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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
The American Oncologic Hospital

Doing Business As
Hosp of the Fox Chase Cancer Center

Number and street (or P O box if mail is not delivered to street address) | Room/suite
333 Cottman Avenue

City or town, state or country, and ZIP + 4
Philadelphia, PA 19111

D Employer identification number
23-1352156

E Telephone number
(215)728-2457

G Gross receipts $ 246,459,798

F Name and address of principal officer
Verdi j disesa MD MBA
333 COTTMAN AVENUE
PHILADELPHIA,PA 19111

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FCCC EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1904

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PREVAIL OVER CANCER MARSHALING HEART AND MIND IN BOLD SCIENTIFIC DISCOVERY, PIONEERING PREVENTION, AND COMPASSIONATE CARE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,245
6	Total number of volunteers (estimate if necessary)	**6**	310
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	5,000

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	431,937	1,439,134
9	Program service revenue (Part VIII, line 2g)	235,679,684	244,319,102
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-347,567	360,341
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,656,696	264,088
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	238,420,750	246,382,665
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,576,230	73,370,644
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	136,544,895	150,286,669
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,121,125	223,657,313
19	Revenue less expenses Subtract line 18 from line 12	31,299,625	22,725,352

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	84,245,696	211,101,813
21	Total liabilities (Part X, line 26)	66,313,386	173,883,940
22	Net assets or fund balances Subtract line 21 from line 20	17,932,310	37,217,873

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2013-05-14

ANTHONY J DIASIO VICE PRESIDENT - FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
PricewaterhouseCoopers LLP
2001 MARKET ST SUITE 1700
PHILADELPHIA, PA 19103

EIN ▶

Phone no ▶ (267) 330-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PREVAIL OVER CANCER MARSHALING HEART AND MIND IN BOLD SCIENTIFIC DISCOVERY, PIONEERING PREVENTION, AND COMPASSIONATE CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 139,526,357 including grants of $) (Revenue $ 244,427,485)

Healthcare professionals at the American Oncologic Hospital focus on developing and participating in clinical trials to broaden our knowledge of cancer treatments Our multidisciplinary staff provides a coordinated approach to treatment to best meet the needs of each patient Specialists at the American Oncologic Hospital are recognized nationally and internationally in all areas of cancer care

4b (Code) (Expenses $ 33,274,341 including grants of $) (Revenue $)

THE MISSION OF THE NURSING DEPARTMENT IS TO EASE THE BURDEN OF HUMAN CANCER BY PROVIDING COMPASSIONATE, EXPERT, HOLISTIC NURSING CARE TO ADULT CANCER PATIENTS AND THEIR FAMILIES FOX CHASE CANCER CENTER HAS A UNIQUE STAFF OF ONCOLOGY TRAINED NURSES WHO PROVIDE ONE OF THE BEST NURSE-TO-PATIENT RATIOS IN THE AREA

4c (Code) (Expenses $ 11,065,748 including grants of $) (Revenue $)

At the American Oncologic Hospital, we believe that cancer care goes beyond medical diagnosis and treatment For patients and their families we offer an array of support services, including complete care, nutrition support services, pain management, palliative care, pastoral care, social work services, support groups, and medical records

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $ 17,924)

4e **Total program service expenses** ▶ $ 183,866,446

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	47		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,245		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			3 Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Did the organization have members or stockholders?			6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

ANTHONY DIASIO VP OF FINANC
604 COTTMAN AVENUE
CHELTENHAM, PA 19012
(215) 728-3824

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,394,402	4,132,809	367,175

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 44

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JEANES HOSPITAL 7600 CENTRAL AVENUE PHILADELPHIA, PA 19111	PROFESSIONAL SERVICE	4,488,310
OWENS MINOR INC PO BOX 8500-55182 PHILADELPHIA, PA 191785182	PROFESSIONAL SERVICE	2,257,260
TEMPLE UNIVERSITY HOSPITAL 2450 W HUNTING PARK AVENUE PHILADELPHIA, PA 19129	PROFESSIONAL SERVICE	2,169,538
SIEMENS FINANCIAL SERVICES INC 51 VALLEY STREAM PKWY MALVERN, PA 19533	PROFESSIONAL SERVICE	2,151,929
KEY EQUIPMENT FINANCE INC PO BOX 74713 CLEVELAND, OH 44194	LEASE	1,970,804

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 81

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 1,439,134				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,439,134			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE 900099	241,834,496	241,834,496		
	b	GOVERNMENT PLAN REVENUE 900099	1,917,832	1,917,832		
	c	AOH PHYSICIST REVENUE 900099	532,538	532,538		
	d	JEANES REVENUE 900099	34,236	34,236		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	244,319,102			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	360,341			360,341
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 17,924				
	b	Less rental expenses				
	c	Rental income or (loss) 17,924				
	d	Net rental income or (loss) . . . . . ▶	17,924			17,924
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 208,914				
	b	Less direct expenses . . . b 77,133				
	c	Net income or (loss) from fundraising events . . ▶	131,781			131,781
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS REVENUE 900099	114,383	108,383	6,000	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	114,383			
	12	**Total revenue.** See Instructions . . . ▶	246,382,665	244,427,485	6,000	510,046

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	215,410	215,410	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	55,708,638	52,921,575	2,787,063	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	13,206,034	13,073,974	132,060	0
10	Payroll taxes	4,240,562	4,028,534	212,028	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	4,375	2,784	1,591	0
c	Accounting	203,522	129,524	73,998	0
d	Lobbying	38,174		38,174	0
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	9,638,631	6,020,319	3,618,312	0
12	Advertising and promotion	265,169	168,757	96,412	0
13	Office expenses	18,562,386	18,191,138	371,248	0
14	Information technology	876,093	823,527	52,566	0
15	Royalties . .	0			
16	Occupancy	1,568,865	1,066,828	502,037	0
17	Travel	190,984	175,705	15,279	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	30,819	20,957	9,862	0
20	Interest	1,360,293	1,319,484	40,809	0
21	Payments to affiliates	42,096,199	16,838,480	25,257,719	0
22	Depreciation, depletion, and amortization	7,053,565	3,597,300	3,456,265	0
23	Insurance	1,974,325	1,974,325	0	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROVISION FOR BAD DEBTS	3,125,444	0	3,125,444	0
b	DRUGS	47,756,585	47,756,585	0	0
c	PURCHASED SERVICES	15,541,240	15,541,240	0	0
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	223,657,313	183,866,446	39,790,867	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,795,481	1	5,882,050
	2	Savings and temporary cash investments		0	2	92,960
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		30,052,108	4	33,038,791
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		3,222,485	8	3,659,197
	9	Prepaid expenses and deferred charges		4,473,615	9	4,675,803
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 239,625,831			
	b	Less accumulated depreciation	10b 105,316,479	52,452,337	10c	134,309,352
	11	Investments—publicly traded securities		1,340,832	11	1,000,645
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		3,282,723	13	15,648,049
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		-14,373,885	15	12,794,966
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		84,245,696	16	211,101,813
Liabilities	17	Accounts payable and accrued expenses		16,934,794	17	30,252,182
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	93,210,767
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		16,288,862	23	18,334,464
	24	Unsecured notes and loans payable to unrelated third parties		11,649,991	24	13,114,017
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		21,439,739	25	18,972,510
	26	**Total liabilities.** Add lines 17 through 25		66,313,386	26	173,883,940
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		15,623,694	27	35,155,038
	28	Temporarily restricted net assets		2,115,444	28	296,691
	29	Permanently restricted net assets		193,172	29	1,766,144
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		17,932,310	33	37,217,873
	34	Total liabilities and net assets/fund balances		84,245,696	34	211,101,813

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	246,382,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,657,313
3	Revenue less expenses Subtract line 2 from line 1	3	22,725,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	17,932,310
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,439,789
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	37,217,873

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
The American Oncologic Hospital	23-1352156

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	38,174	47,718
c Total lobbying expenditures (add lines 1a and 1b)	38,174	47,718
d Other exempt purpose expenditures	222,548,303	354,239,462
e Total exempt purpose expenditures (add lines 1c and 1d)	222,586,477	354,287,180
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	157,246	50,284	61,948	38,174	307,652
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0			0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
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).**		
a	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 (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
PART II-A LINE 1		MANAGEMENT HAS DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, AND GOVERMENT OFFICIALS TO ADVOCATE THE HOSPITAL'S POSITION ON KEY ISSUES AFFECTING THE HOSPITAL FREQUENTLY, THESE CONTACTS ARE MADE TO EDUCATE THE APPROPRIATE REPRESENTATIVE OR OFFICIAL ON THE IMPLICATIONS OF SPECIFIC POLICY/LEGISLATION ON THE INDUSTURY IN GENERAL AND/OR IMPLICATIONS TO FOX CHASE AT THE FEDERAL LEVEL, DURING FY 2012, THE HOSPITAL ADVOCATED FOR INCREASED MEDICARE REIMBURSEMENT UNDER THE CANCER CENTER RULES AND ADVOCATED FOR INCREASED RESEARCH FUNDING FOR THE NIH AND NCI MANAGEMENT ALSO PROVIDED INPUT ON VARIOUS ISSUES INCLUDING HEALTH CARE REFORM AND IMPORTANT ISSUES SUCH AS DRUG SHORTAGES LEGISLATION ADDITIONALLY, TO ASSIST THE FOX CHASE ENTITIES OBTAIN NEEDED FUNDING FOR CUTTING EDGE TECHNOLOGIES AND RESOURCES USED BY THE SCIENTIFIC AND CLINICAL FACULTY, THE HOSPITAL AFFILIATE SUBMITTED FEDERAL GRANTS THROUGH THE APPROPRIATION MECHANISMS AT THE STATE LEVEL, MANAGEMENT ADVOCATED FOR THE SUSTAINED USE OF TOBACCO FUNDS TO SUPPORT THE VARIOUS CANCER PROGRAMS IN THE COMMONWEALTH THIS FUNDING IS CENTRAL TO THE PROGRAMS CONDUCTED BY THE FOX CHASE IN CANCER RESEARCH, PREVENTION, SCREENING AND TREATMENT MANAGEMENT ALSO MET WITH VARIOUS STATE REPRESENTATIVES TO OBTAIN FUNDING FOR CAPITAL AND OPERATING PROGRAMS UNDER THE VARIOUS APPROPRIATION MECHANISMS TO SUPPORT ECONOMIC DEVELOPMENT OPPORTUNITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,903,362	3,720,512	1,606,575	4,562,324	
b Contributions	1,414,080	4,340,629	2,056,274	11,336	
c Investment earnings or losses	1,329	842,221	63,620	-922,600	
d Grants or scholarships	2,539		5,957		
e Other expenditures for facilities and programs	7,929,946			2,044,485	
f Administrative expenses	0				
g End of year balance	2,386,286	8,903,362	3,720,512	1,606,575	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 80 100 %
- c Term endowment ▶ 19 900 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		350,000		350,000
b Buildings		61,900,320	49,940,230	11,960,090
c Leasehold improvements		2,199,664	1,576,092	623,572
d Equipment		63,529,334	47,134,228	16,395,106
e Other		111,646,513	6,665,929	104,980,584
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				134,309,352

