple-university-hospital/about/community-health)
munity-health

**SCHEDULE I
(Form 990)**

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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Temple University Health System 3509 North Broad Street Philadelphia, PA 19140	23-2825881	501(c)(3)	0.	53,847,500.			General Support
Temple University of the Commonwealth of Higher Education - 1109 Wachman Hall, 1805 North Broad Street - Philadelphia, PA	23-1365971	501(c)(3)	0.	4,834,343.			General Support
Temple Faculty Practice Plan, Inc. 3509 North Broad Street Philadelphia, PA 19140	83-1002191	501(c)(3)	0.	1,225,000.			General Support
Wescore Foundation for Pulmonary Fibrosis - 229 North Main Street, 2nd Floor - Coopersburg, PA 18036	27-4464618	501(c)(3)	0.	32,925.			General Support
Temple Health System Transport Team, Inc. - 3509 North Broad Street - Philadelphia, PA 19140	75-3084023	501(c)(3)	0.	2,475,000.			General Support
Temple Physicians Inc. 3509 North Broad Street Philadelphia, PA 19140	23-2790607	501(c)(3)	0.	8,625,000.			General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8.

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

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

Schedule I (Form 990) 2022

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
America Oncologic Hospital 3509 North Broad Street Philadelphia, PA 19140	23-1352156	501(c)(3)	0.	68,007,500.			General Support
Philadelphia Protestant Home 6500 Tabor Road philadelphia, PA 19111	23-1396804	501(c)(3)	0.	7,500.			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)**

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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		

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

Schedule J (Form 990) 2022

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)	1,310,092.	379,500.	24,732.	15,250.	18,117.	1,747,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jason Wingard Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	975,000.	150,000.	262,566.	33,035.	28,391.	1,448,992.	0.
(3) Abhinav Rastogi President & CEO	(i)	659,428.	162,500.	26,346.	13,725.	30,272.	892,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Nicholas Barcellona Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	641,242.	161,725.	30,556.	13,725.	31,891.	879,139.	0.
(5) John Ryan Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	589,214.	128,775.	8,134.	12,634.	32,178.	770,935.	0.
(6) Angelo Venditti Chief Nurse Executive (until 3/20/23)	(i)	441,236.	85,176.	3,359.	13,725.	27,019.	570,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Daniel del Portal Chief Clinical Officer	(i)	414,929.	33,362.	0.	14,207.	31,821.	494,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Rebecca Armbruster Chief Medical Officer	(i)	405,528.	16,321.	4,122.	27,910.	24,147.	478,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Steven Carson SVP Population Health	(i)	365,720.	55,099.	25,917.	13,725.	12,918.	473,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Sean Rowland VP Perioperative Services	(i)	341,247.	52,772.	0.	13,725.	28,424.	436,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Shidong Li Chief Physicist	(i)	305,865.	0.	20,500.	30,500.	28,340.	385,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Susan Coull Chief GME Officer	(i)	301,088.	22,318.	17,268.	12,644.	26,353.	379,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Joseph Kosich AVP Health Info Management	(i)	290,629.	23,802.	18,833.	13,472.	29,194.	375,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Xenia Atienza RN-Staff/Clinical Nurse	(i)	352,372.	3,460.	0.	9,407.	1,945.	367,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) John Robison Executive Director	(i)	295,817.	30,118.	0.	13,671.	26,751.	366,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Christopher Snyder Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	259,180.	31,829.	16,093.	12,022.	28,248.	347,372.	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) Ray Lefton Chief Financial Officer	(i)	261,605.	14,164.	20,500.	26,448.	23,582.	346,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Chaudron Carter Chief Nurse Executive (from 3/20/23)	(i)	287,335.	21,702.	0.	24,325.	12,823.	346,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Michael DiFranco Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	249,789.	63,797.	0.	0.	31,332.	344,918.	0.
(20) Lisa Corbin Asst Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	239,546.	22,640.	6,500.	39,814.	29,878.	338,378.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

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

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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.

