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DLN: 93493134013050

# Form **990**

## **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)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	i the 2	2008 ca <u>lend</u>	ai yeai	, or tax year beginning 07-01-2008	and chang to 30 200		D. E	. LIG
		oplicable Plea		C Name of organization Temple University Health System Inc				ntification number
_	lress cha	labe	IRS elor	Doing Business As			23-2825881 E Telephone nui	
_	ne chan	type	tor e. See				(215) 707-8	876
_	al retur	Inst	cific truc-	Number and street (or P O box if mail is n 3509 N Broad Street c/o Chief Legal	ot delivered to street addre	ess) Room/suite	G Gross receipts	
_	mınatıoı ended r		ıs.	Counsel No 936  City or town, state or country, and ZIP + 4				
		pending		Philadelphia, PA 19140	•			
App	лісаціон	<u> </u>	· N			1		
			obert I	e and address of Principal Officer I Lux		H(a) Is this	s a group return 1 tes?	for ┌Yes ┌No
			3509 N Counse	Broad Street c/o Chief Legal				
		P	hılade	phia,PA 19140		1 ' '	affiliates included	1?  Yes No See instructions )
Tax	x-exem	pt status 🔽	501(c)	(3) ◀ (insert no )	527		p Exemption Nun	•
W	eb site	e: 🕨 www ten	nple ed	u/tuhs				
. Тур∈	e of org	anızatıon 🔽 C	Corporati	on trust association other 🕨		L Year of For	mation 1995 <b>M</b> S	state of legal domicile PA
Par	rt I	Summar	у					
				organization's mission or most signi				
<u> </u>		Our mission	ıs to p	rovide access to the highest quality (	of health care in both t	the community	and academic s	etting
avremane	2	Check this b	00 × IT 1	f the organization discontinued its op	erations or disposed o	of more than 2	5% of its assets	
5	1		,	embers of the governing body (Part \				16
5	1		_	dent voting members of the governing				9
Acumines	1			ployees (Part V, line 2a)				532
	1			unteers (estimate if necessary)				9
į	1			ed business revenue from Part VIII,			_	0
				ness taxable income from Form 990-			 7Ь	0
						Prio	r Year	Current Year
	8	Contributio	ns and	grants (Part VIII, line 1h)			32,675,695	30,891,825
E E	9			evenue (Part VIII, line 2g)			61,680,200	75,422,100
Reveni	10	Investmen	t ıncon	e (Part VIII, column (A), lines 3, 4, a	and 7d)		4,912,936	10,294,692
Ť.	11	O ther reve	nue (Pa	art VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		-124,508	7,712
	12	Total rever	nue — a c	d lines 8 through 11 (must equal Par	t VIII, column (A), lın	е	99,144,323	116,616,329
	13		sımıla	r amounts paid (Part IX, column (A),	lines 1-3)		17,950,315	45,927,000
ļ	14			for members (Part IX, column (A), lı				0
	15	Salaries, of	therco	mpensation, employee benefits (Part	IX, column (A), lines	5 –		
Expenses		10)					27,806,202	36,501,154
≅ _	16a			aising fees (Part IX, column (A), line	11e)			C
Ā	ь	•		enses, Part IX, column (D), line 25 458,418	)		45.000.140	40.226.066
	17 18			Part IX, column (A), lines 11a-11d, : add lines 13-17 (must equal Part IX,			45,989,140 91,745,657	48,336,860
	19			enses Subtract line 18 from line 12	ille 25, coluilli (A))		7,398,666	-14,148,685
8 00 00 28		Revenue le	33 CAP	Subtract line 10 from fine 12		Beginni	ng of Year	End of Year
200	20	Total asset	ts (Par	: X, line 16)			330,837,908	291,183,547
A 778	21		•	art X, line 26)			307,813,741	282,308,065
<u> </u>			•	I balances Subtract line 21 from line	20		23,024,167	8,875,482
and B							23,024,107	0,073,402
	22		re Bir					
		Signatu		pury, I declare that I have examined this retu	rn, including accompanying	schedules and st	tatements, and to th	e best of my knowledge
Par	22 t II	Signatu Under penalti	es of pe					
Par Plea	22 t III	Signatu Under penalti	es of pei	jury, I declare that I have examined this retu orrect, and complete Declaration of preparer		ed on all informati 2010-	on of which prepare	
Par Plea Sign	t III se	Signatu Under penaltic and belief, it	es of pei	jury, I declare that I have examined this retu orrect, and complete Declaration of preparer		ed on all informati I	on of which prepare	
Par Plea Sign	t III se	Signatui Under penalti and belief, it  ****** Signature  Robert H II	es of per is true, co of office	gury, I declare that I have examined this retu orrect, and complete Declaration of preparer - President and CFO		ed on all informati 2010-	on of which prepare	
Par Plea Sign	t III se	Under penalti and belief, it  ****** Signature  Robert H I Type or pi	es of per is true, co of office	Jury, I declare that I have examined this retu orrect, and complete Declaration of preparer President and CFO	(other than officer) is base	ed on all informati 2010- Date	on of which prepare	r has any knowledge
Par Plea Sign Iere	t III se	Signatui Under penalti and belief, it  ****** Signature  Robert H II	es of per is true, co of office	Jury, I declare that I have examined this retu orrect, and complete Declaration of preparer President and CFO	(other than officer) is base	2010- Date  Check If self-	on of which prepare	r has any knowledge
Par Plea Sign Here	t II	Under penalti and belief, it  ****** Signature  Robert H I Type or pr  Preparer's signature	es of per is true, c of office <u>ux Vice</u> rint name	gury, I declare that I have examined this return prizect, and complete Declaration of preparer  President and CFO and title	(other than officer) is base	ed on all informati 2010- Date Check if	on of which prepare	r has any knowledge
Par Plea Sign Here	se arer's	Under penalti and belief, it  ****** Signature  Robert H I Type or pr	es of per is true, c of office or vice	gury, I declare that I have examined this return prizect, and complete Declaration of preparer  President and CFO and title	(other than officer) is base	2010- Date  Check If self-	on of which prepare	r has any knowledge
Plea Sign Here	se arer's	Under penalti and belief, it  ****** Signature  Robert H I Type or pr  Preparer's signature  Firm's name (	es of persistrue, of office  Lux Vice rint name  or yours  ed),	gury, I declare that I have examined this return prizect, and complete Declaration of preparer  President and CFO and title	(other than officer) is base	2010- Date  Check If self-	on of which prepare 05-14  Preparer's PTIN (S	r has any knowledge