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) OTHERASSET-ACE BOND COLLATERAL	446,480	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	15,648,049	

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

(a) Description	(b) Book value
(1) INVESTMENT IN AFFILIATES	-1,310,764
(2) ESCROW FOR BANK SETTLEMENT	7,920,000
(3) OTHER ASSETS	6,185,730
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	12,794,966

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
POST RETIREMENT BENEFITS	5,205,426
OTHER LIABILITIES	13,767,084
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	18,972,510

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART V LINE 4		THE AMERICAN ONCOLOGIC HOSPITAL PERIODICALLY RECEIVES ENDOWMENT GIFTS FROM INDIVIDUALS AND OTHER ENTITIES THAT PROVIDE A STEADY STREAM OF INCOME TO THE RESPECTIVE PURPOSE TO WHICH THE DONOR INTENDED THIS TYPEICALLY WOULD BE TO SUPPORT PATIENT CARE PROGRAMS AND PATIENT CARE ACTIVITIES AT THE HOSPITAL

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GIFT SHOP (event type)	(b) Event #2 TELEVISION SVC. (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	90,298	77,198	41,418	208,914
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	90,298	77,198	41,418	208,914
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	68,303		8,830	77,133
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(77,133)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				131,781

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

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? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			3,160,675	1,917,832	1,242,843	0 560 %
b Medicaid (from Worksheet 3, column a)			3,277,330	2,665,208	612,122	0 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			6,438,005	4,583,040	1,854,965	0 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)			5,766,713	1,315,275	4,451,438	2 030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			5,766,713	1,315,275	4,451,438	2 030 %
k **Total.** Add lines 7d and 7j			12,204,718	5,898,315	6,306,403	2 870 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members			618,414		618,414	0 280 %
6	Coalition building			978,108		978,108	0 440 %
7	Community health improvement advocacy			483,417	39,436	443,981	0 200 %
8	Workforce development						
9	Other						
10	**Total**			2,079,939	39,436	2,040,503	0 920 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	3,125,444		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,723,590		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	68,154,269		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,430,679		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	THE AMERICAN ONCOLOGIC HOSPITAL 333 COTTMAN AVENUE PHILADELPHIA,PA 19111	X	X		X					

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

THE AMERICAN ONCOLOGIC HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☐ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 3C		Not Applicable The AMERICAN ONCOLOGIC HOSPITAL does use Federal Poverty Guidelines PART I, LINE 6A Not Applicable The AMERICAN ONCOLOGIC HOSPITAL did not prepare a community ben efit report during the tax year PART I, LINE 7 The net community benefit expense was $4,4 51,438 PART I, LINE 7F THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUM N (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS 3,125,4 44 PART II The net community building expense was $2,040,503 PART III, LINE 4 There is n o footnote in the financial statements specific to bad debt at this time "The Hospital pr ovides patient care services without charge, or at amounts less than established rates, to patients who meet the criteria of its charity care policy Criteria for consideration und er the charity care policy is based primarily on family income and net worth, but also rec ognizes other circumstances where undue financial hardships exist The Hospital maintains records to identify and monitor the level of charity care it provides Because collection of amounts determined to qualify as charity care are not pursued, patient service revenues are reduced by such amounts The Hospital also provides services and supplies below cost to patients covered by government insurance programs, including the Medicare and Medicaid programs " The complete charity care policy is attached PART III, LINE 8 All of the $5,43 0,679 shortfall reported on line 7 of Part III should be treated as community benefit A r atio of cost to charges was used as the methodology to determine the amount reported on li ne 6 of Part III PART III, LINE 9B Yes, the organization's written collection policy cont ains provisions on the collection practices to be followed for patients who are known to q ualify for charity care or financial assistance PART V, SECTION B Line 1J, 3, 4, 5C, 6I, 7 - Not applicable Fox Chase did not conduct a community health needs assessment Line 11 H - Not applicable Fox Chase uses income level as the basis for calculating amounts charg ed to patients at discounted care rate Line 13G - The financial assistance policy is publ icized verbally to the patient during the financial counseling process Line 15E - Not app licable Fox Chase did not take any other actions against patients for collections Line 1 6E - Not applicable Fox Chase does not authorize a third party to perform any collections process Line 17E - Not applicable Fox Chase does not initiate any collection proceeding s Line 19D - Patients are charged a discounted amount of gross charge Line 21 - Fox Chas e charges FAP ELIGIBLE patients AMOUNTS THAT ARE BASED ON AMOUNTS GENERALLY ACCEPTED FROM INSURANCE COMPANIES THESE ARE DISCOUNTED AMOUNTS QUESTION 2 - NEEDS ASSESSMENT As a dedi cated Comprehensive Cancer Center, the only health need we address is cancer-from educatio n to prevention to diagnosis, treatment and survivorship We also study the scientific asp ects of cancer at all those stages For the purpose of Fox Chase Cancer Center as a whole, our community is anyone who seeks the services of Fox Chase, whether they live near us, i n another state, or even in another country However, in regard to outreach in the communi ty, we review demographic and health data from, among others, the federal census, PA Depa rtment of Health and tumor registry data to identify zip codes in surrounding Philadelphia , Montgomery, Bucks, Delaware and Chester counties that appear to have the most need for c ommunity education and screening Also, as currently required by the legislation, we are g earing up for the first mandated comprehensive needs assessment which for us must be compl eted by June 30, 2013 QUESTION 3 - PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE From FCCC Charity Care Policy Mission Fox Chase Cancer Center's mission is to PREVAIL OVER CAN CER Activities include basic, clinical and prevention research, detection and treatment o f cancer, and community outreach programs Consistent with this mission, The AMERICAN ONCO LOGIC HOSPITAL will consider the inability of its patients to meet the financial burden of cancer care that may arise during treatment The AMERICAN ONCOLOGIC HOSPITAL is committed to treating patients who experience financial difficulities with the same dignity and car e extended to all other patients Procedure When a patient calls in to schedule an appoint ment, the New Patient Office will notify Patient Financial Services (PFS) of anyone who is either a) Not insured b) Participates in a health plan that FCCC does not accept or is out of network or c) Communicates a concern regarding the ability to meet FCCC obligation s (i e under-insured, limited coverage, etc) All such patients will be contacted by a F inancial Counselor No financial assistance will be extended to a patient until a plan of treatment has been established QUESTION 4 - COMMUNITY INFORMATION Currently, 76 9% of Fox Chase Cancer Center's patients come from a nine c

Identifier	ReturnReference	Explanation
PART I, LINE 3C		ounties region across Pennsylvania and New Jersey This represents a 1 9% increase from 20 11 The five PA counties are Bucks, Chester, Delaware, Montgomery, and Philadelphia The four in New Jersey are Burlington, Camden, Mercer, and Gloucester QUESTION 5 - COMMUNITY BUILDING ACTIVITIES Education Outreach to the Community The Office of Health Communicatio ns and Health Disparity ("OHCHD") offers cancer education both to the community and Fox Ch ase's patients and families Through our community Speakers Bureau, we deliver programs in both English and Spanish on different cancer sites, prevention and screening guideline an d how people can participate in cancer research These sessions are delivered at faith-bas e organizations, workside wellness programs, educational institutions, health care facilit ies, retirement homes and other community institutions where members gather In 2012, OHCH D educated 2,486 individuals in total in the community, 1036 (42%) in Spanish A concentra ted efort to reach 12 surrounding zip codes has been the priority of OHCHD via its neighbo rs program These zip codes are ethnically and socio-economically diverse and considered m edically underserved O ur education efforts focus on sharing general cancer information to increase knowledge of prevention strategies and early detection to promote cancer screeni ng Additional effort is placed on the inclusion of information regarding cancer options s uch as biospecimens donations and clinical trials During these sessions, staff gather inf ormation regarding any needs or concerns regarding research, this information will be used to tailor more culturally relevant information for our diverse communities Partnerships Community engagement is an approach used by OHCHD to learn about community needs and to pr ovide an array of services to the commuity Partner Organizations represent entities that request our services, i e community speaker's bureau or cancer screening programs Additi onally, we forge specific partnership with key entities in which mutually beneficial memor andums of understanding are agreed upon These include churches, community civic and acade mic institutions Faith-based O utreach Through the Body and Soul program, OHCHD trained 5 new community partners/church coordinators how to implement the program and also provided technical assistance and online capacity building sessions to strengthen program delivery In FY12 the program was implemented into five new churches for a total of 77 churches to date, reaching over 30,000 persons with information and activities that promote healthy li festyles in a three-year effort Finally, Fox Chase also provides educational sessions and materials about cancer at various community events, such as health expos throughout the r egion, as well as events on the Fox Chase campus to which community members are invited C ommunity Health Improvement Advocacy Community Screening The mobile mammography unit provi des cancer screening for breast and prostate cancer at worksite wellness programs and comm unity based organizations In FY 12, a total of 3,809 women were screened of which 36% wer e performed in community settings Of the women screened, 28% did not have private insuran ce OHCHD secured additional funds via foundations and federal government programs to prov ide the community with screening at no cost Women who were diagnosed with an abnormal res ult received care at The Fox Chase Cancer Center regardles of their ability to pay Financ ial assistance was covered by the Fox Chase Cancer Center Charity Care Program Tailored M edia Outreach African Americans experience a higher cancer burden than other racial/ethnic groups To address this burden, OHCHD has partnered with community radio station WDAS to reach the audience with evidence-based cancer information that features prevention message s and up-to-date screening guidelines The FY12 campaign was launched in April for Nationa l Minority Awareness Month and in July r

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	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 committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1		AN OFFICER LISTED ON PART VII AND SCHEDULE J RECEIVED A HOUSING ALLOWANCE DURING THE TAX YEAR THE VALUE WAS TAXED AS WAGES Schedule J, Part I, Line 4a In 2011, Joseph F Hediger received a severance payment of $300,000, Christopher J Nasto received a severance payment of $76,923, and Susan Tofani received a severance payment of $138,462

