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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

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 North Broad Street No Rm 936

City or town, state or country, and ZIP + 4
Philadelphia, PA 19140

D Employer identification number
23-2825878

E Telephone number
(215) 707-4533

G Gross receipts $ 816,458,924

F Name and address of Principal Officer
Edward Chabalowski
3509 North Broad Street
Philadelphia, PA 19140

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Web site: ▶ www tuh templehealth org

K Type of organization [x] Corporation [ ] trust [ ] association [ ] 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

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

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	5,171
6	Total number of volunteers (estimate if necessary)	6	35
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	600,108
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-217,762

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,634,627	2,019,919
9	Program service revenue (Part VIII, line 2g)	680,336,615	702,399,010
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,905,855	14,866,259
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,085,966	2,446,205
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	733,963,063	721,731,393
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,189,230	40,458,508
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	310,519,375	329,897,378
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	386,494,434	374,205,135
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	743,203,039	744,561,021
19	Revenue less expenses Subtract line 18 from line 12	-9,239,976	-22,829,628

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	678,802,547	625,164,097
21	Total liabilities (Part X, line 26)	406,010,390	396,085,232
22	Net assets or fund balances Subtract line 21 from line 20	272,792,157	229,078,865

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

Please Sign Here

****** | 2010-05-13
Signature of officer | Date

Edward Chabalowski CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ [ ]	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			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 (See the instructions.)

1 Briefly describe the organization's 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

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 ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 620,964,637 including grants of $ 40,458,508) (Revenue $ 704,245,107)

Temple University Hospital is a 740-bed teaching hospital located in Philadelphia, PA The hospital provides medical students and patients with ready access to an exceptional group of physicians in every specialty and primary care field These doctors include the nationally recognized faculty of the Temple University School of Medicine, who are supported by the advanced resources of its major teaching hospital Temple has 530 Residents enrolled in 20 Residency programs spanning a broad range of specialties The hospital had 2,543 births, 28,317 inpatient admissions, 173,103 outpatient visits and 102,349 emergency department visits Temple University Hospital takes great pride in the broad array of community services that we provide to our neighborhoods and the Southeast Pennsylvania region These services are especially important to our diverse, economically challenged neighborhood, of which 82% are of minority status, and more than 33% live below the federal poverty level In fact, Temple University Hospital serves one of our nations most economically challenged areas, with more than 80% of its patients covered by government programs, including 30% covered by Medicare and 52% covered by Medicaid It provides more inpatient days of care to Medical Assistance recipients than any other hospital in the Commonwealth With a location that is federally designated as a "Primary Care Professional Shortage Area," a "Medically Underserved Area," and an urban "Renewal Area," and with a major campus also situated in a federal "Empowerment Zone," Temple University Hospital is firmly committed to advancing the health of people and quality of life in our communities Below is a summary of some of the programs and activities operated in 2009 of which we are most proud Reaching out to the Community At a cost of more than $3 million, Temple reached more than 13,000 people, providing free health screenings, support groups for patients and families dealing with cancer and other diseases, immunization for flu, education on childbirth, mental health, burn prevention, diabetes care and other topics, testing for HIV, and many other outreach activities Providing Critical Social Resources At a cost of more than $1 7 million, Temple's Social Services Department connected nearly 7,000 people with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies to vulnerable patients to enable them to receive care and meds immediately after discharge Connecting Patients with Financial Resources Temple employs 35 Financial Counselors dedicated to helping un-and under-insured patients obtain medical coverage At a cost of about $1 4 million annually, this team processes about 7,000 applications annually Combating Gun Violence Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, with nearly 1,200 teens engaged in the program Investing in Health Professions Education Temple incurs a net expense of $31 million to provide the education and training necessary to develop a professional healthcare workforce to benefit the broader community This includes part of the cost of training 530 residents and fellows in over 45 teaching programs Our residents and fellows are involved in various efforts that directly impact the community, including our Cradle to Grave program, the Temple CAREs primary clinic, our HIV clinic, and other community outreach initiatives Exposure to our diverse, low-income community helps Temple address health disparities while developing future physicians Our investment in health professions also includes part of the cost of operating the Episcopal Hospital School of Nursing RN Diploma Program, providing an affordable option for community members who would not otherwise be able to attend traditional collegiate programs Investing in our Hospital Workforce Temple invests more than $400,000 for comprehensive training and education to help frontline workers living in the community adapt and improve skills to enable them to participate in a changing healthcare workplace Providing Opportunities in Healthcare Temple invests more than $250,000 annually to administer its Opportunities in Healthcare program, a free, structured after-school program that exposes inner-city high school students to a variety of healthcare careers Over the past 3 years, 100% of participating students graduated from high school and went on to college, an impressive number for a population in which only 35% of residents achieve a high school degree Fostering Volunteerism A majority of the members of TUH's Board of Directors is comprised of local volunteers who offer expertise and govern the organization without compensation Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as members of their boards-of-directors and in partnership with their outreach services Promoting Multi-Cultural Services With an investment of more than $1 3 million, Temple employs a team of 11 professional medical interpreters who provide personal language assistance for our Spanish-speaking population Supplementing this are 65 specially trained dual-role interpreters, representing seven languages In FY 2009, these groups performed more than 20,000 bedside interpretations This is in addition to interpretations performed via telephone by contracted agency interpreters Fueling our Community's Economic Engine Temple University Hospital employed nearly 5,000 people and paid $330 million in salaries and benefits As the largest employer for North Philadelphia, about 22% of its employees live within its immediate and adjacent zip codes For every $1 00 of hospital employee compensation, about $ 92 additional compensation is spent elsewhere in the community (more than $300 million) For every job at Temple University Hospital, about 1 2 additional jobs are generated elsewhere (about 6,000 spin-off jobs) Reducing the Government Burden In 2009, Temple University Hospital incurred more than $21 million in charity care expenses In addition, Temple maintains strong affiliations with the City of Philadelphia and numerous FQHC organizations to help ensure access to care for our vulnerable population Form 990, Part IV, Line 4 - Lobbying Expenses - Temple University Hospital, Inc does not actively pursue lobbying activities, however certain professional organizations which Temple University Hospital, Inc pays dues, membership fees or belongs to may actively pursue lobbying activities on behalf of its overall membership