# Part III Statement of Program Service Accomplishments (See the instructions.)

				,	
1	Briefly describe the organization's mission				
	Our mission is to provide access to the highest	quality of health care in both	the community and acade	emic setting	
2	Did the organization undertake any si	anificant program servi	ces during the year wh	arch 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 conductin	g or make significant ch	nanges in how it condu	icts any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve				
	Section 501(c)(3) and (4) organization others, the total expenses, and reven			ort the amount of grants a	ind allocations to
	· · · · · · · · · · · · · · · · · · ·		·		
4a	(Code ) (Expenses \$		cluding grants of \$	45,927,000 ) (Revenue \$	75,459,326 )
	Pursuant to its Articles of Incorporation, Tem hospitals and other health care service provi	ple University Health System ders Through its Affiliates, T	n (TUHS) serves as the sole UHS (1)provides access to	e member of the corporate Affil o sites and programs for clinical	ates that own and operate training for the Temple University
	School of Medicine (TUSM) and otherwise su	ipports the academic mission	of TUSM, (2)provides acce	ess to medical and surgical aid	to the sick and disabled persons
	without regard to race, creed, color, sex, or of an efficient modern health care system a:			nunopic, and scientific (includir	ig research) activities as are part
41.	(Codo ) (European d			) (Davanua d	```
4b	(Code ) (Expenses \$	inc	cluding grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses \$	inc	cluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe i	n Schedule O )			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	45,927,000	Must equal Part IX, Lii	ne 25, column (B).	

art IV	Checkli	st of	Required	Schedules
	CIICCRII	3. 0.	ncuun cu	Schodules

			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,	4	Yes	
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		Νο
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		No
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		Νο
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		Νο
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	Yes	
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 VI . . . .

#### 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			
а	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		Νο
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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		Νo
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		Νο
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.	37		Νo

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					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	316			
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 t	o ven	dors and reportable	4-	V	
2-	gaming (gambling) winnings to prize winners?	 I		1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	532			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country BD					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Reaardina Prohibited			
_	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?	I		7c		N O
a	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 benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	_		
	required?	• •		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	<sup>7</sup> .		9b		
10	Section 501(c)(7) organizations. Enter	l	I			
	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					
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	16
ь	Enter the number of voting members that are independent	1b	Ç

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?	
š	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?	•

supervision of officers of trastees, of key employees to a management company of ether person
Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

	Did the organization become aware during the year of a material diversion of the organization's assets?	•	•	L	
	Does the organization have members or stockholders?			. [	
_			C . I	_	

	Does the organization have members, stockholders, or other persor	ns who may elect one or more members of the
	governing body?	
Ь	Are any decisions of the governing body subject to approval by mer	mbers, stockholders, or other persons?

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

	year by the following															
а	the governing body?		•						•			•	•		•	

Ь	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	٠
à	Does the organization have local chapters, branches, or affiliates? .												
	TC 134							_					

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•		•	•

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

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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- 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. vanished website.
- 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 Joseph G Klos
  2450 W Hunting Park Avenue
  Philadelphia, PA 19129
  (215) 707-4884

# 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

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

- \* 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

The check this box in the organization and i	(B) A verage hours per week	Posit	(C	) chec	:k al			(E)	(F)
(A) Name and Title		Individual Trustee or Chrector		Reportable compensation from the organization (W-	compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations			
						_			

(A)  Name and Title  (B)  Average hours  Name and Title  (B)  Average hours  Parage hours  Name and Title  (B)  Average hours  Parage hours  P			tion that a			II			(E)	<b>(F)</b>	
	(A)	Average hours per	Individual Trustee or Director		Officei	Ke) employee	Highest compensated	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
						+					
				_				Ш			
						$\dashv$					
				1	$\vdash \vdash$	_		Н			
						$\Box$					
	<del></del>			+	$\vdash$	$\dashv$		$\vdash$			
<b>1b</b> Total	1b Total							<b>-</b>	8,551,591	3,443,499	954,505

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶65

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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 I for such			
	ındıvıdual	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 I for such person	5		Νο

#### **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) (B) (C)									
(A) Name and business address (B) Description of services									
Price Waterhouse Coopers LLP PO Box 7247-8001 Philadelphia, PA 19170	Consultant	2,961,781							
Towers Perrin PO Box 8500 S-6110 Philadelphia, PA 19178	Consultant	1,518,614							
Temple University 400 Carnell Hall 1803 N Broad St Philadelphia, PA 19121	Purchased Services	1,411,000							
Ikon Office Solutions PO Box 41564 Philadelphia, PA 19101	Purchased Services	863,988							
Advantas Technology Inc 130 W Main Street Suite 144-306 Collegeville, PA 19426	Consultant	670,884							
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	•	33							

# Statement of Revenue

				(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a				
ints	ь	Membership dues					
s, gra	c	Fundraising events	1b 80,863 1c				
Contributions, gifts, grants and other similar amounts	d		<b>1d</b> 30,000,000				
	e f	Government grants (contributions)  All other contributions, gifts, grants, an	d 810,962				
		sımılar amounts not ıncluded above	1f				
in die	g	Noncash contributions included lines 1a-1f \$					
0 %	h	Total (Add lines 1a-1f)		30,891,825			
			Business Code				
ELIC	2a	Related Org Srvcs	561,000		75,195,804		
84 84	ь	Parking ————————————————————————————————————	812,930	226,296	226,296		
93	С.						
<u>z</u>	d		_				
Ē	e f	All other program coruse reven					
Program Serwce Revenue		All other program service reven					
<u> </u>	g	Total. Add lines 2a-2f					
	3	Investment income (including d	·	10,294,692			10,294,692
		other similar amounts)  Income from investment of tax-exemp	▶	10,294,092			10,234,032
	4		•				
	5	Royalties (1) Real	(II) Personal				
	6a	Gross Rents 297,8	` '				
	ь	Less rental 238,33 expenses	33				
	С	Rental income 59,52 or (loss)	20				
	d	Net rental income or (loss) .		59,520			59,520
	7a	(1) Securities Gross amount	(II) O ther				
	/a	from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	c d	Gain or (loss)  Net gain or (loss)					
		<u> </u>	<u>.</u>				
<u>a</u>	8a	Gross income from fundraising events (not including \$ 53,201 of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ж Ж		\$15,000	33,533				
를	b c	Less direct expenses  Net income or (loss) from fundra		-99,482			-99,482
Ò	9a	Gross income from gaming	ising events	,			,
		activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
			a				
	b c	Less direct expenses Net income or (loss) from gamin					
	10a	Gross sales of inventory, less returns and allowances	<u> </u>				
	ь	Less cost of goods sold	a b				
	с	Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code				
	11a	Misc income	900,099	47,674	37,226		10,448
	b c						
		All ather servers					
	d e	All other revenue  Total. Add lines 11a-11d					
			\$ 47,674	116 616 330	75,459,326	0	10,265,178
	12	<b>Total Revenue.</b> Add lines 1h, 2g 8c, 9c, 10c, and 11e		116,616,329	/5,45 <del>Y</del> ,326	0	10,265,178