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352156
Name: The American Oncologic Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Michael V Seiden MD PhD	(I)	0	0	0	0	0	0	0
	(II)	493,904	52,000	22,252	9,800	22,602	600,558	0
J Robert Beck MD	(I)	0	0	0	0	0	0	0
	(II)	347,030	44,689	0	9,994	9,166	410,879	0
Jonathan Chernoff MD PhD	(I)	0	0	0	0	0	0	0
	(II)	361,162	30,000	429	10,464	10,664	412,719	0
Paul F Engstrom MD	(I)	0	0	0	0	0	0	0
	(II)	413,617	35,400	0	10,079	21,065	480,161	0
Joseph F Hediger	(I)	0	0	0	0	0	0	0
	(II)	0	0	300,000	0	0	300,000	0
Thomas J Albanesi JR	(I)	0	0	0	0	0	0	0
	(II)	246,383	25,000	12,082	8,615	12,334	304,414	0
Robert Wilkens	(I)	0	0	0	0	0	0	0
	(II)	134,615	0	83,333	5,385	1,042	224,375	0
Susan H Tofani	(I)	0	0	0	0	0	0	0
	(II)	160,731	11,760	138,462	4,262	1,976	317,191	0
Gary J Weyhmuller	(I)	0	0	0	0	0	0	0
	(II)	301,885	40,000	0	10,123	22,602	374,610	0
CHANG M MA Phd	(I)	330,367	10,600	0	9,985	19,828	370,780	0
	(II)	0	0	0	0	0	0	0
ROBERT A PRICE PHD	(I)	238,066	10,200	5,006	9,770	22,389	285,431	0
	(II)	0	0	0	0	0	0	0
LILI CHEN PHD	(I)	209,365	0	0	8,375	845	218,585	0
	(II)	0	0	0	0	0	0	0
LU WANG PHD	(I)	206,149	0	0	8,375	16,625	231,149	0
	(II)	0	0	0	0	0	0	0
JINSHENG LI PhD	(I)	196,826	12,500	0	8,043	19,460	236,829	0
	(II)	0	0	0	0	0	0	0
JOANNE HAMBLETON	(I)	0	0	0	0	0	0	0
	(II)	202,954	10,000	0	8,118	1,428	222,500	0
DWIGHT D KLOTH PHD	(I)	168,323	7,000	0	6,875	18,648	200,846	0
	(II)	0	0	0	0	0	0	0
MARK SOBczAK MD	(I)	0	0	0	0	0	0	0
	(II)	370,352	164,000	0	9,800	18,928	563,080	0
MARK JOHNSON	(I)	0	0	0	0	0	0	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHRISTOPHER J	(I)	0	0	0	0	0	0	0
NASTO	(II)	53,846	0	76,923	3,751	5,759	140,279	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PHILADELPHIA AUTHORITY OR INDUSTRIAL DEVELOPMENT	23-2237287	7178182F4	09-28-2007	56,530,000	REFUND & CONSTRUCT, MED FACIL, PAR		X		X		X
B	PHILADELPHIA AUTHORITY OR INDUSTRIAL DEVELOPMENT	23-2237287	7178182J6	09-28-2007	27,800,000	REFUND & CONSTRUCT, MED FACIL, PAR		X		X		X
C	PHILADELPHIA AUTHORITY OR INDUSTRIAL DEVELOPMENT	23-2237287	7178182G2	09-28-2007	23,645,000	REFUND & CONSTRUCT, MED FACIL, PAR		X		X		X
D	PHILADELPHIA AUTHORITY OR INDUSTRIAL DEVELOPMENT	23-2237287	7178182H0	09-28-2007	16,375,000	REFUND & CONSTRUCT, MED FACIL, PAR		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,000	0	0	0
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	56,530,000	27,800,000	23,645,000	16,375,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	545,026	691,112	588,668	407,674
6	Proceeds in refunding escrow	0	0	0	0
7	Issuance costs from proceeds	530,872	379,497	322,778	223,535
8	Credit enhancement from proceeds	68,233	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	19,927,830	20,969,817	17,835,659	12,351,825
11	Other spent proceeds	35,458,039	5,759,574	4,897,895	3,391,966
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2010	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 468 %		2 468 %		2 468 %		2 468 %	
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 section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	2 468 %		2 468 %		2 468 %		2 468 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider	0		JP MORGAN		JP MORGAN			
c	Term of hedge			7		7		7	
d	Was the hedge superintegrated?				X		X		X
e	Was a hedge terminated?	X		X		X		X	
4a	Were gross proceeds invested in a GIC?	X		X		X		X	
b	Name of provider	MORGAN STANLEY		MORGAN STANLEY		MORGAN STANLEY		MORGAN STANLEY	
c	Term of GIC	2 17		2 17		2 17		2 17	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K	0	THE BONDS WERE ISSUED BY THE FOX CHASE CANCER CENTER FOUNDATION ON BEHALF OF ITSELF, THE INSTITUTE FOR CANCER RESEARCH, AND THE AMERICAN ONCOLOGIC HOSPITAL VIA MASTER TRUST INDENTURES As of June 30, 2012, UNDER THE TERMS OF THE INDENTURES, THE BONDS ARE JOINT AND SEVERAL LIABILITIES OF THE INSTITUTE FOR CANCER RESEARCH and The AMERICAN ONCOLOGIC HOSPITAL THIS SCHEDULE K IS ATTACHED TO THE AMERICAN ONCOLOGIC HOSPITAL AND FOX CHASE CANCER CENTER FOUNDATION FOR THE YEAR ENDING JUNE 30, 2012

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PETER McCAUSLAND - AIRGAS	BOARD OF DIRECTOR	55,257	SEE PART V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV		THE AMERICAN ONCOLOGIC HOSPITAL CONDUCTS BUSINESS WITH AIRGAS ON A ROUTINE BASIS AIRGAS IS A DISTRIBUTOR OF SPECIALIZED GASES PETER MCCAUSLAND IS AN OWNER OF AIRGAS AND A MEMBER OF OUR BOARD OF DIRECTORS THE TOTAL EXPENSES INCURRED DURING FY 2012 RELATED TO AIRGAS WERE $55,256 53

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Identifier	Return Reference	Explanation
THE AMERICAN ONCOLOGIC HOSPITAL ALSO DOES BUSINESS UNDER "THE HOSPITAL		OF THE FOX CHASE CANCER CENTER" OR "FOX CHACE CANCER CENTER " FORM 990, PART VI, SECTION A, LINE 2 Louis Della Penna is the father of Elizabeth Rizor FORM 990, PART VI, SECTION A, LINE 3 MARK JOHNSON, AN EMPLOYEE OF FTI CONSULTING, WAS IN THE CAPACITY OF INTERIM SENIOR VICE PRESIDENT, CLINCIAL SERVICES AND BUSINESS DEVELOPMENT DURING FISCAL YEAR 2012 FTI CONSULTING RECEIVED COMPENSATION IN CONNECTION WITH SERVICES PROVIDED BY MARK JOHNSON TO THE ORGANIZATION, THE DETAILS OF WHICH ARE DISCLOSED IN SCHEDULE O FORM 990, PART VI, SECTION B, LINE 11 the Form 990 is prepared by PwC and reviewed by the finance department (including the VICE PRESIDENT OF FINANCE AND MEMBERS OF THE ACCOUNTING STAFF), MEMBERS OF THE SENIOR LEADERSHIP COMMITTEE AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office Each Board member is contacted and provided with the web address A Board member without internet access is provided a paper copy to review The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions FORM 990, PART VI, SECTION B, LINE 12C In the case of potential conflict of interest or commitment, the President of FCCC shall be responsible for administering all matters All disclosures shall be kept confidential, in a separate file under the control of the Office of the President They shall not be made part of any personnel record or the basis for any review of the performance of the individual staff member Access to these records shall be made available only to Board members, the President or his designee or a properly authorized governmental body, acting under statutory or regulatory authority Records will be maintained for three years unless the materials are subject to governmental action Disclosures shall be required of all staff and board members as follows By Board Members All Board Members of FCCC shall be required to complete a Conflict of Interest Disclosure form at the time of appointment, annually and whenever a new potential conflict arises By Employees All scientists, physicians and administrative employees at the management level and above of FCCC shall be required to complete a Conflict of IntereSt form at the time of employment, annually and whenever a new potential conflict arises and submit such disclosure forms to the Chief Academic Officer or his designee By Consultants and Subcontractors Consultants and Subcontractors shall certify to FCCC that they are not in a position to influence Center business, research or other decisions in ways that could lead to any form of personal gain from them or their family or give improper advantage to others to the Center's detriment improper advantage to others to the Center's detriment
FORM 990, PART VI, SECTION B, LINE 15B		THE ORGANIZATION'S COMPENSATION POLICY FOR THE POSITIONS OF CEO, EXECUTIVE DIRECTORS, SENIOR MANAGEMENT, OFFICERS AND OR KEY EMPLOYEES IS TO UTILIZE A NATIONAL SURVEY FACILITY FOR COMPENSATION INFORMATION ANNUALLY, IT IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE AS WELL AS THE FULL BOARD FOR APPROVAL
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC WHEN REQUESTED
FORM 990, PART VII		FORM 990, PART VII MARK JOHNSON WAS IN THE CAPACITY OF INTERIM CHIEF SENIOR VICE PRESIDENT, CLINCIAL SERVICES AND BUSINESS DEVELOPMENT DURING FISCAL YEAR 2012 WHILE EMPLOYED BY FTI CONSULTING INDIVIDUAL COMPENSATION IS NOT AVAILABLE FROM FTI IN CONNECTION WITH SERVICES PROVIDED BY MARK JOHNSON TO THE ORGANIZATION FTI WAS PAID $220,119 BY FOX CHASE CANCER CENTER FOUNDATION, AN AFFILIATE OF THE AMERICAN ONCOLOGIC HOSPITAL
FORM 990, PART XI, LINE 5		INVESTMENT RETURN, NET OF EARNINGS ALLOCATION 1,346,794 CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP (1,250,760) UNREALIZED DEPRECIATION (2,097,953) DECREASE/INCREASE IN POST RETIREMENT PLAN LIABILITY 10,976,894 AFFILIATE TRANSFERS (16,284,999) CHANGE IN INVESTMENT IN AFFILIATE 3,870,235 _____ TOTAL (3,439,789)
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME David G Marshall TITLE CHAIRMAN HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Louis E. Della Penna Sr TITLE VICE CHAIR HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME W Thacher Brown TITLE VICE CHAIR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Margot Keith TITLE VICE CHAIR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Peter McCausland TITLE VICE CHAIR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donald E. Morel, Jr , Ph D TITLE VICE CHAIR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME William J Avery TITLE CHAIR, EXECUTIVE COMMITTEE HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael V Seiden, MD, Ph D TITLE PRESIDENT & CEO HOURS 31
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME John W Conway, Jr TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME G Morris Dorrance, Jr TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME The Honorable Dwight Evans TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edward A Glickman TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael J Heller, Esq TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas W Hofmann TITLE VICE CHAIR HOURS 5
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Geoffrey Kent TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Philip E Lippincott TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jill Michal TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edward J Roach TITLE DIRECTOR HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Shenk, Ph D TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Pamela Strisofsky TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME William Stuglinsky TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas R Tritton, Ph D TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kenneth E Weg TITLE DIRECTOR HOURS 4
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Yoram Wind, Ph D TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Zane Wolf, Ph D TITLE DIRECTOR HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELIZABETH RIZOR TITLE PRESIDENT, BOARD OF ASSOC HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN FULGONEY TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J Robert Beck, MD TITLE CHIEF ACADEMIC OFFICER HOURS 50
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jonathan Chernoff, MD, Ph D TITLE CHIEF SCIENTIFIC OFFICER HOURS 55
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Paul F Engstrom, MD TITLE CHIEF NETWORK OFFICER HOURS 50
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas J Albanesi, JR TITLE CHIEF FINANCIAL OFFICER HOURS 50
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Robert Wilkens TITLE CHIEF DEVELOPMENT OFFICER HOURS 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Susan H Tofani TITLE SR VICE PRESIDENT HOURS 45
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gary J Weyhmuller TITLE CHIEF OPERATING OFFICER HOURS 50
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOANNE HAMBLETON TITLE VICE PRESIDENT HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK SOBczAK, M D TITLE CHIEF NETWORK OFFICER HOURS 45
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK JOHNSON TITLE INTERIM, SR VP CLINICAL SERV HOURS 24