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

See Statement

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

See Statement

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 620,964,637 *Must equal Part IX, Line 25, column (B).*

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	213		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,171		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 17		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Edward Chabalowski CFO
3509 North Broad St Room 936
Philadelphia, PA 19140
(215) 707-7766

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								1,922,481	7,061,670	461,992

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 384

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple University 400 Carnell Hall 1803 N Broad St Philadelphia, PA 19121	Physicians, Purchased Services	71,813,093
Temple University Health Systems 2450 West Hunting Park Ave Philadelphia, PA 19129	Purchased Services, Related Organization	34,809,204
Cogent Healthcare of Pa 2600 Michelson Drive Irvine, CA 92612	Hospitalist Physicians	8,248,706
Allied Barton Security Services 3606 Horizon Drive King of Prussia, PA 19406	Guard Services	3,400,736
DLC Parking & Transportation 510 Walnut St Philadelphia, PA 19106	Parking	1,834,131

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 44

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 158,839				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,861,080				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	2,019,919			
Program Service Revenue		Business Code				
	2a	Patient Service Rev 900,099	692,027,338	692,027,338		
	b	Parking Fees 812,930	3,497,937	3,497,937		
	c	Rent Tax Exempt Affl 531,120	3,023,344	3,023,344		
	d	Cafeteria Sales 722,210	2,126,799	2,126,799		
	e	Student Tuition 611,600	398,360	398,360		
	f	All other program service revenue	1,325,232	1,325,232		
	g	**Total. Add lines 2a-2f** ▶ $ 702,399,010				
	3	Investment income (including dividends, interest other similar amounts) ▶	2,042,070			2,042,070
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 107,551,720				
	b	Less cost or other basis and sales expenses: 94,727,531				
	c	Gain or (loss): 12,824,189				
	d	Net gain or (loss) ▶	12,824,189			12,824,189
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	Miscellaneous Income 621,500	2,446,205	1,846,097	600,108	
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 2,446,205				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	721,731,393	704,245,107	600,108	14,866,259