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				).
Do ı	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	45,927,000	45,927,000		
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	8,551,591		8,551,591	
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	19,276,883			338,391
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,062,488		2,062,488	
9	Other employee benefits	4,373,675		4,373,675	
10	Payroll taxes	2,236,517		2,236,517	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,068,607		1,068,607	
c	Accounting	225,324		225,324	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	17,064,376		16,979,171	85,205
12	Advertising and promotion	700,235		696,939	3,296
13	Office expenses	1,544,571		1,536,489	8,082
14	Information technology				
15	Royalties				
16	Occupancy	5,011,230		5,011,081	149
17	Travel	323,943		311,869	12,074
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				_
19	Conferences, conventions and meetings				
20	Interest	13,223,483		13,223,483	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,560,626		6,560,626	
23	Insurance	-4,997,935		-4,997,935	
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)				
а	Restructuring Cost	4,663,262		4,663,262	-
b	Telephone	926,269		921,851	4,418
c	Other	844,846		841,274	3,572
d	Net assets released fro	498,000		498,000	
e	Dues & licensures	452,380		449,981	2,399
f	All other expenses	227,643		226,811	832
25	Total functional expenses. Add lines 1 through 24f	130,765,014	45,927,000	84,379,596	458,418
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· ·

	1	
Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	_		2.000	1	Liid Oi	2,000
	2	Savings and temporary cash investments			12,369,045	2	2	2,460,843
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			16,527,728	4	1	0,661,606
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	s, key			5		100,000
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6		
	7	Notes and loans receivable, net			160,156,743	7	13	7,163,743
	8	Inventories for sale or use				8		
20	9	Prepaid expenses and deferred charges			2,297,680	9		3,673,378
Assets	10a	Land, buildings, and equipment cost basis	10a	54,708,400				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	18,798,346	36,022,066	10c	3	5,910,054
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $Complete Poschedule D$	of		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$ .	TI.		13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	103,462,646	15	8	1,211,923		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			330,837,908	16	29	1,183,547
	17	Accounts payable and accrued expenses .			68,152,947	17	4	9,771,608
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			231,297,828	20	22	9,076,732
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		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			8,362,966	25		3,459,725
	26	<b>Total liabilities.</b> Add lines 17 through 25			307,813,741	26	28	2,308,065
SΦO		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and compthrough 29, and lines 33 and 34.	olete I	nes 27				
Balance	27	Unrestricted net assets			21,362,568	27		8,356,087
Ba	28	Temporarily restricted net assets			1,661,599	28		519,395
Fund	29	Permanently restricted net assets				29		
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	id com	plete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu			32			
ĕ	33	Total net assets or fund balances	23,024,167	33		8,875,482		
_	34	Total liabilities and net assets/fund balances			330,837,908	34	29	1,183,547
Pa	rt XI	Financial Statements and Reporting						
		·					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

### OMB No 1545-0047

### **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.

Open to Public Inspection

	nme of the organization mple University Health System Inc							Em	Employer identification number				
теттрю	Onive	ersity nealth Sy	stem inc					23-	2825881	L			
Par	tΙ	Reason	for Public Ch	narity Status (to be cor	npleted	by all org	ganızatıoı						
The o	rganı			ation because it is (Please						•			
1	$\sqcap$	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	70(b)(1)(	A)(i).				
2	$\sqcap$	A school de	scribed in <b>Sect</b>	ion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)							
3	$\sqcap$	A hospital o	or a cooperative	e hospital service organization	on describ	ed in <b>Sect</b>	ion 170(b	)(1)(A)(ii	i <b>i).</b> (Attac	h Schedul	e H )		
4	Γ		esearch organiz name, city, and s	zation operated in conjunctio state	on with a h	nospital de	scribed in	Section 1	.70(b)(1)	( <b>A</b> )(iii). E	nter the		
5	$\Gamma$	An organiza	ation operated fo	or the benefit of a college or	university	owned or	operated	by a gove	rnmental	unıt descr	ıbed ın		
		Section 170	)(b)(1)(A)(iv).	(Complete Part II )									
6	$\Gamma$	A federal, s	tate, or local go	overnment or governmental (	ınıt descr	ibed in <b>Se</b>	ct ion 170(	b)(1)(A)(	v).				
7	$\Gamma$	An organiza	ation that norma	ally receives a substantial pa	art of its s	upport fro	m a gover	nmental u	nıt or from	the gene	ral publi	с	
		described i	n <b>Section 170(b</b>	o)(1)(A)(vi) (Complete Part	II)								
8	$\Gamma$	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)(</b>	vi) (Com	plete Part	II)						
9	$\Gamma$	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits suppo	ort from co	ntribution	s, membe	rship fees	, and gro	oss	
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certain	exception	ns, and (2)	) no more	than 331/	3% of		
		ıts support	from gross inve	stment income and unrelate	d busines	s taxable	ıncome (le	ess sectio	n 511 tax	() from bus	inesses	;	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	Part III	)				
10	Г	An organiza	ation organized	and operated exclusively to	test for p	ublic safet	y See <b>Se</b> e	ct ion 509(	<b>a)(4).</b> (Se	e instruct	ions )		
11	굣			and operated exclusively for									
		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 <b>a</b>											
e	굣		•	tify that the organization is			-						
		other than 1	foundation mana	agers and other than one or i	more publ	ıcly suppo	rted orgar	nizations d	escribed	ın section	509(a)	(1) or	
		section 50		d	th TD.C	4144		T TT	T 111				
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	i ype II or	. i ype iii	supportin	g organi	zation,	
g				as the organization accepted	l any gift o	or contribu	ition from	any of the				,	
		following pe											
			•	r indirectly controls, either a		_	h persons	described	in (II)		Yes	No	
				ng body of the the supported	_	ion?				11g(		No	
			•	erson described in (i) above						11g(	_	No	
_		` '		ty of a person described in (i						<b>11g(</b> i	iii)	No	
h		Provide the	following inforn	nation about the organization	ns the org	anization	supports						
	/:\ N.		(ii) EIN	/iii) Type of organization	/i\ 1	's the	Lan Did v	vou potifi	/i>	In the	/ A	mount of	
		ame of orted	(11) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		Is the zation in		mount of	
(		ıızatıon		above or IRC section		listed in	1	i) of your	_	organized			
				(See Instructions))		verning	supp	ort?	ın the	US?			
						ment?				T	-		
					Yes	No	Yes	No	Yes	No			
See /		onal Data											
1 401	-												
											<u> </u>		
											<u> </u>		
				1		<b>+</b>	<b>-</b>	<del> </del>			1		

Total

45,927,000

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)									
	ction A. Public Support		_	,						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
2	include any "unusual grants ") Gross receipts from admissions,									
2	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	A mounts included on lines 1, 2, and 3									
	received from disqualified persons Amounts included on lines 2 and 3									
D	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)									
То	tal Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
9	A mounts 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		+							
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,			
	check this box and <b>stop here</b>						<b>▶</b> □			
	manufaction of Dublic Compact Days									
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T				
			•	.orumin (1))		15				
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16				
		D								
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17				
				-	"	17				
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> 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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 23-2825881