Table with 8 main columns: (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?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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

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
Omnicell Specialty Pharmac	Substantial Contrib	5,181,133.	Purchased S		X
Epic Systems Corporation	Substantial Contrib	24,854.	Equipment L		X
LabCorp of America Holding	Substantial Contrib	192,237.	Purchased S		X
MRA Realty Inc	Substantial Contrib	41,908.	Purchased S		X
Vizient Inc.	Substantial Contrib	1,414,692.	Purchased S		X
AMN Healthcare Inc	Substantial Contrib	1,352,135.	Purchased S		X
Apex Systems LLC	Substantial Contrib	5,018.	Equipment L		X
DHR International Inc	Substantial Contrib	245,318.	Purchased S		X
Harry J Lawall & Son Inc	Substantial Contrib	24,247.	Supplies		X
Language Services Assoc In	Substantial Contrib	781,054.	Purchased S		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: Purchased Services

(a) Name of Person: Epic Systems Corporation

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: LabCorp of America Holdings

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: MRA Realty Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: 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: Vizient Inc.

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: AMN Healthcare Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Apex Systems LLC

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Equipment Leasing

(a) Name of Person: DHR International Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(d) Description of Transaction: Purchased Services

(a) Name of Person: Harry J Lawall & Son Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

(a) Name of Person: Language Services Assoc Inc

(b) Relationship Between Interested Person and Organization:

Substantial Contributor

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		9,584.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	17	1,388.	FMV
19 Food inventory				
20 Drugs and medical supplies	X	995	474,752.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Trips/Outings/C)	X	21	23,688.	FMV
26 Other (Tickets/Members)	X	18	6,865.	FMV
27 Other (Dining/Wine)	X	18	3,498.	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 in 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.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Temple University Institutional Advancement department manages the

fundraising for Temple University Hospital, Inc.

**SCHEDULE O
(Form 990)**

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Temple University Hospital, Inc.

Employer identification number

23-2825878

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

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 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
879-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 30% 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.

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

Schedule O (Form 990) 2022

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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In addition to its main campus in North Philadelphia, TUH includes its Episcopal, Jeanes and Northeastern 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, 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 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

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impact of bench-to-clinic research associated with HIV-induced

neurological diseases and cognitive disorders.

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

bestowed upon only 8% of U.S. healthcare organizations.

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

370 transplants last year, including 119 lung transplants and 164 bone

marrow transplants. 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

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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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 86% of Temple University Hospital's inpatients are covered by government programs: 42% by Medicare and 44% by Medicaid. Patients dually eligible for both Medicare and Medicaid comprise about half of our Medicare inpatient base. Approximately 49% 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 152,000 patients in our Emergency Department; over 11,400 patients in our Psychiatric Crisis Response Center; and nearly 1,600 discharges from our inpatient Behavioral Health unit. We delivered over 2,000 babies, of whom nearly 85% were covered by Medicaid.

During our FYE June 30, 2023, Temple University Hospital engaged in numerous programs and events serving thousands of community members.

Below are selected highlights.

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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(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 seven-times the national rate and has the highest opioid mortality rate in the City of Philadelphia. Our Temple Recovery Using Scientific Treatment (TRUST) Clinic, which is 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 Begin the Turn street side multidisciplinary unit is staffed by a behavioral health professional, case manager, medical practitioner, and outreach workers. This team provides pharmacologic treatment for opioid use disorder and acute care services with a bridge to primary care and social services.

(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. The homicide mortality rate in our immediate service area is 700% higher than the national rate. With the addition of a full-time psychologist, Turning Point offers cognitive-based and trauma-informed mental health services to patients. 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.

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(3) Healing Through Work: Our partnership with the Pennsylvania Commission on Crime and Delinquency and Philadelphia Works connects victims of gun violence with gainful employment to disrupt the cycle of interpersonal violence, open pathways, and bring stability to lives. A full-time workforce development specialist on our trauma team enrolls participants, help set career goals, creates access to career pathways, and provides ongoing training and mentorship.

(4) 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's services that aid with post-traumatic recovery and community reintegration. We provide referrals to crime agencies to assist with relocation, recovery of lost wages, unpaid medical bills, and mental health services. In FY23, we linked 1,620 patients and family members with crime victim service agencies through TUH's 24-hour Trauma Advocate Program.