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	40,458,508	40,458,508		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,287,753		3,287,753	
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	243,477,128	229,249,182		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,206,801	9,834,563	372,238	
9	Other employee benefits	54,275,642	51,117,367	3,158,275	
10	Payroll taxes	18,650,054	17,372,525	1,277,529	
11	Fees for services (non-employees)				
a	Management				
b	Legal	530,468	27,575	502,893	
c	Accounting	425,120		425,120	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	161,536,691	87,286,991	74,249,700	
12	Advertising and promotion	377,574	3,473	374,101	
13	Office expenses	108,426,635	105,927,735	2,498,900	
14	Information technology	2,854,626		2,854,626	
15	Royalties . .				
16	Occupancy	19,646,533	4,810,777	14,835,756	
17	Travel	432,845	344,306	88,539	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	12,511,884	12,511,884		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,104,154	21,018,186	85,968	
23	Insurance	17,028,653	17,007,216	21,437	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Equip rental and maint	13,389,528	11,827,829	1,561,699	
b	Bad Debt	11,169,166	11,169,166		
c	Other Expenses	4,554,254	780,350	3,773,904	
d	Loss-Disposal Fix Asset	217,004	217,004		
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	744,561,021	620,964,637	123,596,384	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	40,747,112	1	80,175,532
	2	Savings and temporary cash investments	218,263,703	2	148,446,600
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	136,134,691	4	134,023,961
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	10,786,914	8	12,732,124
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a: 469,906,320			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 295,697,262	161,518,221	10c	174,209,058
	11	Investments—publicly traded securities	21,993,010	11	18,386,766
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	89,358,896	15	57,190,056
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	678,802,547	16	625,164,097
Liabilities	17	Accounts payable and accrued expenses	64,043,273	17	62,045,231
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	123,574,714	20	109,398,479
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	218,392,403	25	224,641,522
	26	**Total liabilities.** *Add lines 17 through 25*	406,010,390	26	396,085,232
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	243,837,025	27	204,317,274
	28	Temporarily restricted net assets	3,261,707	28	3,831,928
	29	Permanently restricted net assets	25,693,425	29	20,929,663
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	272,792,157	33	229,078,865
	34	Total liabilities and net assets/fund balances	678,802,547	34	625,164,097

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 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?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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 ▶

b **33 1/3% Test - 2007.** If the organization did not check the 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 ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	24,384,000				
b	Contributions					
c	Investment earnings or losses	-4,764,000				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	19,620,000				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,043,356		3,043,356
b Buildings		257,747,540	143,864,832	113,882,708
c Leasehold improvements				
d Equipment		203,837,235	151,646,115	52,191,120
e Other		5,278,189	186,315	5,091,874
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				174,209,058

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Self Insurance Assets	17,820,188
Assets Held in Perpetual Trust	19,620,529
Due from Affiliated Companies	10,860,205
Assets Held by TU Prepaid Pension	5,594,000
Other Assets	3,295,134
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	57,190,056

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Self Insurance Program Liability	62,090,986
Unfunded Post Retirement Benefit Obligation	33,704,417
Other Liability General	13,851,725
Temple University Revenue Bonds	85,991,049
Other Liabilities	29,003,345
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	224,641,522

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(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
a Charity care at cost (from *worksheets 1 and 2*)			17,830,723		17,830,723	2 390 %
b Unreimbursed Medicaid (from *worksheet 3, column a*)			256,561,243	239,362,000	17,199,243	2 310 %
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Programs			274,391,966	239,362,000	35,029,966	4 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)			3,129,652	43,500	3,086,152	0 410 %
f Health professions education (from worksheet 5)			54,476,246	22,948,183	31,528,063	4 230 %
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits			57,605,898	22,991,683	34,614,215	4 640 %
k **Total** (line 7d and 7j)			331,997,864	262,353,683	69,644,181	9 340 %