**Name:** Temple University Health System Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported O rganization	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section)	Is organız (ı) lıste gove	the the tation in d in your erning ment?	Did yo the orga in (i) o	v) u notify inization of your port?	(vi) Is the organization in (i) organized in the U S ?		( <b>vii)</b> A mount of support?
			Yes	No	Yes	No	Yes	No	
Temple University	231365971	2	Yes			No		No	0
Temple East Inc	232547305	3		No		No		No	20572000
Temple Physicians Inc	232790607	9		No		No		Νο	10447000
Temple Health Transport Team	755084023	9		No		No		Νο	2300000
Temple Univ Hospital	232825878	3		No		No		No	908000
Temple East Realestate Inc	201776504	3		No		No		Νο	11700000
Jeanes Hospital	232826045	3		No		No		Νο	0

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec		768					
	Check If the filing organization	belongs to an affili	ated group					
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals	
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)				
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)				
c	Total lobbying expenditures (add line	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)					
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000				
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (ente	er 25% of line 1f)						
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a					
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c					
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No	
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five	
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period			
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total	
_2a	Lobbying non-taxable amount							
	Lobbying ceiling amount (150% of line 2a, column(e))							
	: Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2008

# Software ID: Software Version:

**EIN:** 23-2825881

Name: Temple University Health System Inc

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jane Scaccetti , Director, Chair	5 00	Х		Х				0	0	0
Clark S Frame , Director, Vice Chair	5 00	Х		Х				0	0	0
Edmond F Notebaert , Director, President and	20 00	Х		х				0	916,669	0
Joseph W Marshall III , CEO of TUHS (Partial Ter	33 00	Х		х				3,661,158	0	55,598
Theodore Z Davis , Director	5 00	Х						0	0	0
Dr Milton L Rock , Director	5 00	X						0	0	0
Anthony Wagner , Director	5 00	Х						0	356,275	43,665
John C Haas , Director	5 00	Х						0	0	0
Robert H LeFever , Director	5 00	Х						0	0	0
Dr Daniel T Dempsey , Director	2 00	Х						0	469,120	40,068
Ronald Donatuccı , Dırector	5 00	Х						0	0	0
Lewis Gould , Director	5 00	Х						0	0	0
Lon R Greenberg , Director	5 00	X						0	0	0
Dr Soloman Luo , Director	5 00	X						0	0	0
Dr Ann Weaver Hart , Director	2 00	Х						0	563,545	43,665
Dr John M Daly , Director	2 00	X						0	746,113	47,689
Daniel Polett , Director	5 00	Х						0	0	0
Beth C Koob , Secretary	30 00			Х				386,556	0	49,963
George E Moore , Asst Treasurer	4 00			Х				0	391,777	61,052
Betty McAdams , Asst Treasurer	41 00			Х				88,235	0	13,078
Robert H Lux , Treasurer	31 00			Х				460,790	0	50,864
Joseph G Klos , Asst Treasurer	50 00			Х				197,013	0	26,908
Drew Maser , Asst Treasurer	50 00			Х				97,368	0	27,904
Thomas AK Queenan , Asst Treasurer	50 00			Х				189,880	0	33,800
Herbert P White , Asst Treasurer	50 00			Х				223,668	0	35,597
Robert E Pezzoli , Director, Chief O peratin	50 00			х				564,036	0	51,453
Dr Howard R Grant , CMO of TUHS	50 00				Х			192,688	0	25,620
Dr Calvın Johnson , CMO of TUHS	50 00				Х			79,905	0	5,113
David Newell , VP - External Affairs	50 00				Х			294,272	0	51,785
Robert Birnbrauer , VP - Human Resources	50 00				х			276,456	0	76,175

Form 990, Part VII - Section Aaa

Warren Lyons , Director Ops Support

roilli 990, Pait VII - Section Aa	a										
		(C) Position (check all that apply)				I				(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Art Papacostas , Chief Information Office	49 00				Х			346,358	0	58,303	
Alan Rosenberg , Chief of Staff	50 00				Х			320,094	0	52,025	
Paul Walker , Assoc Hospital Director	50 00					Х		303,936	0	23,691	
Anthony Simonetta , Special Asst to Presiden	50 00					х		235,878	0	21,769	
William Mosser , Director of Supply Chain	50 00					Х		225,317	0	23,376	
Sharon Oxendale , Assoc VP Operations Impr	50 00	_				Х		204,076	0	13,474	

Х

50 00

203,907

21,870

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

<b>.</b> Se	ction 50	01(c)(4), (5), or (6) organi	zations complete Part III	, ,					
		he organization versity Health System Inc			Emp	loyer ident	tification number		
Ten	Tiple Offiv	reisity fleatiff system file			23-2	2825881			
Par	t I-A		oy all organizations exempt of the instructions for Schedule (		1 501(c) and	section !	527		
1	Provi	de a description of the or	ganization's direct and indirect polition	cal campaign acti	ıvıtıes ın Part IV				
2	Politi	cal expenditures					\$		
3	Volun	teer hours							
Par	t I-B	To be completed be for Schedule C for de	oy all organizations exempt etails.)	under section	1 <b>501(c)(3).</b> (	See the ı	nstructions		
1	Enter	the amount of any excise	e tax incurred by the organization und	der section 4955			\$		
2	Enter	the amount of any excise	e tax incurred by organization manag	ers under section	1 4 9 5 5		\$		
3	If the	organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?		┌ Yes ┌ N		
4a	Wasa	a correction made?					┌ Yes ┌ N		
ь		s," describe in Part IV							
Par	t I-C		y all organizations exempt ( for Schedule C for details.)	under section	1 501(c), exc	ept secti	ion 501(c)(3).		
1	Enter	the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activit	ıes	\$		
2		the amount of the filing o	organization's internal funds contribu	ted to other orgar	nizations for sect	ion	\$		
3		of direct and indirect exe -POL, line 17b	empt function expenditures Add lines	1 and 2 and ente	er here and on Fo	rm	\$		
4	Did th	ne filing organization file <b>F</b>	Form 1120-POL for this year?				┌ Yes ┌ N		
State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which pure were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or we political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
		(a) Name	(b) Address	(c) EIN	(d) A mount p filing organiz internal funds enter - C	ation's If none,	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization If non enter -0-		
For I	Paperw	ork Reduction Act Notice	see the instructions for Form 990.	Cat No 50	0084S <b>Scl</b>	nedule C (F	orm 990 or 990-EZ) 2		

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)	

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		436,604
j	Total lines 1c through			436,604
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ To be completed by all organizations exempt under section $501(c)(4)$ so	ction	501/6	\(5) or

# Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b\$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	·

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
Part II-B, Line 1i	Activities	Direct Lobbying Expenditures in Professional Fees were \$360,552, Indirect Lobbying Expenditures incurred through dues and memberships were \$76,052

1 \$

Part IV Supplemental I		
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

**Employer identification number** Name of the organization Temple University Health System Inc 23-2825881 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