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

(5) 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. As a replication site of the global Cure Violence model created in Chicago, our adapted model works to reduce the level of violence, particularly shootings and homicides, in Philadelphia. Trained outreach workers

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identify and mediate conflicts in the community. They work with high-risk individuals -- meeting them where they are and helping them obtain the social services they need -- making them less likely to commit violence.

(6) Maternal Health Equity: Geared toward prevention and treatment, this program advances and nurtures the health, wellbeing, and agency of Black, Latinx, and Indigenous birthing families in Philadelphia and beyond. A multidisciplinary team of clinicians, birth workers, and researchers cultivate impactful and sustainable solutions that support health equity at individual, family, health system, and societal levels. This program addresses substance misuse in pregnancy in a trauma-informed, evidence-based way that supports the entire birthing family throughout the pregnancy and one-year post birth.

(7) Philadelphia Healthy and Safe Schools (PHASes): Trauma-informed schools have been shown to protect children who have been traumatized from suffering from substance misuse. A team of trauma specialists use educational coaching, parenting guidance, and social work values to empower the school community. A principal endeavor of the program is to transform two nearby public K-8 schools into urban trauma sensitive beacons. Providing safe and welcoming trauma-informed schools for children to learn, teachers to educate, and a community to grow will elicit openings to achieve educational milestones, generate a climate of sustainability, and engender greater academic and social equity.

(8) Care Transitions & Community Health Workers Programs: We developed a cohesive and robust series of programs that address social

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determinants and link patients to appropriate services. Our Community

Health Worker (CHW) team serves as a critical resource for our

surrounding neighborhoods. After identifying patients with complex

social and medical health issues, CHWs conduct home visits, schedule

and attend doctor appointments, coordinate transportation, and connect

with other social supports to improve quality of life and treatment

outcomes. We also developed a social determinants of health survey

tool embedded in EPIC that is utilized to identify gaps in basic needs

for patients such as housing, food, access to internet, transportation,

utility assistance, and general health literacy. This has been

implemented in our Emergency Departments and physician practices. When

patients are identified with a gap, the CHW team coordinates access to

community-based programs. In addition, we invested in a web software

that identifies community based resources. This site supports our CHWs

work and is available to the community as a free service.

(9) Multi-Visit Patient Clinic: Provides a full continuum of care for

patients with high emergency department use and frequent inpatient

admissions. Upon discharge, Community Health Workers link patients with

follow-up healthcare, provide meals and transportation, conduct home

visits, and connect with other social supports. Patients enrolled in

the clinic show a 50% reduction in emergency department use and a 70%

reduction in inpatient utilization demonstrating they are seeking more

appropriate care in effective settings.

(10) Certified Peer Recovery Specialist Team: We hired a team with

lived experience and specialized training that link overdose patients

and families with needed social services after treatment in our

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Emergency Departments and Crisis Response Center.

(11) Food Insecurity & Nutrition: Given the limited access to fresh food in North Philadelphia, 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.

(12) 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 health screenings and education on a variety of health issues affecting residents, including diabetes, obesity, cancer, depression, anxiety, addiction, and PTSD. Health professionals from across Temple University Hospital's departments engaged in numerous outreach activities with government offices and community-based organizations. These include free health screenings and education on

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cancer, behavioral health, substance abuse, burn prevention, childbirth

education and yoga instruction for expecting moms, diabetes care,

smoking cessation, LGBTQ health, stroke prevention, and other topics.

(13) Housing Smart: In collaboration with Health Partners Plan,

Keystone First and Resources for Human Development launched a two-year

program to help 25 homeless Medicaid patients who frequently use

hospital emergency departments. Patients are provided free housing and

caseworkers to connect them with health and social services.

Caseworkers assist patients by furnishing apartments, connecting with

healthy meals, and helping with applications for income assistance such

as Social Security.

(14) 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.

(15) 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 a number of

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.

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(1) Financial Services: Temple employs Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage as well as providing assistance with out-of-pocket medical expense.