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	1		414,634		414,634	0 060 %
9	Other						
10	**Total**	1		414,634		414,634	0 060 %

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	11,169,166		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	82,399,570		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	95,411,821		
7	Enter line 5 less line 6—surplus or (shortfall)	7	-13,012,251		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(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 %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Temple University Hospital Inc 3509 North Broad St Philadelphia, PA 19140	X	X		X	X		X		
Temple Univ Hosp Episcopal Hospital 100 East Lehigh Avenue Philadelphia, PA 19125	X	X		X			X		Operated under TUH, Inc license
Temple Univ Hosp Inc Bone Marrow Jeanes 7600 Central Avenue Philadelphia, PA 19111	X	X		X					Operated under TUH, Inc license

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

Part III, Line 4 This expense is related to services rendered for which payment is anticipated and credit is extended These patients do not meet the established Charity Care policy and therefore have the ability to pay The cost method is determined based on the patient's liability for services rendered

Part III, Line 8 Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received In 2009, the cost of providing services to the Medicare population was ($13,012,251) higher than revenue Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report

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 All eligible accounts are written off If an account does not qualify for charity care or qualifies for only a charity care discount,the normal billing process is followed

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 In assessing community needs, Temple University Hospital uses 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-sample reports or data sets) *Pennsylvania Department of Health - (sample reports or data sets)*Pennsylvania Health Care Cost Containment Council (PHC4) - (sample reports or data sets) *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 *Delaware Valley Healthcare Council-(sample reports or data sets) *Centers for Medicare and Medicaid Services (CMS) Medpar data *Maternity Care Coalition-Childbirth at a Crossroads report *Premier-Care Science Quality Manager*Current literature on evolving health care delivery issue and models on the delivery of care Internally, we rely on the following sources *Collaboration of Medical School and Hospital leadership*Consensus discussion with key clinical providers*Performance Improvement , Risk Management and Patient Safety outcomes *Historic, service line specific utilization data*Organizational community risk assessments (Infection Control, Environment of Care, Emergency Management, Fire Safety Management, Disaster Response)In addition to data sources, we also work closely with local government offices and not-for-profit community based health and social services organizations to address specific needs of vulnerable populations

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 charity care policy

Part VI, Line 3 The Financial Counselors assigned to Temple University Hospital screen all uninsured and underinsured patients who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid, CHIP, and Adult Basic *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 *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

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Temple University Hospital Service Area Community Profile Temple University Hospital service area consists of the following zip codes 19120, 19121, 19122, 19124, 19125, 19132, 19133, 19134, 19140, 19141, and 19144 This is an area with a disproportionally high percentage of poor and undereducated population The total population in TUH's service area has declined over the past decade and is projected to decline by 2 9% from 2009 to 2014 In contrast, the total U S population has grown over the past decade, and is projected to grow by 5 1% over the next five years B Age DistributionApproximately 30% of the total population within TUH's service area is under the age of 18, approximately 26% higher than the overall average for the United States (24%) 24% of the TUH service area population is age 18-34 consistent with the national average 36% of the TUH service area population is age 35-64, 10% less than the national average of 40% 10% of the TUH service area population is over 65 years old, which is 30% less than the national average of 13% The average age of the TUH service area is projected to increase slightly over the next five years Under 18 population is projected to decline from 137,000 in 2009 to 131,000 in 2014, a decline of approximately 5% The 65 and over population is projected to increase from 44,000 in 2009 to 45,600 in 2014, a projected increase of 3 5% C Education LevelIn 2009, the population in the TUH service area consisted of 74% with high school education or less, a rate approximately 50% higher than the national average of 48% The TUH service area population consists of 26% with education beyond high school, approximately half the national average of 52% D Unemployment and Household IncomeUnemployment In TUH's service area, 15 3% of the total population were unemployed in 2009, 62% higher than the national unemployment rate of 9 4% Household IncomeApproximately 75% of households in the TUH service area earn less than $50,000 per year, approximately 50% greater than the national average of 49% 25% of TUH service area households earn over $50,000 per year, which is approximately half the national average of 51% E Race/EthnicityIn TUH's service area, 51 8% of the total population is Black, over four times the national level of 12% Hispanics are the second largest population in TUH's service area, comprising 24% of the population, compared to the national average of 15% The percentage of White population is lower than the national level, 18% in the TUH service area compared to 65% nationwide F Payer Mix in 2009Approximately 80% of people in the TUH service area are covered by either Medicaid or Medicare, 48% for Medicaid and 32% for Medicare This represents approximately three times the 2008 national average of 14% for Medicaid, and approximately two times of the 2008 national level of 14% for Medicare