**►** \$

- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	<b>Till</b> Organizations Maintaining Collections of Art,	Hist	<u>tori</u>	<u>cal Treasur</u>	es, or Othe	er Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other records, check any of items (check all that apply)	of the	e foll	owing that are	a sıgnıfıcant ı	use of its collecti	on	
а	Public exhibition	d	Γ	Loan or excha	ange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	how	they	further the or	ganızatıon's e	xempt purpose ır		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as particles.						Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arrangements. C				ıızatıon ansv	vered "Yes" to	Form 9	90,
	Part IV, line 9, or reported an amount on Form 990	•						
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	for c	ontributions or	other assets	not	Yes	∏ No
b	If "Yes," explain why in Part XIV and complete the following table							
						Ame	ount	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete If the organization (a)Current Year		were Prior Y			rt IV, line 10. Three Years Back	<b>(-)</b> [	aara Daali
1a	Beginning of year balance	(0)	PHOLI	eai (c)iwo	Teals back   (u	Tillee fears back	(e)roui ii	ears back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment 🕨							
3а	Are there endowment funds not in the possession of the organizat	ıon t	hat a	re held and ad	mınıstered for	the		<del></del>
	organization by  (i) unrelated organizations					3a(i	Yes	No
	(ii) related organizations	•	•			3a(ii		<del>                                     </del>
ь	If "Yes" to 3a(II), are the related organizations listed as required					Зь	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of the organization's endo							<u> </u>
Par	t VI Investments—Land, Buildings, and Equipmen	t. Se	ee F	orm 990, Pai	t X, line 10.			
	Description of investment			Cost or other (s (investment)	( <b>b)</b> Cost or other basıs (other)	(c) Depreciation	( <b>d)</b> Boo	ok value
1a	Land							
b	Buildings			54,708,400		18,798,346	3	5,910,054
c	Leasehold improvements							
d	Equipment							
e	Other			İ				

35,910,054

uncertain tax positions under FIN 48

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12	2.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of Cost or end-of-year	
Financial derivatives and other financial products		Cost of end-of-ye	ear market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, <b>F</b>		
Part VIII Investments—Program Related.		13	
(a) Description of investment type	(b) Book value	(c) Method (	of valuation
(a) Description of investment type	(D) Book Value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶		
Part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
Board Designated Funds			64,582,274
Investment in Temple University Health System Insura	ince Company, Ltd		15,523,555
Worker's Compensation Funds			220,709
Other Assets			885,385
Total. (Column (b) should equal Form 990, Part X, col.(B) li	ne 15.)		81,211,923
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Other Liabilities General - PA UC Liabilities LTC	1,773,461		
Other Liabilities Misc	874,481		
Other Liabilities - Annuities Payable	141,236		
Other Liabilities Intercompany - Stockamp	510,300		
Self Insurance Claim Liability TU Wkcomp	160,247		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,459,725		
In Part XIV, provide the text of the footnote to the orga		hat reports the organization	n's liability for

_	Total revenue (Form 990, Part VIII, column (A), line 12)		110,010,32
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	130,765,01
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,148,68
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	-14,148,68
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		86,772,28
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	86,772,28
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 29,844,047		
c	Add lines <b>4a</b> and <b>4b</b>	4c	29,844,04
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	116,616,32
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	turn
1	Total expenses and losses per audited financial statements	1	84,731,03
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25	]	
d	Other (Describe in Part XIV)	]	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	84,731,03
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	46,033,98
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	130,765,01
Pai	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XIV , lı	nes 1b and 2b,
Par	t V , line 4 , Part X , Part XI , line 8 , Part XII , lines 2d and 4b , and Part XIII , lines 2d and 4b		

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

Ident if ier	Ret urn Reference	Explanation
		Part XII, line 4b - Funding from related members of \$30,000,000, contribution income of \$235,063, adjust for accounting for lease exp (\$238,333) and adjust for accounting for fundraising events (\$152,683) Part XIII, line 4b - Funding to related members of \$21,855,000 and forgiveness of debt from related member of \$24,072,000, temporarily restricted net assets released from restrictions of \$498,000, adjust for accounting for lease exp (\$238,333) and adjust for accounting for fundraising events (\$152,683)

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As Filed Data -

DLN: 93493134013050

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Name of the organization						
5					Employer ide	ntification number
Temple University Health Syste	em Inc				22 2025001	
					23-2825881	
Part I Fundraising Ac	tivities. Complet	e if the o	rganızat	ion answered "Yes" f	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activities Che	ck all that apply	
a Mail solicitations				_	ion-government grants	
<b>b</b> Email solicitations				f Solicitation of	jovernment grants	
c Phone solicitations				g   Special fundrais	•	
d In-person solicitations	5				•	
·						
2a Did the organization have or key employees listed in	•		•			Γ <sub>Yes</sub>
<b>b</b> If "Yes," list the ten highe to be compensated at leas						
		(iii)				
(i) Name of individual		fundrais	er have	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundrais custo	er have dy or	(iv) Gross receipts	(or retained by)	(or retained by)
(i) Name of Individual or entity (fundraiser)	(ii) A ctivity	fundrais	er have dy or ol of	(iv) Gross receipts from activity		1
• •	(ii) Activity	fundrais custo conti	er have dy or ol of		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?		(or retained by) fundraiser listed in	(or retained by)

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

	rt II	more than \$15,000 on Form	<u> </u>		ceipts greater than \$5	,000.	•	
			(a) Event #1  Gene Hart CY 2008	<b>(b)</b> Event #2	(c) O ther Events	(Add col		
			(event type)	(event type)	(total number)	c	ol <b>(c)</b> )	
₽	1	Gross receipts	134,064				13	4,064
Revenue	2	Less Charitable contributions	80,863	3			8	0,863
	3	Gross revenue (line 1 minus line 2)	53,201				5	3,201
	4	Cash Prizes						
ses	5	Non-cash Prizes	10,582				1	0,582
pen	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	142,101				14	2,101
ğ	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			15	2,683
	9	Net income summary Combine li	nes 3 and 8 ın column (d	)	•		- 9	9,482
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	e thar	ו
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	l gamıng nrough co	(Add ol <b>(c)</b> )
~	1	Gross revenue						
မှာ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>₽</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)				
		·		. ,			Yes	No
9		er the state(s) in which the organiza he organization licensed to operate						
a b		ne organization neensed to operate No," Explain	gaining activities in each	Torthese states?		· 9a		
_								
10-		e any of the organization's gaming	licenses revoked suspen	udad ar tarminatad durin	g the tay year?			
10a b		e any of the organization's gaming Yes," Explain	ncenses revoked, suspen	ided of terminated duffi	g the tax year?	10a		
11		of the organization encests assets	netwities with name and	uro 7		-		
11 12		s the organization operate gaming he organization a grantor, beneficia				11	+	<u>                                       </u>
		ned to administer charitable gaming				_	1	