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FOX CHASE CANCER CENTER FOUNDATION 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 23-2003072	RESEARCH	DE	501(C)(3)	7	NA		No
(2) THE INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 23-6296135	RESEARCH	DE	501(C)(3)	4	NA		No
(3) HEALTH SERVICES OF FOX CHASE CANCER CTR 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 23-2328543	PATIENT CARE	PA	501(C)(3)	3	NA		No
(4) FOX CHASE NETWORK 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 23-2467337	CLINICAL SVCS	PA	501(C)(3)	11B	FCCC		No
(5) FCCC SELECT 76 ST PAUL STREET BURLINGTON, VT 05401 02-0597423	CAPTIVE INSUR	VT	501(C)(3)	11A	AOH	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FOX CHASE LIMITED 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 23-2396731	MEDICAL SERVI	PA	FCCC	C CORP	0	0	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE R, PART II		RELATED TAX-EXEMPT ENTITIES REPORTED ON SCHEDULE R, PART II OPERATE AS A INTEGRATED SYSTEM THE AMERICAN ONCOLOGIC HOSPITAL ("AOH") GENERATES A MARGIN FROM THE OPERATIONS THIS MARGIN IS USED TO FUND DEFICITS IN THE INSTITUTE FOR CANCER RESEARCH AND HEALTH SERVICES OF FOX CHASE CANCER CENTER THESE ARE BELOW THE LINE TRANSFERS AND ARE REPORTED AS SUCH ON THIS FORM 990 IN ADDITION, AOH WAS REQUIRED TO MAKE A CAPITAL CONTRIBUTION TO FCCC SELECT TO FURTHER CAPITALIZE THE ENTITY

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134053183

TY 2011 AffiliatedGroupAttachment

Name: The American Oncologic Hospital

EIN: 23-1352156

Explanation: FOX CHASE CANCER CENTER FOUNDATION, EIN: 23-2003072, ADDRESS: 333 COTTMAN AVE., PHILA., PA 19111, EXPENSES: $52,168,006, EXCESS LOBBYING EXPENDITURES: $0 THE AMERICAN ONCOLOGIC HOSPITAL, EIN: 23-1352156, ADDRESS: 333 COTTMAN AVE, PHILA., PA 19111, EXPENSES: $224,586,477, EXCESS LOBBYING EXPENDITURES: $0 THE INSTITUTE FOR CANCER RESEARCH, EIN: 23-6296135, ADDRESS: 333 COTTMAN AVE., PHILA., PA 19111, EXPENSES $29,742,314, EXCESS LOBBYING EXPENDITURES: $0 HEALTH SERVICES OF FOX CHASE CANCER CENTER, EIN: 23-2328543, ADDRESS: 333 COTTMAN AVE., PHILA., PA 19111, EXPENSES $50,790,383, EXCESS LOBBYING EXPENDITURES: $0

Fox Chase Cancer Center Corporations

Combined Financial Statements
June 30, 2012 and 2011

Fox Chase Cancer Center Corporations
Index
June 30, 2012 and 2011

pwc

Report of Independent Auditors

To the Board of Directors of
American Oncologic Hospital:

In our opinion, the accompanying combined balance sheets and the related combined statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Fox Chase Cancer Center Corporations (Fox Chase) at June 30, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 2 to the financial statements, subsequent to June 30, 2012, Temple University Health System obtained the necessary financing to satisfy the lenders under the terms of the forbearance and settlement agreement and as a result, the terms of the affiliation agreement with Fox Chase became effective.

Our audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information on pages 31-32 is presented for purposes of additional analysis and is not a required part of the combined financial statements. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole.

PricewaterhouseCoopers LLP

December 7, 2012

PricewaterhouseCoopers LLP, Two Commerce Square, Suite 1700, 2001 Market Street, Philadelphia, PA 19103-7042
T: (267) 330-3000, F: (267) 330-3300, www.pwc.com/us

Fox Chase Cancer Center Corporations
Combined Statement of Financial Position
June 30, 2012

ASSETS	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Current Assets				
Cash and Cash Equivalents	$ 6,862,314	$ 403,079	$ -	$ 7,265,393
Short-term Investments	92,960			92,960
Patient Accounts Receivables (net of allowance for doubtful accounts of $2,807,716)	36,430,092			36,430,092
Expenditures Reimbursable by Research Grants & Awards	2,450,031			2,450,031
Other Receivables	5,849,736			5,849,736
Pledges Receivables, net	599,000	258,000	960,000	1,817,000
Prepaid, Deferred Expenses and Other Assets	9,784,160	30,383		9,814,543
Escrow for Bank Settlement and Forbearance	7,920,000			7,920,000
Interfund Balances, net	1,139,295	(1,125,071)	(14,224)	-
Total Current Assets	71,127,588	(433,609)	945,776	71,639,755
Long-term Pledges Receivable, net	1,755,000	183,000	1,923,000	3,861,000
Assets Limited or Restricted as to use	15,010,672	11,441,675	45,382,913	71,835,260
Real Estate Investments	4,560,000			4,560,000
Other Investments	1,000,645			1,000,645
Other Assets	3,534,264	1,385,113		4,919,377
Property, Plant and Equipment, net	201,018,223			201,018,223
Total Assets	$ 298,006,392	$ 12,576,179	$ 48,251,689	$ 358,834,260
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable and Accrued Expenses	$ 44,029,350	$ 873	$ -	$ 44,030,223
Unexpended Research Grants and Awards	7,920,788			7,920,788
Current Portion of Obligations Included in Bank Settlement and Forbearai	7,920,000			7,920,000
Current Portion of Capital Lease Obligations	1,924,440			1,924,440
Total Current Liabilities	61,794,578	873	-	61,795,451
Post Employment Benefit Obligations	6,409,725			6,409,725
Other Liabilities	21,418,097			21,418,097
Obligations Included in Bank Settlement and Forbearance	146,379,826			146,379,826
Long-term Capital Lease Obligations	1,070,048			1,070,048
Total Liabilities	237,072,274	873	-	237,073,147
Net Assets	60,934,118	12,575,306	48,251,689	121,761,113
Total Liabilities and Net Assets	$ 298,006,392	$ 12,576,179	$ 48,251,689	$ 358,834,260

The accompanying notes are an integral part of these combined financial statements

Fox Chase Cancer Center Corporations
Combined Statement of Financial Position
June 30, 2011

ASSETS	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Current Assets				
Cash and Cash Equivalents	$ 11,068,277	$ 186,338	$ -	$ 11,254,615
Short-term Investments	326,060	-		326,060
Patient Accounts Receivables (net of allowance for doubtful accounts of $2,591,544)	28,335,477			28,335,477
Estimated Third Party Payor Settlements	4,503,471			4,503,471
Expenditures Reimbursable by Research Grants & Awards	2,504,169			2,504,169
Other Receivables	7,309,040	3,162		7,312,202
Pledges Receivables, net	541,011	328,000	617,000	1,486,011
Prepaid, Deferred Expenses and Other Assets	11,804,478	35,653		11,840,131
Interfund Balances, net	699,270	(1,044,830)	345,560	-
Total Current Assets	67,091,253	(491,677)	962,560	67,562,136
Long-term Pledges Receivable, net	2,684,470	585,000	1,441,568	4,711,038
Assets Limited or Restricted as to use	22,804,415	13,716,278	43,523,883	80,044,576
Real Estate Investments	4,830,000			4,830,000
Other Investments	1,023,482			1,023,482
Other Assets	4,106,165	1,655,524		5,761,689
Property, Plant and Equipment, net	207,141,051			207,141,051
Total Assets	$ 309,680,836	$ 15,465,125	$ 45,928,011	$ 371,073,972
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable and Accrued Expenses	$ 39,891,712	$ 785	$ -	$ 39,892,497
Unexpended Research Grants and Awards	8,540,932			8,540,932
Current Portion of Obligations Included in Bank Settlement and Forbearance	7,920,000			7,920,000
Current Portion of Capital Lease Obligations	2,763,864			2,763,864
Total Current Liabilities	59,116,508	785	-	59,117,293
Post Employment Benefit Obligations	21,845,996			21,845,996
Other Liabilities	17,031,553			17,031,553
Long-term Obligations Included in Bank Settlement and Forbearance	168,408,818			168,408,818
Long-term Capital Lease Obligations	2,557,431			2,557,431
Total Liabilities	268,960,306	785	-	268,961,091
Net Assets	40,720,530	15,464,340	45,928,011	102,112,881
Total Liabilities and Net Assets	$ 309,680,836	$ 15,465,125	$ 45,928,011	$ 371,073,972

The accompanying notes are an integral part of these combined financial statements

Fox Chase Cancer Center Corporations
Combined Statement of Operations and Changes in Net Assets
June 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
SUPPORT AND REVENUES				
Net Patient Service Revenue	$ 278,267,733	$ -	$ -	$ 278,267,733
Agency Grants and Contracts	38,584,086			38,584,086
Commercial and Industrial	11,916,575			11,916,575
Contributions, Awards and Legacies	7,563,296	64,092	3,159,078	10,786,466
Legislative Appropriation	2,545,149			2,545,149
Investment Earnings Allocation	515,777	2,597,443		3,113,220
Net Assets Released from Restrictions	2,187,301	(2,187,301)		-
Other Support and Revenue	6,896,654			6,896,654
Total Support and Revenues	348,476,571	474,234	3,159,078	352,109,883
EXPENSES				
Salaries and Stipends	147,867,933			147,867,933
Employee Benefits	40,364,162			40,364,162
Purchased Services	51,718,622			51,718,622
Supplies, Drugs and Other	76,739,332			76,739,332
Provision for Bad Debts	4,062,417			4,062,417
Utilities	7,706,938			7,706,938
Depreciation and Amortization	19,325,491			19,325,491
Interest	5,120,104			5,120,104
Lease Expense	4,831,590			4,831,590
Total Expenses	357,736,589	-	-	357,736,589
Income (Loss) from Operations	(9,260,018)	474,234	3,159,078	(5,626,706)
NON-OPERATING				
Investment Return, net of Earnings Allocation	1,387,813	(5,545,764)		(4,157,951)
Realized Gain on Debt Settlement	18,873,938			18,873,938
Change in Fair Value of Interest Rate Swap	(9,443,939)			(9,443,939)
Excess (Deficiency) of Revenue over Expenses	1,557,794	(5,071,530)	3,159,078	(354,658)
Legislative Appropriation for Capital Purposes	7,970,000			7,970,000
Loss from Uncollectible Pledges	(417,844)	(400,000)	(113,568)	(931,412)
Unrealized (Depreciation) Appreciation of Investments	(2,581,538)	2,734,922		153,384
Unrealized Depreciation for Funds Held in Trust	-		(721,832)	(721,832)
Decrease in Post Retirement Plan Liability	13,532,750			13,532,750
Change in Net Assets Before Transfers	20,061,162	(2,736,608)	2,323,678	19,648,232
Fund Transfers, net	152,426	(152,426)		-
Change in Net Assets	20,213,588	(2,889,034)	2,323,678	19,648,232
Net Assets at beginning of year	40,720,530	15,464,340	45,928,011	102,112,881
Net Assets at end of year	$ 60,934,118	$ 12,575,306	$ 48,251,689	$ 121,761,113