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Temple invests more than $400,000 for comprehensive training and education to help frontline workers living in the community adapt and improve skills to enable them to participate in a changing healthcare workplace

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 Temple University Hospital takes great pride in the broad array of community services that we provide to our neighborhoods and the Southeast Pennsylvania region These services are especially important to our diverse, economically challenged neighborhood, of which 82% are of minority status, and more than 33% live below the federal poverty level In fact, Temple University Hospital serves one of our nations most economically challenged areas, with more than 80% of its patients covered by government programs, including 30% covered by Medicare and 52% covered by Medicaid It provides more inpatient days of care to Medical Assistance recipients than any other hospital in the Commonwealth With a location that is federally designated as a "Primary Care Professional Shortage Area," a "Medically Underserved Area," and an urban "Renewal Area," and with a major campus also situated in a federal "Empowerment Zone," Temple University Hospital is firmly committed to advancing the health of people and quality of life in our communities Below is a summary of some of the programs and activities operated in 2009 of which we are most proud Reaching out to the Community At a cost of more than $3 million, Temple reached more than 13,000 people, providing free health screenings, support groups for patients and families dealing with cancer and other diseases, immunization for flu, education on childbirth, mental health, burn prevention, diabetes care and other topics, testing for HIV , and many other outreach activities Providing Critical Social Resources At a cost of more than $1 7 million, Temple's Social Services Department connected nearly 7,000 people with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies to vulnerable patients to enable them to receive care and meds immediately after discharge Connecting Patients with Financial Resources Temple employs 35 Financial Counselors dedicated to helping un-and under-insured patients obtain medical coverage At a cost of about $1 4 million annually, this team processes about 7,000 applications annually Combating Gun Violence Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, with nearly 1,200 teens engaged in the program Investing in Health Professions Education Temple incurs a net expense of $31 million to provide the education and training necessary to develop and a professional healthcare workforce to benefit the broader community This includes part of the cost of training 530 residents and fellows in over 45 teaching programs Our residents and fellows are involved in various efforts that directly impacts the community, including our Cradle to Grave program, the Temple CAREs primary clinic, our HIV clinic, and other community outreach initiatives Exposure to our diverse, low-income community helps Temple address health disparities while developing future physicians Our investment in health professions also includes part of the cost of operating the Episcopal Hospital School of Nursing RN Diploma Program, providing an affordable option for community members who would not otherwise be able to attend traditional collegiate programs Investing in our Hospital Workforce Temple invests more than $400,000 for comprehensive training and education to help frontline workers living in the community adapt and improve skills to enable them to participate in a changing healthcare workplace Providing Opportunities in Healthcare Temple invests more than $250,000 annually to administer its Opportunities in Healthcare program, a free, structured after-school program that exposes inner-city high school students to a variety of healthcare careers Over the past 3 years, 100% of participating students graduated from high school and went on to college, an impressive number for a population in which only 35% of residents achieve a high school degree Fostering Volunteerism A majority of the members of TUH's Board of Directors is comprised of local volunteers who offer expertise and govern the organization without compensation Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as members of their boards-of-directors and in partnership with their outreach services Promoting Multi-Cultural Services With an investment of more than $1 3 million, Temple employs a team of 11 professional medical interpreters who provide personal language assistance for our Spanish-speaking population Supplementing this are 65 specially trained dual-role interpreters, representing seven languages In FY 2009, these groups performed more than 20,000 bedside interpretations This is in addition to interpretations performed via telephone by contracted agency interpreters Fueling our Community's Economic Engine Temple University Hospital employed nearly 5,000 people and paid $330 million in salaries and benefits As the largest employer for North Philadelphia, about 22% of its employees live within its immediate and adjacent zip codes For every $1 00 of hospital employee compensation, about $ 92 additional compensation is spent elsewhere in the community (more than $300 million) For every job at Temple University Hospital, about 1 2 additional jobs are generated elsewhere (about 6,000 spin-off jobs) Reducing the Government Burden In 2009, Temple University Hospital incurred more than $21 million in charity care expenses In addition, Temple maintains strong affiliations with the City of Philadelphia and numerous FQHC organizations to help ensure access to care for our vulnerable population