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493134013050

Department of the Treasury Internal Revenue Service Name of the organization

Temple University Health System Inc

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

**Inspection** Employer identification number

23-2825881

Part I General Inform	nation on Gran	ts and Assistance					
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grant	s or assistance?					✓ Yes   N
Part II Grants and Oth Form 990, Part I Part IV and Scho	her Assistance IV, line 21 for any edule I-1 if addition	to Governments a recipient that receivenal space is	nd Organizations i ved more than \$5,00	n the United State 00. Check this box if	es. Complete if the of no one recipient reco	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 Health Transport Team Inc3509 N Broad Street Room 936 - TUCMC c/o TUHS Legal Philadelphia, PA 19140	75-5084023		2,300,000				General support
Temple Physicians Inc3509 N Broad Street Room 936 - TUCMC c/o TUHS Legal Philadelphia, PA 19140	23-2790607		10,447,000				General support
Temple East Inc3509 N Broad Street Room 936 - TUCMC c/o TUHS Legal Philadelphia, PA 19140	23-2547305		20,572,000				General support
Temple University Hospital Inc3509 N Broad Street Room 936 - TUCMC c/o TUHS Legal Philadelphia, PA 19140	23-2825878		908,000				General support
Temple East Realestate Inc 3509 N Broad Street Room 936 - TUCMC c/o TUHS Legal Philadelphia,PA 19140	20-1776504		11,700,000				General support
2 Enter total number of sec							5
organizations							0
For Paperwork Reduction Act Noti	ice, see the Instruction	ons for Form 990.		Cat No 50055P		Sch	nedule I (Form 990) 2008

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>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount 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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		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 the organization which is their common parent

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As Filed Data -

DLN: 93493134013050

**Employer identification number** 

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

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

TCII	23-28	25881		
Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding thes			
	First class or charter travel  Housing allowance or residence for person			
	Travel for companions Payments for business use of personal res			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, cl	ner)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement o provision of all the expenses described above? If "No," complete Part III to explain	r <b>1b</b>	Yes	
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 co	mmittee		
4	During the year did any name bated in Farm 000 Bart VIII Castian A line 1.			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a  Receive a severance payment or change of control payment?	4a	Yes	
a b		4a 4b	res	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	40	+	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part			NO
	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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," describ	e		

#### 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	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(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

Ident if ier	Return Reference	Explanation
		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. Anthony Simonetta - \$29,952.
•		

Schedule J (Form 990) 2008

Software ID: **Software Version:** 

**EIN:** 23-2825881

Name: Temple University Health System Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
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	
Anthony Wagner	(I) (II)	323,275	33,000			43,665	399,940	
Dr Daniel T Dempsey	(ı) (ıı)	291,120	10,000	168,000		40,068	509,188	
Dr Ann Weaver Hart	(ı) (ıı)	510,152	50,000	3,393		43,665	607,210	
Dr John M Daly	(I) (II)	705,346	35,267	5,500		47,689	793,802	
Beth C Koob	(I) (II)		187	20,145	30,472	19,491	436,519	
George E Moore	(I) (II)	363,777	22,000	6,000		61,052	452,829	
Robert H Lux	(ı) (ıı)		188	19,735	30,472	20,392	511,654	
Joseph G Klos	(ı) (ıı)	196,825	188		21,226	5,682	223,921	
Thomas AK Queenan	(I) (II)	189,692	188		20,460	13,340	223,680	
Herbert P White	(I) (II)		188	11,535	23,353	12,244	259,265	
Robert E Pezzoli	(ı) (ıı)		188	11,555	30,472	20,981	615,489	
Dr Howard R Grant	(ı) (ıı)	173,446		19,242	18,160	7,460	218,308	
David Newell	(I) (II)	282,859	188	11,225	30,472	21,313	346,057	
Robert Birnbrauer	(ı) (ıı)	264,072	1,234	11,150	53,876	22,299	352,631	
Art Papacostas	(ı) (ıı)		188	12,200	48,442	9,861	404,661	
Alan Rosenberg	(ı) (ıı)	297,901	188	22,005	30,472	21,553	372,119	
Paul Walker	(ı) (ıı)	269,924	30,188	3,824	10,347	13,344	327,627	
Anthony Simonetta	(I) (II)	188,640	46,988	250	8,488	13,281	257,647	
William Mosser	(I) (II)		187	2,201	10,032	13,344	248,693	
Sharon Oxendale	(I) (II)		187	14,961	8,633	4,841	217,550	
Warren Lyons	(I) (II)	189,182	187	14,538	8,578	13,292	225,777	

DLN: 93493134013050

OMB No 1545-0047

### Schedule K (Form 990)

10

11

12

Department of the Treasury Internal Revenue Service Name of the organization

**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.

Open to Public Inspect ion

**Employer identification number** 

Temple University Health System Inc 23-2825881 **Bond Issues** (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No HOSPITALS & HIGHER ED FAC REFUNDING OF SERIES AUTH OF PHILA 23-1929132 717903C55 08-17-2007 149,898,643 Χ Χ 97,99,03,05 HOSPITALS & HIGHER ED FAC REFUNDING OF SERIES AUTH OF PHILA 23-1929132 717903D54 08-17-2007 71.051.466 Χ Χ 97.99.03.05 **Proceeds** (Optional for 2008) Part II В С D Ε Α Total Proceeds of Issue 149,898,643 71,051,466 Gross Proceeds in Reserve Funds 2 11,583,006 4,372,559 Proceeds in Refunding or Defeasance Escrows 3 137,144,859 39,114,378 Other Unspent Proceeds Issuance Costs from Proceeds 5 1,170,778 875,324 Working Capital Expenditures from Proceeds Capital Expenditures from Proceeds Year of Substantial Completion 2007 2007 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Х

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

Has the final allocation of proceeds been made?

final allocation of proceeds?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the

		Α		В				D		E	
		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?		х		X						
2	A re there any lease arrangements with respect to the financed property which may result in private business use?		x		X						

Χ

Χ

Х

Χ

Χ

Χ

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

		Α		В		С		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?		Х		Х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		Х						
3с	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?	х		х							
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?	х		Х							
Par	t IV Arbitrage (Optional for 2008)									,	
		-	Ą		В		Ç	D			<u>E</u>
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		Х		Х						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?		х		Х						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	Х		Х							
ь	Name of provider	Defpa Bank	кНуро	Defpa Banl	kHYPO						
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х		х						
5	Were any gross proceeds invested beyond an available temporary period?		х		x						
6	Did the bond issue qualify for an exception to rebate?		Х		Х						

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As Filed Data -

DLN: 93493134013050

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

**Transactions with Interested Persons** 

Name of the organization Temple University Health System Inc **Employer identification number** 