The accompanying notes are an integral part of these combined financial statements

Fox Chase Cancer Center Corporations
Combined Statement of Operations and Changes in Net Assets
June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
SUPPORT AND REVENUES				
Net Patient Service Revenue	$ 266,736,822	$ -	$ -	$ 266,736,822
Agency Grants and Contracts	45,327,168			45,327,168
Commercial and Industrial	9,692,384			9,692,384
Contributions, Awards and Legacies	6,621,989	289,006	473,926	7,384,921
Legislative Appropriation	5,710,024	-		5,710,024
Investment Earnings Allocation	1,165,082	2,439,047	-	3,604,129
Net Assets Released from Restrictions	2,382,233	(2,382,233)	-	-
Other Support and Revenue	5,906,041	-		5,906,041
Total Support and Revenues	343,541,743	345,820	473,926	344,361,489
EXPENSES				
Salaries and Stipends	143,068,239			143,068,239
Employee Benefits	43,264,158			43,264,158
Purchased Services	42,453,522			42,453,522
Supplies, Drugs and Other	72,888,092			72,888,092
Provision for Bad Debts	3,160,595			3,160,595
Utilities	7,161,442			7,161,442
Depreciation and Amortization	20,712,550			20,712,550
Interest	3,912,778			3,912,778
Lease Expense	5,491,707			5,491,707
Total Expenses	342,113,083	-	-	342,113,083
Income from Operations	1,428,660	345,820	473,926	2,248,406
NON-OPERATING				
Investment Return, net of Earnings Allocation	538,078	1,464,276	-	2,002,354
Change in Fair Value of Interest Rate Swap	(8,068,611)			(8,068,611)
Excess (Deficiency) of Revenue over Expenses	(6,101,873)	1,810,096	473,926	(3,817,851)
Unrealized Appreciation of Investments	2,003,228	5,160,440	-	7,163,668
Unrealized Appreciation for Funds Held in Trust	-		1,877,560	1,877,560
Increase in Post Retirement Plan Liability	(351,634)			(351,634)
Change in Net Assets Before Transfers	(4,450,279)	6,970,536	2,351,486	4,871,743
Fund Transfers, net	1,373,767	(1,373,767)	-	-
Change in Net Assets	(3,076,512)	5,596,769	2,351,486	4,871,743
Net Assets at beginning of year	43,797,042	9,867,571	43,576,525	97,241,138
Net Assets at end of year	$ 40,720,530	$ 15,464,340	$ 45,928,011	$ 102,112,881

The accompanying notes are an integral part of these combined financial statements

Fox Chase Cancer Center Corporations
Combined Statements of Cash Flows
Years Ended June 30, 2012 and 2011

	2012	2011
Cash Flows from Operating Activities:		
Change in Net Assets	$ 19,648,232	$ 4,871,743
Adjustments to Reconcile Change in Net Assets to Net Cash (Used in) Provided by Operating Activities:		
Depreciation	19,272,150	20,659,209
Amortization of Bond Issuance Costs, net	53,341	53,341
Provision for Bad Debts	4,062,417	3,160,595
Loss from Uncollectable Pledges	931,412	-
Realized (Gain) Loss on Sale of Investments	2,198,024	(4,862,383)
(Decrease) Increase in Post-Retirement Liability	(13,532,750)	351,634
Realized (Gain) on Debt Settlement	(18,873,938)	-
Permanently Restricted Gifts and Donations Received	(3,135,512)	(229,126)
Legislative Appropriations for Capital Purposes	(7,970,000)	
Unrealized (Appreciation) Depreciation in Investments	568,448	(9,041,228)
Unrealized Depreciation of Interest Rate Swap	9,443,939	8,068,611
(Increase) Decrease in:		
Patient Receivables	(12,157,032)	(2,209,832)
Estimated Third Party Payor Settlements	4,744,552	(847,292)
Expenditures Reimbursable by Research Grants & Awards	54,138	772,810
Other Receivables	1,462,466	(205,432)
Pledges Receivables	(412,363)	2,894,045
Prepaid, Deferred Expenses and Other Assets	(5,318,005)	(3,729,691)
Accounts Payable, Accrued Expenses and Other Liabilities	5,536,245	(6,806,662)
Unexpended Research Grants and Awards	(620,144)	(1,363,382)
Total Adjustments	(13,692,612)	6,665,217
Net Cash Provided by Operating Activities	5,955,620	11,536,960
Cash Flows from Investing Activities:		
Purchase of Investments	(11,067,594)	(6,960,786)
Proceeds from Sale of Investments	17,248,939	1,159,424
Capital Expenditures	(12,240,912)	(9,327,935)
Net Cash Used in Investing Activities	(6,059,567)	(15,129,297)
Cash Flows from Financing Activities and Other Affiliate Transfers:		
Legislative Appropriations for Capital Purposes	7,970,000	-
Proceeds from Debt Issuance	6,734,293	6,929,988
Debt Reduction	(18,823,347)	(151,476)
Repayment of Capital Lease Obligations	(2,901,733)	(2,452,335)
Permanently Restricted Gifts and Donations Received	3,135,512	229,126
Net Cash (Used In) Provided by Financing Activities	(3,885,275)	4,555,303
Net Increase in Cash and Cash Equivalents	(3,989,222)	962,966
Cash and Cash Equivalents, at Beginning of Year	11,254,615	10,291,649
Cash and Cash Equivalents, at End of Year	$ 7,265,393	$ 11,254,615
Supplemental Disclosures of Cash Flow Information :		
Cash Paid during the Year For Interest	$ 6,925,676	$ 6,093,616
Non Cash Investing and Financing Activities:		
Assets Acquired by Incurring Accounts Payable	$ 333,484	$ 301,878
Assets Acquired by Incurring Capital Lease Obligations	$ 574,926	$ 2,730,855

The accompanying notes are an integral part of these combined financial statements

1. Organization

The accompanying combined financial statements include the accounts of The Fox Chase Cancer Center Corporations (collectively referred to herein as "Fox Chase") Fox Chase, located in Philadelphia, Pennsylvania, is one of the nation's National Cancer Institute designated comprehensive cancer centers It functions as a single institution, and is composed of four separate, tax exempt, not-for-profit corporations that are governed by a common board and share the same senior management Fox Chase's structure allows for a high degree of interaction and collaboration between basic researchers and clinicians, which is in every respect a paradigm for a cancer center and research institution

Fox Chase's mission is to prevail over cancer, marshaling heart and mind in bold scientific discovery, pioneering prevention, and compassionate care

The four Fox Chase corporations are briefly described below

The Fox Chase Cancer Center ("Center"), conducts research and education programs in medical science and population science It provides administrative support and conducts fund raising activities on behalf of the four Fox Chase corporations Fox Chase Network, Inc (FCN), a nonprofit organization that provides clinical and administrative services to community hospitals and their physicians, is a wholly-owned subsidiary of Fox Chase Cancer Center

The Institute for Cancer Research ("Institute"), is primarily engaged in basic research, including programs in biomolecular structure and function, cell and developmental biology, immunobiology, and molecular oncology, and maintains common research resources for the benefit of all Fox Chase research activities

The American Oncologic Hospital and Subsidiary ("Hospital") d.b.a. Hospital of Fox Chase Cancer Center, a 100 licensed bed specialty hospital, provides advanced inpatient and outpatient care to cancer patients FCCC Select, Inc ("Select"), an insurance captive, is a wholly-owned subsidiary of American Oncologic Hospital

Health Services of Fox Chase Cancer Center ("Health Services"), is a professional corporation providing physician services in the following medical specialties medicine, medical oncology, pathology, radiology, surgery and anesthesiology, clinical genetics, and radiation therapy

The Obligated Group is comprised of the Center, Institute, and Hospital

2. Operating Matters and Plan of Affiliation

Fox Chase issued Series 2007 A & B tax-exempt bonds in 2007 in the amounts of $56,530,000 and $67,820,000 primarily for construction of a research pavilion, outpatient clinical space, and a parking garage, as well as to refinance existing debt The Series A variable rate bonds (scheduled to mature on July 1, 2031) are backed by a letter of credit issued by Citizens Bank, N A ("Citizens") While principal repayments are optional by the issuer during the term of the bonds, Fox Chase and Citizens, through a Reimbursement Agreement, negotiated early repayments over the duration of the term Such scheduled repayments included $4,600,000 due on July 1, 2010 and $6,800,000 due on July 1, 2011 Due to insufficient liquidity, neither of the two scheduled repayments were made on their due dates or subsequently

The Series 2007B bonds are fixed rate bonds held by J P Morgan Chase & Company ("J P Morgan") At the time of issuance, Fox Chase and J P Morgan entered into a series of interest rate swap transactions in connection with the Series 2007B bonds In January 2009, J P Morgan provided Fox Chase with notice that it was reserving its rights to declare an event of default as a result of a failure to comply with the Credit Support Amount Limitation, as defined in the J P Morgan Master Agreement which required minimum collateral based on the value of related swaps

Fox Chase entered into a letter of credit with TD Bank in 2007 to support an insurance arrangement provided to Select in the amount of $6,769,700 This letter of credit was drawn upon by Fox Chase in the amount of $6,769,700 in January 2011 and was required to be repaid on July 1, 2011 Due to insufficient liquidity, the repayment was not made on its due date or subsequently

Fox Chase entered into a working capital loan agreement in 2008 with Wells Fargo Bank, N A , in the amount of $27,000,000, of which the outstanding balance as of June 30, 2012 and 2011 is $14,950,000 Under a subsequent amendment to the loan agreement, the maximum loan amount was reduced to the outstanding balance of $14,950,000 and the loan was required to be repaid by July 1, 2010 Due to insufficient liquidity, the repayment was not made on its due date or subsequently