7 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 communites served

Part VI, Line 7 Temple University Hospital is a member of the Temple University Health System, Inc (TUHS) Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports 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 The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves, the Temple Health System Transport Team, Inc's mission is to provide the highest level of critical care transport services available in the mid-Atlantic region, and, Temple Physicians, Inc's mission is to provide the highest quality of clinical care as well as to support the System's clinical, administrative and corporate activities

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth System of Higher Education1109 Wachman Hall 1805 North Broad St Philadelphia, PA 19122	23-1365971	501c3	16,158,507				General Support
Temple University Health Systems3509 North Broad St 9th floor Philadelphia, PA 19140	23-2825881	501c3	21,600,001				General Support
Fortress Properties Trust co Fortress Properties Inc3509 No3 Village Road Suite 100rth Broad St 9th floor Horsham, PA 19044	26-6241201		2,700,000				Funding trust to benefit organization

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants were made only for tax-exempt purposes to related organizations under common control Grants are subject to review by the governing bodies and management of the related organizations and their common parent

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Edmond F Notebaert	(i)							
	(ii)	416,669	500,000				916,669	
Joseph W Marshall III	(i)							
	(ii)	1,036,440	70,000	2,554,718	30,472	25,126	3,716,756	
Dr Ann Weaver Hart	(i)							
	(ii)	510,152	50,000	3,393		43,665	607,210	
Sandra Gomberg	(i)	248,533	188		25,310	13,344	287,375	
	(ii)							
Beth C Koob	(i)							
	(ii)	366,224	187	20,145	30,472	19,491	436,519	
Edward A Chabalowski	(i)	197,753	187	9,385	21,607	13,344	242,276	
	(ii)							
Joseph G Klos	(i)							
	(ii)	196,825	188		21,226	5,682	223,921	
Robert H Lux	(i)							
	(ii)	440,867	188	19,735	30,472	20,392	511,654	
Herbert P White	(i)							
	(ii)	211,945	188	11,535	23,353	12,244	259,265	
Robert Pezzoli	(i)							
	(ii)	552,293	188	11,555	30,472	20,981	615,489	
Dr Susan Freeman	(i)	357,580	187		25,310	5,695	388,772	
	(ii)							
John Cacciamani	(i)	246,332	187		10,350		256,869	
	(ii)							
Shidong Li	(i)	221,868	187		10,156		232,211	
	(ii)							
Michael Grady	(i)	215,086	187		5,428		220,701	
	(ii)							
Tiffaney Moore	(i)	210,950	207	2,251	4,322		217,730	
	(ii)							
Ever Luizaga	(i)	211,413					211,413	
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Joseph W Marshall, III also served as Chief Executive Officer of Temple University Health System, Inc and was paid a severance by the Health System upon his termination from that role His severance payment was $2,547,333

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Hospitals & Higher Ed Fac Auth of Phila	23-1929132	717903R59	02-17-1993	164,911,891	Refunding of Series of 1993		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue	164,911,891				
2	Gross Proceeds in Reserve Funds	13,428,906				
3	Proceeds in Refunding or Defeasance Escrows	86,343,576				
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds	390,525				
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds	64,748,884				
8	Year of Substantial Completion	1986				

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?	X									
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	West LB Bank									
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