(a) Name of disqualifie	ad nareon		(b) Description of transaction							(6	(c) Corrected?			
(a) Name of alsquame		(b) Description of transaction							Yes	No				
										_				
Enter the amount of tax imposed on	the organ	ızatıon mana	agers o	r disqualified pers	ons d	uring the ve	ear ur	nder		I	I			
section 4958							•	<b>•</b>	\$					
Enter the amount of tax, if any, on li				ne organization .	•		•	<b>•</b>	\$					
To be completed by organiz				n Form 990, Part	IV, lır	ne 26, or Fo	rm 99	90-E2	Z, Part ۱	V , line	38a			
	(b) Loai	n to or					(0)	) In	(f	-	(9)\//	'rı++,		
(a) Name of interested person and purpose		I I		(c)O riginal principal amount		(d)Balance due		ult?	Approved by board or committee?		r agreement			
• •	То	From	1			Yes No		Yes	No	Yes	N			
Calvin Johnson		.,		100.000		10000			,,					
ruitment		X		100,000 100,00		100,000		Νο	Yes		Yes	-		
								1		<b>-</b>	1	+		
				▶ \$		100,000								
tiiii Grants or Assistance l	Benefitti	ing Intere	sted	Persons	90 0		0.27							
To be completed by orga	Benefitti Inizations	i <b>ng Intere</b> that answ	<b>sted</b> ered "	Persons		art IV, lınd								
tiiii Grants or Assistance l	Benefitti Inizations	ing Intere that answ Relationshi	<b>sted</b> ered " ip betw	<b>Persons</b> Yes" on Form 9					nt or typ	pe of a	ssista	nce		
To be completed by orga	Benefitti Inizations	ing Intere that answ Relationshi	<b>sted</b> ered " ip betw	<b>Persons</b> Yes" on Form 9 een interested pe		art IV, lınd			nt or typ	pe of a	ssista	nce		
To be completed by orga	Benefitti Inizations	ing Intere that answ Relationshi	<b>sted</b> ered " ip betw	<b>Persons</b> Yes" on Form 9 een interested pe		art IV, lınd			nt or typ	pe of a	ssista	nce		
To be completed by orga	Benefitti Inizations	ing Intere that answ Relationshi	<b>sted</b> ered " ip betw	<b>Persons</b> Yes" on Form 9 een interested pe		art IV, lınd			nt or typ	pe of a	ssista	nce		
To be completed by orga	Benefitti Inizations	ing Intere that answ Relationshi	<b>sted</b> ered " ip betw	<b>Persons</b> Yes" on Form 9 een interested pe		art IV, lınd			nt or typ	pe of a	ssista	nce		
To be completed by orga  (a) Name of interested person  To be completed by orga  (a) Name of interested person	Benefitti Inizations (b	ing Intered that answ )Relationshi and	ested ered " p betw d the or	Persons Yes" on Form 9 een interested per ganization  Persons	rson	(c)A mo	ount o	f grar			ssista	nce		
To be completed by orga  (a) Name of interested person	Benefitti Inizations (b	ing Intered that answ )Relationship and the second that answelling intered that answ	ested ered " p betw d the or	Persons Yes" on Form 9 een interested per ganization  Persons	rson	(c)A mo	ount o	f grar		28c.				
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To be completed by orga  (a) Name of interested person  To be completed by orga  Int IV Business Transactions To be completed by orga  (a) Name of interested person	S Involvinizations  (b) betv pe Son of Direction	ing Interest that answ ing Interest that answ ) Relationship that answ ) Relationship that and the properties of the pro	ested ered " p betweet the or	Persons Yes" on Form 9 een interested per ganization  Persons Yes" on Form 9  (c) A mount of transaction	90, P	art IV, line (c)A mo	e 28a	of tra	b, or 2	28c.	e) Sha rganiza reveni Yes	ring atior ues		

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# DLN: 93493134013050

23-2825881

**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Part VI,

line 6

Section A,

**Identifier** 

Form 990,

Form 990,

Section B,

Section B, line 15

Return

Part VI,

Return

Reference

# **Supplemental Information to Form 990**

OMB No 1545-0047

Inspection

**Employer identification number** 

Name of the organization Temple University Health System Inc

▶ 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.

Return **Identifier Explanation** Reference Form 990, Part VI, The Bylaw's were amended effective January 26, 2009. The changes relate to the composition and

Section A, line 4		duties of the Finance and Investment Committee and the Audit and Compliance Committee
ldentifier	Return Reference	Explanation
Form 990,		The sole member of the organization is Temple University Of The Commonwealth System of Higher Education. The member has the power to appoint and remove the organizations Board of Directors. 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 Bylaw's regarding the member, the number of Directors, quorum or voting requirements, (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organizations 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

**Explanation** 

After review by management and outside tax counsel the 990 and 990T (if any) are posted to the wiebsite of the Secretarys Office Each Board Member is contacted and provided with the wieb address. A Board Member

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

organizations ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive

tertiary acute care services through the organization or related organizations, (g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the Universitys, (h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine, (ı) the adoption of the organizations 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

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

contract providing for the management of the organization

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

Part VI, Section A, line		w ithout 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.
ldentifier	Return Reference	Explanation
		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

line 12c	com	sclosures are evaluated and a determination of w hether a conflict exists is made by the Board or a mittee of the Board. All employees are subject to a conflicts of interest policy that is monitored by the Office e Secretary.
	Return	
ldentifier	Reference	Explanation
Form 990, Part VI,		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

ldentifier	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 Systems Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Boards 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.

ldentifier	Return Reference	Explanation
Schedule K Supplental Information		Form 980. Part VII. Column (E). Certain directors and officers of the organization who are listed on Form 980. Part VII. was osseries as directors on officers of related organizations. Each director, officer, key amployee, or other person listed on Form 980. Part VII. Who is a full-time employee of the organization or a related organization or a related organization or a related organization or services. The organization of the organization of the organization or a related organization or 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 A, Part II. Line 1 Form be more specified and the organizations provided organizations are not named in the organizations provering occurrents, they fall within the class of permitted beneficiaries. Schedule K, Part III. Lines 4, 5 and 6 (Optional for 2008) The organization is review in public and bond-financial calcidates to determine the percentage, if any, used in a private business use. Because the questions are optional for 2008 and the organizations review has not yet been completed, Lines 4, 5 and 6 have been list blank. Themple University Health System Schedule O Supplemental Information Community Benefic Overwer Temple University Health System, so providers, provides access to state, programs, and other resources to high carrier of providers provides access and the pressy vanar again. Our services are especially myportain in the diverse economically challenged areas, with more than 80% of its patients covered by government programs, including 30% covered by Windows and the complete and the community of the programs and activities of patients and a decreased programs and activities of patients and families dealing with cancer and other theory or making and community status, and more than 30% of the patients of the p

and benefits For every \$1 00 of hospital employee compensation, about \$92 compensation is paid elsewhere in the community (more than \$490 million) For every one of our hospital related jobs, about 1.2 additional jobs are held

elsew here (about 7,200 spin-off jobs)

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

#### DLN: 93493134013050

# OMB No 1545-0047

2008

Open to Public

Schedule R (Form 990) 2008

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury

(Form 990)

**SCHEDULE R** 

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.

nternal Revenue Service						Tiispection		
Name of the organization Temple University Health System Inc					Employer iden	tification number		
emple oniversity neutri system the					23-2825881			
Part I Identification of Disrega	rded Entities							
<b>(A)</b> Name, address, and EIN of disregard	<b>(A)</b> Name, address, and EIN of disregarded entity		d entity  (B) Primary activity Legal domicile (state or foreign country)  (D) Total income		<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity	
Part II Identification of Related	Tax-Exempt Organizati	ons						
( <b>A)</b> Name, address, and EIN of related o	rganization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public charity sta (if section 501(c)	(F) Direct controlling entity		
See Additional Data Table								

Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity		(C) Legal domicile state or foreign country)	( <b>D</b> ) Direct controlling entity	( <b>E</b> ) Predominant income(related, investment, unrelated)	( <b>F)</b> Share of total incor	( <b>G</b> ) Share of end-of- year assets	( <b>H)</b> Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1		( <b>J)</b> General managıı partner	
								Yes	No		ŀ	Yes	No
Part IV Identification of Re	elated Or	ganizations 1	Taxable as	a Corporation	n or Trust								
(A) Name, address, and EIN of related orga	ınızatıon	<b>(B)</b> Primary activity	f	(C) al domicile state or foreign ountry)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income			G) re of f-year sets	( <b>H</b> Percer owne	ntage	
TUHS Insurance Company Inc 3509 N Broad Street Room 936 or c/o Philadelphia, PA19140		Reinsurance	BD		N/A		11,117,356	6 68,794		68,794,865	5 100 000 %		
Fortress Properties Trust co Fortress Propertie 3 Village Road Suite 100 Horsham, PA19044 26-6241201	s Inc	Trust for the benef of Temple University Hospital Inc		PA	N/A	Т				4,229,741	100 00	00 %	

Part V	Transactions	with	Related	<b>Organizations</b>
--------	--------------	------	---------	----------------------

Note. Complete line 1 if any entity is listed in Parts II, III or IV	L`	Υe
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	а	
at the second	L .	<u></u>

- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	165	140
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
11	Yes	
1m		No
1n		No
10		No
1p		No
1q		No
1r		No

2	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>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved					
(1)	Temple University Hospital	С	21,600,000					
(2)	Jeanes Hospital	С	8,400,000					
(3)	Temple Health Transport Team	В	2,300,000					
(4)	Temple Physicians Inc	В	10,447,000					
(5)	Temple East Inc	В	20,572,000					
(6)	Temple University Hospital	В	908,000					
(7)	Temple East Realestate Inc	В	11,700,000					
(1) See Addit Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
-			G       D   F   000) 2000					

### 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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

**EIN:** 23-2825881

Name: Temple University Health System Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity	
Temple University Hospital Inc	,					
Philadelphia, PA 19140 23-2825878	Health Care	PA	501c3	3	N/A	
Jeanes Hospital	!	1			!	
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2826045	Health Care	PA	501c3	3	N/A	
Temple Physicians Inc	'					
Philadelphia, PA 19140 23-2790607	Health Care	PA	501c3	9	N/A	
Temple Health Transport Team Inc	!					
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 75-5084023	Health Care	PA	501c3	9	N/A	
Temple East Inc	'					
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2547305	Health Care	PA	501c3		Temple University Hospital	
Temple University Of The Commonwealth System of Higher Education						
300 Sullıvan Hall 1330 W Berks St Philadelphia, PA 19122 23-1365971	Education	PA	501c3	2	N/A	
Temple University Health System Foundation Inc	!				Temple University	
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2916108	Health Care	РА	501c3		Hospital	
Jeanes Hospital Auxiliary	!					
Philadelphia, PA 19111 23-1917776	Health Care	РА	501c3	9	Jeanes Hospital	
Temple East Real Estate Inc	!	1			Temple University	
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 20-1776524	Health Care	PA	501c3		Hospital	
Temple Professional Associates	!					
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2868129	Health Care	PA	501c3	11a, Type 1	Temple Physicians	
Episcopal Hospital	!				Temple University	
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-1365351	Health Care	PA	501c3		Hospital	
Greater Philadelphia Health Services II Corp dba Northwood Nursing Center	!					
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2892223	Health Care	PA	501c3	9	N/A	
Greater Philadelphia Health Services III Corp dba Temple Continuing Care						
3509 N Broad Street Room 936 or c/o Philadelphia, PA 19140 23-2989581	Health Care	PA	501c3	PF	N/A	

# Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Temple University Hospital	С	21,600,000
(2)	Jeanes Hospital	С	8,400,000
(3)	Temple Health Transport Team	В	2,300,000
(4)	Temple Physicians Inc	В	10,447,000
(5)	Temple East Inc	В	20,572,000
(6)	Temple University Hospital	В	908,000
(7)	Temple East Realestate Inc	В	11 700 000

11,700,000

# **TY 2008 Category 3 filer statement**

Name: Temple University Health System Inc

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
		TUHS Insurance Company LTD	Craig Appin House PO Box 2450 Hamilton FC BD	FOREIGNUS	120,000



# TY 2008 Earnings and Profits Other Adjustments Statement

Name: Temple University Health System Inc

Description	Amount
Net change unreal gain on invest	158,547

# **TY 2008 Foreign Blocked Income Statement**

Name: Temple University Health System Inc

**EIN:** 23-2825881

**Explanation:** Footnote: In accordance with Internal Revenue Code sections 951

(a), 952(a)(1), and 953(a), TUHS Insurance Company, Ltd. does not recognize its related party insurance income as Subpart F income for tax purposes. However, in accordance with generally

income for tax purposes. However, in accordance with generally accepted accounting principles, insurance premiums received are recognized as insurance revenues on TUHS Insurance Company's audited financial statements. Footnote: TUHS Insurance Company, Ltd. is not indebted to its sole shareholder, Temple University

Health System, Inc. There are no outstanding subscriptions to the

stock of TUHS Insurance Company, Ltd.

# **TY 2008 Itemized Other Current Liabilities Schedule**

Name: Temple University Health System Inc

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Temple University Health System Inc	23-2825881	Losses and loss adjustment expenses	24,030,065	9,428,549
		Deferred gain on retroactive contract	237,108	66,040
		Accrued expenses	43,768	40,650
		Reinsurance balances payable	0	5,000,000
		Deposit liability	0	2,000,000
		Unearned premium	0	5,000,000

# **TY 2008 Itemized Other Assets Schedule**

Name: Temple University Health System Inc

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Deferred reinsurance premium (short term)	0	5,000,000
		Deferred reinsurance premium (long term)	0	5,000,000

# **TY 2008 Itemized Other Current Assets Schedule**

Name: Temple University Health System Inc

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Accrued Investment Income	589,783	398,148
		Reinsurance balances receivable	0	10,000,000
		Prepaid Expenses	5,260	6,645

# **TY 2008 Other Deductions Schedule**

Name: Temple University Health System Inc

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Losses and loss adjustment expenses		21,805,923
Acquisition Costs		121,000
General & Administrative Expenses		103,197

# **TY 2008 Itemized Other Investments Schedule**

Name: Temple University Health System Inc

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		United States Treasury Notes	44,774,570	19,334,054
		Corporate debt securities	0	7,499,530
		Mortgage backed securities	0	10,246,582

# **TY 2008 Itemized Other Liabilities Schedule**

Name: Temple University Health System Inc

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Losses and loss adjustment expenses	0	21,120,000
		Deferred gain on retroactive contract	0	35,560
		Reinsurance balances payable	0	5,000,000
		Unearned premium	0	5,000,000