Our team of knowledgeable and caring professionals help patients understand their insurance coverage, limitation, and out-of-pocket obligations. They assist patients and their families by answering their questions regarding the cost of healthcare services, providing information and guidance in comparing health plans, and enrolling them in government funded insurance plans such as Medicaid, Medicare and ACA Marketplace plans. All of our counselors are CMS Certified Application Counselors. In addition, they assist patients in applying for Temple Hospitals' Charity Care and Sliding-Scale Financial Assistance program and setting up payment plans. The financial counselors also assist patients in qualifying for patient assistance programs to cover most of the out-of-pocket costs for expensive medications.

(2) Linguistic and Cultural Services: Our language proficient bilingual staff, who we train and credential, performed thousands of interpretations this year. This unique program, known for its excellence, is one of many resources we provide to non-English speaking patients and families. We also assist other area hospitals that call on us to adapt our linguistic services module to their patient populations.

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

(3) Patient Family Advisory Councils (PFACS): Under the leadership of Temple University Hospital's Office of Patient Experience, we continued

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the six (6) Temple Physician Incorporated (TPI) and the Temple Heart and Vascular Institute (THVI) PFAC for a total of 7 PFACs . These committees engage and encourage the participation of patients, their families, and members of the community in evaluating patient satisfaction. Our PFACs are currently setting priorities as well as developing recommendations for improving Temple University Hospital's services, programs, communications, and policies to better meet the needs of patients and families with the full support of Temple Health leadership.

(4) Workforce Development. The purpose of our labor-management workforce development and education programs are to build local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. Career pathways include nursing, behavioral health, allied health, childcare, and health IT. Education services include GED classes and testing as well as ESL and safety instruction. In addition to our partnership with Temple University's Center for Social Policy, District Council 1199c Training and Upgrade Fund, and Philadelphia Workforce Development Corporation, our Community Health Worker program helps local residents develop valuable job skills while also achieving national goals of improving healthcare quality, outcomes, and cost.

(5) Health Professions Education. Temple provides a significant investment in the education and training of the next professional healthcare workforce to benefit the broader community. This includes

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part of the cost of training nearly 700 residents and fellows in 46

teaching programs. The exposure that our residents receive caring for

our diverse, low-income community helps Temple address health

disparities while developing our nation's future physicians.

(6) 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 is involved 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.

A summary of our community health improvement and other community

benefit activities is also 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

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

Committees. The Executive Committee is authorized to act for the Board

between its regular meetings.

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

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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 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.

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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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 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 through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site, and the Health System's 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	159,599,379.
Fundraising expenses	0.
Total expenses	159,599,379.

Healthcare Professional:

Name of the organization Temple University Hospital, Inc.	Employer identification number 23-2825878
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Program service expenses	255,673,454.
Management and general expenses	2,184,776.
Fundraising expenses	0.
Total expenses	257,858,230.

Professional Fees:

Program service expenses	20,809,788.
Management and general expenses	4,421,674.
Fundraising expenses	0.
Total expenses	25,231,462.

Purchased Services:

Program service expenses	87,931,538.
Management and general expenses	21,606,032.
Fundraising expenses	0.
Total expenses	109,537,570.

Total Other Fees on Form 990, Part IX, line 11g, Col A 552,226,641.

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

Other Comprehensive Pension Income 1,428,654.

**SCHEDULE R
(Form 990)**

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 7601 Central Avenue Philadelphia, PA 19111	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) 2022

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 Ongologic 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 3509 N Broad Street Philadelphia, PA 19140	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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TUHS Insurance Company, LTD - 98-1203189 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Reinsurance	Bermuda	Temple University Health System						X
Fox Chase, LTD - 23-2396731 3509 N Broad Street Room 936 c/o TUHS Legal Philadelphia, PA 19140	Healthcare	PA	American Oncologic Hospital	C CORP					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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	2,688,783.	Negotiated Rate
(2) Episcopal Hospital	O	1,815,094.	Actual Hours Worked
(3) Episcopal Hospital	Q	546,463.	Actual Cost
(4)			
(5)			
(6)			