Between February 2009 and April 2009, Citizens Bank, TD Bank, and Wells Fargo Bank all notified Fox Chase that they were reserving their rights to declare an event of default on the various debt agreements due to the failure of Fox Chase to comply with Credit Support Amount Limitation, as defined in the J P Morgan Master Agreement Subsequently, other notifications of reservations of rights to declare an event of default were received by Fox Chase for failure to make required principal payments as well as other covenants, such as failure to achieve a debt service coverage ratio of greater than 1 20, minimum unrestricted and temporarily restricted net assets of $75,000,000, total debt to capital of less than 60%, and unrestricted cash no less than $25,000,000

Fox Chase pursued multiple strategic options, and in July 2011 entered into a letter of intent to affiliate with Temple University Health System ("TUHS") In December 2011, an Affiliation Agreement was executed between Fox Chase and TUHS The Affiliation Agreement provides TUHS with the ability to appoint the majority of the Board of Directors of Institute and Hospital Center will change its name to "Fox Chase Cancer Center Foundation" ("Foundation") and will have the ability to appoint a minority of the Board of Directors of Institute and Hospital All permanently restricted assets of Institute and Hospital will be transferred to Foundation In addition, temporarily restricted funds that are unavailable for immediate spending under the existing spending policy will also be transferred to Foundation Foundation will use the earnings of its permanently restricted assets to exclusively support Institute and Hospital All fixed assets of Health Services as well as all employees will become part of Fox Chase Cancer Center Medical Group, a newly formed corporation controlled by TUHS Health Services will cease operations and will exist only to wind down its accounts receivable and accounts payable

The Affiliation Agreement with TUHS was contingent upon a negotiated settlement of all debt obligations referred to above that were in violation of debt covenants In addition to the negotiated settlement with lenders, the transaction was also contingent on TUHS obtaining external financing for the settlement, as well as for future capital expenditures at Fox Chase

In March 2012, Fox Chase entered into a forbearance and settlement agreement with the above lenders Under the agreement, Fox Chase and the lenders have agreed to the sum of $91,800,000 in settlement of all obligations referred to above $7,920,000 was place in escrow at the time of

execution of the agreement, with the remaining $83,880,000 paid at the time of the TUHS affiliation Fox Chase also agreed to a forbearance fee of $383,000 payable to the lenders in installments between March 2012 and June 2012 In exchange for the above, the lenders have agreed to forbear from enforcing the remedies available as a result of events of default

Fox Chase also agreed to accrue an additional forbearance fee of $6,095,833 during the forbearance period The additional forbearance fee accrued in the form of notes that were subordinated to the aforementioned obligation

At the time of execution of the forbearance and settlement agreement, Fox Chase and J P Morgan agreed to terminate the interest rate swap agreements At the time of settlement, the interest rate swap agreements were valued at approximately $43,793,217 As part of the forbearance and settlement agreement, J P Morgan forgave the bond valuation swap reserve component of $24,969,771 and accepted $12,089,148 held as collateral as payment on the swap agreements, along with a note for $6,734,298

Effective June 30, 2012, in preparation for the affiliation with TUHS and in accordance with the affiliation agreement, the Center assigned, conveyed and transferred to the Hospital and the Institute all assets except those properly categorized as permanently restricted net assets and certain real estate and grants receivable that were required to remain on the statement of financial position

Subsequent Events
Effective July 1, 2012, TUHS issued $311,105,000 of Hospital Revenue Bonds via the Hospitals and Higher Education Facilities Authority of Philadelphia, Series of 2012 $83,880,000 of the proceeds of the bond issue were used to satisfy the lenders under the terms of the forbearance and settlement agreement In addition, the additional forbearance fee of $6,095,833 and the note with J P Morgan of $6,734,298 were settled, without payment

In addition, in accordance with the terms of the Affiliation Agreement with TUHS, the existing Board of Directors of Institute and Hospital submitted letters of resignation effective July 1, 2012 A majority of the new Board of Directors were appointed by TUHS, with a minority appointed by Fox Chase Cancer Center Foundation Permanently restricted investments of $35,393,839, which exclude funds held in trust with outside trustees, were retained by Foundation effective July 1, 2012

3. Summary of Significant Accounting Policies

Nature of Operations
Fox Chase derives the majority of its research revenues through competitively awarded research grants while the majority of its patient service revenues are generated through contractual agreements with third party payors Other research and patient care funding is derived from contributions, grants from foundations and other private organizations or individuals, licensure of Fox Chase technology, and income from investments

Basis of Reporting
The accompanying combined financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America These principles require management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates All significant intercompany transactions have been eliminated

Financial Statement Presentation
Fox Chase records unconditional promises to give (pledges) as receivables and revenues and records contributions received in accordance with donor imposed restrictions Contributions received, including unconditional promises to give, are recognized as revenues at their fair value in the period received Conditional promises to give, whether received or made, are recognized when they become unconditional, that is, when conditions are substantially met Fox Chase reports its net assets in three net asset categories, as shown in the following

- Unrestricted Net Assets are available for the support of operations and their use is not externally restricted, although their use may be limited by other factors such as by contract or Board designation This category includes amounts established by the Fox Chase Board of Directors to provide future funding for new programs, capital purposes, activities related to its insurance captive and for support of research

- Temporarily Restricted Net Assets include gifts for which donor imposed restrictions have yet to be met including trust activity and pledges receivable for which the ultimate purpose of the proceeds is not permanently restricted Also included is the income associated with permanently restricted net assets Once donor restrictions are met, income is transferred to unrestricted net assets The amount transferred is represented on the Statement of Operations in Net Assets Released from Restrictions

- Permanently Restricted Net Assets include gifts, trusts (including funds held in trust by others in perpetuity for the benefit of the Institute), and pledges which require, by donor restriction, that the corpus be maintained in perpetuity and only the income be made available for operations

Cash and Cash Equivalents
For purposes of reporting cash flows, cash includes cash on hand and highly liquid investments with original maturities of three months or less The carrying amount of these instruments is a reasonable estimate of fair value

At June 30, 2012 and 2011, Fox Chase has cash and cash equivalents in major financial institutions that exceed Federal Depository Insurance limits These financial institutions have strong credit ratings and management believes that credit risk, related to these deposits, is minimal

Inventories
Inventories are stated at the lower of cost (first-in-first-out basis) or market value

Assets Limited to Use
Assets Limited or restricted as to use includes unrestricted assets designated for self-insurance and collateral, as well as temporarily and permanently restricted funds

Charitable Remainder Trusts
Charitable remainder trust assets, where Fox Chase does not serve as trustee, are initially valued using the current fair value of the underlying assets using observable market inputs based on its beneficial interest in the trust, discounted to a single present value using current market rates at the date of the contribution The initially contributed assets are reported as Other Assets, at fair value on the Combined Statement of Financial Position and amounted to $1,385,113 and $1,655,524 at June 30, 2012 and 2011, respectively Changes in the value of the charitable remainder trusts are reported as Contributions, Awards and Legacies on the statements of operations

Property, Plant and Equipment, and Depreciation
Property, plant and equipment are recorded at cost Depreciation expense is computed on a straight-line basis over the estimated useful life of the asset

For financial reporting purposes, Fox Chase uses straight-line depreciation over the assets' estimated lives, which are as follows

Buildings	20-40 years
Building improvements	10-15 years
Major movable equipment	3-12 years

During the years ended June 30, 2012 and 2011, capitalized interest amounted to $139,661 and $85,400, respectively Interest was capitalized on the projects funded through the issuance of the Series 2007 A and B tax-exempt bonds until their completion dates ranging from July 2009 through June 2010 Subsequently, interest was capitalized on construction in progress

Impairment of Long-Lived Assets
Fox Chase reviews its assets for impairment whenever events or changes in circumstances indicate that the carrying value of the asset that Fox Chase expects to hold and use may not be recoverable

Patient Service Revenue
Patient service and net professional fee revenues are accounted for at established rates on the accrual basis for services rendered in the period earned Revenues received under cost reimbursement and other contractual agreements are subject to audit and possible adjustment by third-party payors Appropriate allowances to give recognition to third-party arrangements, charity care and doubtful accounts are accounted for currently The methods of estimating the allowances are continually reviewed and updated, and any adjustments resulting therefore are recognized in current operations

Fox Chase has entered into numerous contracts with third party payors for the provision of services delivered to patients covered by insurance The mix of net patient service revenue from patients and third party payors at June 30, 2012 and 2011 was as follows

	2012	2011
Commercial and managed care	61 %	63 %
Governmental	25	24
Government managed care	11	11
Self-pay	3	2
	100 %	100 %

Donated Services
No amounts have been reflected in the financial statements for donated services Fox Chase pays for most services requiring specific expertise However, many individuals volunteer their time and perform a variety of tasks that assist Fox Chase with programs, campaign solicitations, and various committee assignments

Excess (Deficiency) of Revenue Over Expenses
The excess/deficiency of revenue over expenses includes all unrestricted revenue and expenses related to patient care, research activities and fund-raising for the reporting period, investment

income, changes in fair value of interest rate swaps, and realized gains and losses on marketable securities Shown separately after the excess/deficiency of revenue over expenses are changes in unrealized appreciation, post-retirement benefit liability, and losses from uncollectible pledges related to capital acquisitions

Contracts, Grants and Awards
Income from contracts, grants and awards, including overhead allowances, is recorded as the related direct expenses are incurred Indirect cost revenues on agency grants and contracts are subject to audit and possible adjustment by governmental payors Appropriate allowances are made currently for estimated adjustments to governmental arrangements

Contributions, Awards and Legacies
Contributions are considered to be available for unrestricted use unless specifically restricted by the donor Unconditional pledges and contributions restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support When a donor restriction expires, that is, when a time restriction ends or stipulated purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Operations as net assets released from restrictions However, if a restriction is fulfilled in the same period in which the contribution is received, the support is reported as unrestricted

Fair Value of Financial Instruments
The carrying values reported on the statement of financial position for cash and cash equivalents, accounts receivable, accounts payable and accrued expenses approximate their fair value

In fiscal years 2012 and 2011, the fair value of long-term obligations was estimated based upon the negotiated settlement agreed to by the lenders The carrying amount and the estimated fair value of Fox Chase's long-term obligations are included in Note 10

Fox Chase accounts for derivatives under Accounting Standards Codification No 815, *Derivatives and Hedging* (ASC 815) ASC 815 requires that all derivative instruments be recorded on the statement of financial position at their fair value The Institute, Center and Hospital make limited use of derivatives, which relate primarily to interest-rate swaps (to convert a portion of its variable-rate tax-exempt bonds to a fixed rate)

Net Asset Classifications
Temporarily restricted net assets consist of irrevocable charitable trusts, lead trusts, restricted contributions receivable, and the remaining portion of donor-restricted endowment funds that are not classified as permanently restricted net assets When donor restrictions expire, that is, when a stipulated time restriction ends or a purpose restriction is fulfilled, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as net assets released from restrictions