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) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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	(e) No
Laurie Parks	Daughter to Donald Parks, Director at TUH	81,144	Employee at TUH		No
John Testa	Brother in Law to Jane Scaccetti	76,477	Employee at TUH		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		See Part VI Section A Line 6 Statement above

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		See Part VI Section A Line 6 Statement above

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		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

Identifier	Return Reference	Explanation
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 All employees are subject to a conflicts of interest policy that is monitored by the Office of the Secretary

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health Systems financial web site The Annual Audited Financial Statements are also released to the public in the same manner The governing documents and the conflict of interest documents are not available to the public Form 990, Part VII, Column (B)- Hours Worked Certain directors and officers of the organization who are listed on Form 990, Part VII also serve as directors or officers of related organizations Each director and officer who is a volunteer typically works a total of 2 hours per week for the organization and related organizations Each director, officer, key employee or other person listed on Form 990, Part VII who is a full-time employee of the organization or a related organization typically works a total of 50 hours per week for the organization and related organizations

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2	Consolidated Audit	The organization's financial statements are audited by an independent certified public accountant on a consolidated basis

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Audit Committee	The organization has a committee that assumes responsibility for overseeing the audit of its consolidated financial statements and selection of an outside independent certified public accountant Schedule K, Part III, Lines 4, 5 and 6 Private Business Use The organization is reviewing use of bond-financed facilities to determine the percentage, if any, used in a private business use Because these questions are optional for 2008 and the organizations review has not yet been completed, Lines 4, 5 and 6 have been left blank Schedule K, Part IV, Line 3c Arbitrage The GIC was terminated in 2009

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II 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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
TUHS Insurance Company LTD 3509 N Broad Street 9th floor - TUC Philadelphia, PA19140	Malpractice	BD					
Fortress Properties Trust co Fortress Properties Inc 3 Village Road Suite 100 Horsham, PA19044 26-6241201	Trust for the benefit of Temple University, Inc	PA		T		4,229,741	100 000 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Fortress Properties Inc	B	2,700,000
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 23-2825878
Name: Temple University Hospital Inc

Form 990, Schedule R, Part II - 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 501(c)(3))	(F) Direct Controlling Entity
Temple University Of The Commonwealth System of Higher Education 300 Sullivan Hall 1330 W Berks St Philadelphia, PA 19122 23-1365971	Education	PA	501c3	2	N/A
Temple University Health System Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2825881	Health Care	PA	501c3	11a, Type 1	N/A
Temple University Health System Foundation Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2916108	Health Care	PA	501c3	11a, Type 1	N/A
Jeanes Hospital 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2826045	Health Care	PA	501c3	3	N/A
Jeanes Hospital Auxiliary 7600 Central Avenue Philadelphia, PA 19111 23-1917776	Health Care	PA	501c3	9	N/A
Temple East Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2547305	Health Care	PA	501c3	11a, Type 1	N/A
Temple East Real Estate Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 20-1776524	Health Care	PA	501c3	11a, type 1	N/A
Temple Physicians Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2790607	Health Care	PA	501c3	9	N/A
Temple Professional Associates Northeastern Region 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2868129	Health Care	PA	501c3	11a, Type 1	N/A
Temple Health System Transport Team Inc 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 75-5084023	Health Care	PA	501c3	9	N/A
Episcopal Hospital 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-1365351	Health Care	PA	501c3	11a, Type 1	N/A
Greater Philadelphia Health Services II Corp dba Northwood Nursing Center 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2892223	Health Care	PA	501c3	9	N/A
Greater Phila Health Services III Corp dba Temple Continuing Care Ctr 3509 N Broad Street 9th Floor - TUC Philadelphia, PA 19140 23-2989581	Health Care	PA	501c3	PF	N/A

Additional Data

Software ID:
Software Version:
EIN: 23-2825878
Name: Temple University Hospital Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Edmond F Notebaert , Director, Chair	2 00	X		X				0	916,669	0
Jane Scaccetti , Director, Vice Chair	2 00	X		X				0	0	0
Joseph W Marshall III , CEO of TUHS (partial term	4 00	X		X				0	3,661,158	55,598
George Corson Jr , Director	2 00	X						0	0	0
John W Meacham , Director	2 00	X						0	0	0
Dr Milton L Rock , Director	2 00	X						0	0	0
Dr Soloman C Luo , Director	2 00	X						0	0	0
Samuel M Lehrer , Director	2 00	X						0	0	0
Dr Donald B Parks , Director	2 00	X						0	0	0
Dr Eugene M Smolens , Director	2 00	X						0	0	0
William J Wade Jr , Director	2 00	X						0	0	0
Herbert E Long Jr , Director	2 00	X						0	0	0
James H Shacklett III , Director	2 00	X						0	0	0
Bradford P Woods , Director	2 00	X						0	0	0
Richard I Torpey , Director	2 00	X						0	0	0
Joseph Evans , Director	2 00	X						0	0	0
Dr Ann Weaver Hart , Director	2 00	X						0	563,545	43,665
Daniel Polett , Director	2 00	X						0	0	0
Anita DeBrest , Director	2 00	X						0	0	0
Sandra Gomberg , Interim Exec Dir /CEO	50 00			X				248,721	0	38,654
Beth C Koob , Secretary	2 00			X				0	386,556	49,963
Betty McAdams , Asst Secretary	2 00			X				0	88,235	13,078
Edward A Chabalowski , Treasurer	49 00			X				207,325	0	34,951
Joseph G Klos , Asst Treasurer	2 00			X				0	197,013	26,908
Robert H Lux , Asst Treasurer	3 00			X				0	460,790	50,864
Herbert P White , Asst Treasurer	2 00			X				0	223,668	35,597
Robert Pezzoli , COO of TUHS(partial term	4 00			X				0	564,036	51,453
Dr Susan Freeman , CMO of TUH	50 00				X			357,767	0	31,005
John Cacciamani , Chief Clinical Operation	40 00					X		246,519	0	10,350
Shidong Li , Chief Physicist	40 00					X		222,055	0	10,156

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Michael Grady , Information Systems Mana	40 00					X		215,273	0	5,428
Tiffaney Moore , Nurse Practioner	40 00					X		213,408	0	4,322
Ever Luizaga , Nurse	40 00					X		211,413	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Patient Service Rev	900,099	692,027,338	692,027,338		
b Parking Fees	812,930	3,497,937	3,497,937		
c Rent Tax Exempt Affl	531,120	3,023,344	3,023,344		
d Cafeteria Sales	722,210	2,126,799	2,126,799		
e Student Tuition	611,600	398,360	398,360		

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-2825878
Name: Temple University Hospital Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Edmond F Notebaert	(I) (II)	416,669	500,000				916,669	
Joseph W Marshall III	(I) (II)	1,036,440	70,000	2,554,718	30,472	25,126	3,716,756	
Dr Ann Weaver Hart	(I) (II)	510,152	50,000	3,393		43,665	607,210	
Sandra Gomberg	(I) (II)	248,533	188		25,310	13,344	287,375	
Beth C Koob	(I) (II)	366,224	187	20,145	30,472	19,491	436,519	
Edward A Chabalowski	(I) (II)	197,753	187	9,385	21,607	13,344	242,276	
Joseph G Klos	(I) (II)	196,825	188		21,226	5,682	223,921	
Robert H Lux	(I) (II)	440,867	188	19,735	30,472	20,392	511,654	
Herbert P White	(I) (II)	211,945	188	11,535	23,353	12,244	259,265	
Robert Pezzoli	(I) (II)	552,293	188	11,555	30,472	20,981	615,489	
Dr Susan Freeman	(I) (II)	357,580	187		25,310	5,695	388,772	
John Cacciamani	(I) (II)	246,332	187		10,350		256,869	
Shidong Li	(I) (II)	221,868	187		10,156		232,211	
Michael Grady	(I) (II)	215,086	187		5,428		220,701	
Tiffaney Moore	(I) (II)	210,950	207	2,251	4,322		217,730	
Ever Luizaga	(I) (II)	211,413					211,413	