Permanently restricted net assets represent the fair value of the original gift as of the gift date and the original value of subsequent gifts to donor-restricted endowment funds

Endowment Investment and Spending Policies
Fox Chase has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Fox Chase's spending and investment policies work together to achieve this objective through a diversified, separately unitized, pooled

investment fund (Common Trust Fund) This allows for greater flexibility and efficiency in managing the overall portfolio To determine the basis for additions/withdrawals, allocation of income and realized/unrealized gains, a per-unit market value is computed monthly

The spending policy calculates the amount of money annually available from Fox Chase's various endowed funds for research and patient care The current spending policy is to make available an amount equal to 4 5% of a moving three-year average, but not less than 4% or greater than 5% of current market value Accordingly, over the long term, Fox Chase expects current spending policy to allow its endowment assets to grow This is consistent with the Obligated group's objective to maintain the purchasing power of endowment assets as well as to provide additional real growth through new gifts and investment return

The investment income, based on this policy, is shown on the statements of operations as Investment Earnings Allocation and is included in Income (Loss) from Operations Investment Return Net of Earnings Allocation and unrealized appreciation (depreciation) are shown after Income (Loss) from Operations

Asset Retirement Obligations
An asset retirement obligation of $848,347 as of June 30, 2012 and $796,155 as of June 30, 2011, is included within other liabilities in the Combined Statements of Financial Position This amount is estimated based on historical spending patterns, primarily for environmental abatement expenses incurred during new construction

Recently Issued Accounting Pronouncements
In January 2010, FASB issued Accounting Standards Update ("ASU") No 2010-06 which is guidance regarding improved disclosures about fair value measures and amends FASB ASC Topic 820 and FASB ASC Topic The majority of the ASU was effective and adopted by Fox Chase in 2011 The amendments to ASC 820 with respect to disclosing purchases, sales, issuances, and settlements separately in the roll forward of activity in Level 3 fair value measurements are effective for fiscal years beginning after December 15, 2010 Fox Chase adopted this portion of ASU 2010-06 in 2012 and has presented the purchases, sales, issuances and settlements of Level 3 fair value measurements separately within Note 6

In August 2010, the FASB issued ASU No 2010-23 which is guidance regarding measuring charity care for disclosure and is incorporated into FASB ASC Topic 954-605 The ASU requires that management's policy for providing charity care, as well as the level of charity care provided, is disclosed in the financial statements Such disclosures shall be measured based on the provider's direct and indirect costs of providing charity care services The ASU is effective for fiscal years beginning after December 15, 2010 Fox Chase adopted ASU 2010-23 in 2012 and it did not have any impact on Fox Chase's financial condition, overall results of operations or cash flows The additional required disclosures regarding charity care measurements are found in Note 4

In August 2010, the FASB issued ASU No 2010-24 which clarifies that a health care entity should not net insurance recoveries against a related claim liability The ASU requires that the ultimate costs of malpractice claims or similar contingent liabilities shall be accrued when the incidents that give rise to the claims occur In addition, a health care entity shall evaluate its exposure to losses arising from claims and recognize a liability, if appropriate Also, a health care entity with a retrospectively rated insurance policy whose ultimate premium is based primarily on the health care entity's loss experience shall account for the minimum premium as an expense over the period of coverage under the policy Insurance recoveries shall not be recognized until the estimated losses exceed the stipulated maximum premium The ASU is effective for fiscal years beginning after December 15, 2010 Fox Chase adopted ASU 2010-24 in 2012 prospectively and as a result, the

insurance recoveries and related claims for medical professional liability and workers' compensation are reported on Fox Chase's consolidated balance sheet Refer to Note 16 for additional information

In May 2011, the FASB issued ASU No 2011-04 which is guidance that results in common fair value measurement and disclosure requirements in U S GAAP and IFRS The ASU is effective for fiscal years beginning after December 15, 2011 Fox Chase is currently assessing the impact the adoption of the ASU will have on its consolidated financial statements

In July 2011, the FASB issued ASU 2011-07 which requires health care entities to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations and changes in net assets rather than as an operating expense The guidance provided in this ASU will be effective for fiscal years ending after December 15, 2012 Additional disclosures relating to Fox Chase's sources of patient revenue and its allowance for doubtful accounts related to patient accounts receivable will also be required The adoption of the ASU is not expected to have any impact on Fox Chase's financial condition, overall results of operations or cash flows Upon adoption of this ASU, Fox Chase will reclassify the provision for bad debts related to prior period patient service revenue as a deduction from patient service revenue as required by this ASU

Reclassifications
Fox Chase has reclassified certain amounts in the statement of financial position and statement of operations for 2011 to conform to the 2012 presentation In the statement of financial position, certain investments were appropriately reclassified from Real Estate Investments to Other Investments In the statement of operations, certain fees were appropriately reclassified from Interest Expense to Purchased Services

4. Charity and Uncompensated Care

Fox Chase provides patient care services without charge, or at amounts less than established rates, to patients who meet the criteria of its charity care policy Criteria for consideration under the charity care policy is based primarily on family income and net worth, but also recognizes other circumstances where undue financial hardships exist Fox Chase maintains records to identify and monitor the level of charity care it provides Because collection of amounts determined to qualify as charity care are not pursued, patient service revenues are reduced by such amounts Fox Chase also provides services and supplies below cost to patients covered by government insurance programs, including the Medicare and Medicaid programs Fox Chase utilizes a ratio of cost to charge methodology as its proxy for cost

For the fiscal years ended June 30, 2012 and 2011, the cost incurred to provide charity care and the unreimbursed cost of services in excess of payments from Medicare and Medicaid programs are as follows

	2012	2011
Charity care	$ 2,955,704	$ 4,435,607
Uncompensated care (Unaudited)	18,865,496	13,906,679
	$ 21,821,200	$ 18,342,286

Fox Chase also sponsors and subsidizes certain community outreach programs including cancer screening, detection, and prevention programs, provides oncology training to various medical

professionals, disseminates health education information to the public and performs a variety of other services that benefit the community at large The cost of these additional services is not included in the charity and uncompensated care amounts above

5. Cash, Investments, and Assets Limited or Restricted as to use

Cash, short-term investments, and assets limited as to use at June 30, 2012 and 2011 consist of the following components

	2012	2011
Cash and cash equivalents	$ 7,265,393	$ 11,254,615
Short-term investments	92,960	326,060
Real estate and other investments	5,560,645	5,853,482
Assets limited or restricted as to use		
Collateral for interest rate swaps	-	12,000,000
Collateral for insurance captive	8,759,757	6,769,700
Collateral for health and welfare benefits	525,200	191,083
Insurance captive, net of collateral	5,452,638	3,843,632
Other investments	273,077	-
Temporarily restricted investments	11,441,675	13,716,278
Permanently restricted investments	45,382,913	43,523,883
Total assets limited or restricted as to use	71,835,260	80,044,576
Total cash, investments and assets limited or restricted as to use	$ 84,754,258	$ 97,478,733

During fiscal years 2012 and 2011, Fox Chase paid investment management fees of $96,801 and $117,777, respectively

6. Fair Value of Financial Instruments

Following is a description of Fox Chase's valuation methodologies for assets and liabilities measured at fair value

Fair value for Level 1 is based upon quoted prices in active markets that Fox Chase has the ability to access for identical assets and liabilities Market price data is generally obtained from exchange or dealer markets Fox Chase does not adjust the quoted price for such assets and liabilities

Fair value for Level 2 is based on quoted prices for similar instruments in active markets and valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets Evidence of controls related to trading execution and security pricing have been obtained from the investment company Other inputs are obtained from various sources including market participants, dealers, and brokers

Fair value for Level 3, is based on valuation techniques that use significant inputs that are unobservable as they trade infrequently or not at all

As a practical expedient, Fox Chase is permitted under the FASB pronouncement on *Fair Value Measurement* to estimate the fair value of an investment company at the measurement date using the reported net asset value (NAV) Adjustment is required if Fox Chase expects to sell the investment at a value other than NAV or if the NAV is not calculated in accordance with US generally accepted accounting principles

Investments included in Level 3 primarily consist of Fox Chase's ownership in alternative investments (primarily limited partnership interests in hedge, private equity, real estate, and other similar funds), real estate, and funds held in trust with outside trustees The value of certain alternative investments represents the ownership interest in the NAV of the respective partnership The investments held by the partnerships do not have readily determinable fair values The fair values of the investments held in limited partnerships are determined by the general partner and are based on appraisals, or other estimates that require varying degrees of judgment If no public market exists for the investment securities, the fair value is determined by taking into consideration, among other things, the cost of the securities, prices of recent significant placements of securities of the same issuer, and subsequent developments concerning the companies to which the securities relate Fox Chase has performed significant due diligence around these investments to ensure NAV is an appropriate measure of fair value as of June 30, 2012 and 2011

Fox Chase periodically obtains property appraisals to assist in the determination of the fair value of its real estate investments

The estimated fair values of the funds held in trust with outside trustees are determined based on information provided by the trustees Such fair values are measured using the fair value of the assets contributed to the trusts

Interest rate swaps are valued using both observable and unobservable inputs, such as quotations received from the counterparty, dealers or brokers, whenever available and considered reliable In instances where models are used, the value of the interest rate swap depends upon the contractual terms of, and specific risks inherent in, the instrument as well as the availability and reliability of observable inputs Such inputs include market prices for reference securities, yield curves, credit curves, measures of volatility, prepayment rates, assumptions for nonperformance risk, and correlations of such inputs

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, while Fox Chase believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

The following table presents Fox Chase's fair value hierarchy for those assets and liability measured at fair value on a recurring basis as of June 30, 2012

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 16,578,330	$ -	$ -	$ 16,578,330
Fixed income exchange traded funds	5,452,638			5,452,638
Equity index funds		35,466,916		35,466,916
Alternative investments			5,045,243	5,045,243
Real estate			7,835,000	7,835,000
Funds held in trust			13,310,505	13,310,505
Other investments	64,981		1,000,645	1,065,626
Total assets measured at fair value	$ 22,095,949	$ 35,466,916	$ 27,191,393	$ 84,754,258
Liability				
Interest rate swaps	$ -	$ -	$ 1,088,698	$ 1,088,698
Total liability measured at fair value	$ -	$ -	$ 1,088,698	$ 1,088,698

The following table presents Fox Chase's fair value hierarchy for those assets and liability measured at fair value on a recurring basis as of June 30, 2011

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	$ 30,512,671	$ -	$ -	$ 30,512,671
Equity index funds		38,762,025		38,762,025
Alternative investments			4,945,290	4,945,290
Real estate			8,105,000	8,105,000
Funds held in trust			14,032,337	14,032,337
Other investments			1,121,410	1,121,410
Total assets measured at fair value	$ 30,512,671	$ 38,762,025	$ 28,204,037	$ 97,478,733
Liability				
Interest rate swaps	$ -	$ -	$ 35,437,971	$ 35,437,971
Total liability measured at fair value	$ -	$ -	$ 35,437,971	$ 35,437,971

Fox Chase holds assets and liability valued using unobservable inputs (Level 3) at June 30, 2012 and 2011 These assets and liability increased (decreased) as a result of the changes below

Assets	Alternative Investments	Real Estate & Other	Funds Held in Trust	Total
Balances at June 30, 2010	3,631,573	8,944,171	12,154,778	24,730,522
Unrealized gains (losses)	1,313,717	282,239	1,877,559	3,473,515
Balances at June 30, 2011	4,945,290	9,226,410	14,032,337	28,204,037
Unrealized gains (losses)	99,953	(390,765)	(721,832)	(1,012,644)
Balances at June 30, 2012	$ 5,045,243	$ 8,835,645	$ 13,310,505	$ 27,191,393

Liability	Interest Rate Swaps
Balance at June 30, 2010	$ 27,369,365
Unrealized losses	8,068,606
Balance at June 30, 2011	35,437,971
Realized/unrealized gains	(15,525,832)
Repayment	(18,823,441)
Balance at June 30, 2012	$ 1,088,698

Liquidity risk is the risk that Fox Chase will not be able to meet its obligations associated with financial liabilities Fox Chase has made investments in various long-lived partnerships, and in other cases, has entered into contractual agreements that may limit its ability to initiate redemptions due to notice periods, lock-ups and gates Details on remaining estimated life, current redemption terms and restrictions by asset class and type of investment are provided below

	Remaining Life	Redemption Terms	Redemption Restrictions
Equity index funds	N/A	Daily	None
Cash and cash equivalents	N/A	Daily	None
Real estate	N/A	No restriction on liquidation of real estate "asset" Assets can be sold and liquidated subject to market demand	None
Limited Partnerships	N/A	Annually with 45 days notice prior to redemption date	Lock-up provision of 1 year
Fixed income mutual funds	N/A	Daily	None
Endowments managed by donor selected trustees	N/A	Redemptions not permitted	N/A

7. Pledges

As of June 30, 2012 and 2011, pledges are included in the financial statements at their net present value, less estimated uncollectible amounts, as follows

	2012	2011
Total value of pledges	$ 6,593,956	$ 7,207,774
Unamortized discount for gross pledges	(686,967)	(750,725)
Reserve for uncollectible pledges	(228,989)	(260,000)
Reported value for pledges	$ 5,678,000	$ 6,197,049

The discount rate applied to pledges was 4 7% for 2012 and 4 2% for 2011

Based upon payment schedules that are either specified by donors or estimated by Fox Chase, payments on pledges are due as follows

	2012	2011
Amounts due within one year	$ 1,817,000	$ 1,486,011
Amounts due in two to five years	3,861,000	4,711,038
Reported value for pledges	$ 5,678,000	$ 6,197,049

8. Property, Plant and Equipment

A summary of property, plant and equipment at June 30, 2012 and 2011 follows

	2012	2011
Land	$ 411,164	$ 411,164
Buildings	288,101,438	284,029,782
Equipment	100,366,411	100,759,021
Construction in progress	4,459,775	3,333,407
	393,338,788	388,533,374
Less Accumulated depreciation	(192,320,565)	(181,392,323)
	$ 201,018,223	$ 207,141,051

Fox Chase recorded $19,272,150 and $20,659,209 of depreciation expense for the years ended June 30, 2012 and 2011, respectively

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets at June 30, 2012 and 2011 are available for the following purposes

	2012	2011
Research programs	$ 12,425,676	$ 13,348,898
Patient care programs	149,630	2,115,442
	$ 12,575,306	$ 15,464,340

Temporarily restricted net assets for research, patient care, and building represent donations, gifts, and pledges made for such respective purposes Temporarily restricted net assets also include income on permanently restricted investments that have yet to be used for their intended purpose

Permanently restricted net assets at June 30, 2012 and 2011, consists of the following

	2012	2011
Research programs	$ 23,011,165	$ 15,475,840
Research faculty endowment	17,836,523	23,659,111
Research postdoctoral endowment	4,770,698	6,599,888
Patient care programs	2,633,303	193,172
	$ 48,251,689	$ 45,928,011

Permanently restricted net assets are restricted in perpetuity At June 30, 2012, permanently restricted net assets includes endowments managed by donor-selected trustees of $13,310,505 and endowments managed by Fox Chase of $32,072,408 A summary of activity in endowments managed by Fox Chase is as follows

	2012	2011
Balances at beginning of year	$ 29,491,546	$ 28,829,179
Contributions	2,580,862	662,367
Balances at end of year	$ 32,072,408	$ 29,491,546

10. Obligations Included in Bank Settlement and Forbearance

As noted in Note 2, "Operating Matters and Plan of Affiliation", all obligations reflected in this note are included in the bank settlement and forbearance agreement executed in March 2012 At June 30, 2012 and 2011, they consist of the following

	2012	2011
Philadelphia Authority for Industrial Development Revenue Bonds		
Series 2007A, tax-exempt floating rate notes	$ 51,930,000	$ 51,930,000
Series 2007B, tax-exempt fixed rate notes	67,820,000	67,820,000
Interest rate swap agreement with J P Morgan		
Hedged total return	-	8,500,037
Basis swap agreements	-	1,389,310
Bond valuation swap reserve	-	24,969,771
Loan agreement with Wells Fargo Bank	14,950,000	14,950,000
Loan agreement with TD Bank	6,769,700	6,769,700
Forbearance agreement note payable	6,734,298	-
Additional forbearance fee accrual	6,095,833	-
Total debt and interest rate swap liabilities in violation of covenants	$ 154,299,831	$ 176,328,818

Series 2007A and 2007B Bonds
The Series 2007A and Series 2007B bonds (collectively, "the bonds") were issued to finance the construction of a research pavilion, outpatient clinical space, and a parking garage, as well as to refinance existing debt The bonds were issued through the Philadelphia Authority for Industrial Development ("PAID")

The bonds were issued by PAID under a Bond Indenture and repayment is secured by the Obligated Group via a Master Trust Indenture The bonds are joint and several liabilities of the Obligated Group

The Series 2007A bonds are collateralized by a Letter of Credit issued by Citizens The Letter of Credit was scheduled to expire on the earliest of (i) the initial Expiration Date of September 27, 2012 or such later date agreed to by Citizens and the members of the Obligated Group pursuant to the Reimbursement Agreement, (ii) the date on which Citizens receives notice from the Bond Trustee that the principal of and interest on all of the 2007A bonds have been paid in full, (iii) the date of issuance of an Alternate Credit Facility, or (iv) the date upon which Citizens has honored the final drawing available under the Letter of Credit

The Series 2007B bonds were issued in three tranches of $23,645,000, $16,375,000, and $27,800,000 with maturity dates of July 1, 2026, July 1, 2031, and July 1, 2037, respectively, and pay interest semi annually on each July 1st and January 1st The Series 2007B bonds are held by J P Morgan

The fair value of the Series 2007A bonds were $51,930,000 and $51,930,000 at June 30, 2012 and 2011, respectively The fair value of the Series 2007B bonds were $42,850,229 and $42,850,229 at June 30, 2012 and 2011, respectively

Interest Rate Swap Agreements with J.P. Morgan

In September, 2007, the Obligated Group entered into three hedged total return swap agreements and three basis swaps with J P Morgan in conjunction with the Series 2007B bond issuance The terms of the hedged total return swap agreement are as follows

Series 2007B Bonds Outstanding	Notional Amount	Annuity	Fixed Rates of Bonds	Effective Fixed Rate	HTRS Term Date
$23,645,000	$23,645,000	1 843 %	6 125 %	4 28 %	July 1, 2026
$16,375,000	$16,375,000	1 812 %	6 250 %	4 44 %	July 1, 2031
$27,800,000	$27,800,000	1 814 %	6 300 %	4 49 %	July 1, 2037

As part of the agreements, a hypothetical swap was created The hypothetical swap mirrored the value of a traditional interest rate swap, and effectively changed a variable rate debt obligation paid at the USD-BMA Municipal Swap Index into a fixed rate debt obligation The fair value of the interest rate swaps was determined by trading prices on actively traded swap markets

In addition to the interest rate swap component, the hedged total return swap agreements incorporated the hypothetical fair market value of the bonds into another component As a result, Fox Chase recorded a bond valuation swap reserve for the theoretical difference between fair market value and par of the bonds Because the bonds were held by J P Morgan and not actively traded, the hypothetical fair market value was estimated by management in 2012 and 2011 using the value of the bonds as negotiated in the bank settlement and forbearance agreement

The change in fair value of the hedged total return swap agreements is recorded on the Statement of Operations as part of non-operating activities

Also in conjunction with the issuance of the Series 2007B bonds, the Obligated Group entered into three basis swaps The basis swaps effectively convert the interest paid from USD-BMA Municipal Swap Index on the hypothetical swap to 67% of USD-LIBOR The terms of the agreements are as follows

Notional Amount	Fox Chase Pays	Fox Chase Receives	Maturity Date
$ 23,645,000	100% USD-BMA Municipal Swap Index	67% of USD-LIBOR	July 1, 2026
$ 16,375,000	100% USD-BMA Municipal Swap Index	67% of USD-LIBOR	July 1, 2031
$ 27,800,000	100% USD-BMA Municipal Swap Index	67% of USD-LIBOR	July 1, 2037

These agreements had negative fair values of $0 as of June 30, 2012 and $1,389,310 as of June 30, 2011

The interest rate swap agreements carried a collateral requirement, which was $0 and $12,000,000 as of June 30, 2012 and 2011, respectively

As described in Note 2, at the time of execution of the forbearance and settlement agreement, Fox Chase and J P Morgan agreed to terminate the interest rate swap agreements

Loan Agreement with Wells Fargo Bank
On March 28, 2008, Fox Chase entered into a $27,000,000 line of credit with Wells Fargo Bank The line of credit was originally uncollateralized but became secured through the Master Indenture in August 2009 as part of the initial forbearance agreement It carries an interest rate based on the LIBOR Market Index Rate plus eighty-five basis points Borrowings at June 30, 2012 and 2011 were $14,950,000 and $14,950,000, respectively This line of credit was included as part of the bank settlement agreement as described in Note 2

Loan Agreement with TD Bank
Fox Chase obtained a letter of credit with TD Bank in 2007 that was used to secure professional liability loss reserves for Fox Chase Select (insurance captive) In January 2011, the letter of credit was drawn upon in the amount of $6,769,700 and converted to a loan In August 2009, the obligations became secured under the Master Indenture as part of the initial forbearance agreement This loan agreement was included as part of the bank settlement agreement as described in Note 2

11. Letters of Credit

Wells Fargo Bank provides the Center with Letters of Credit totaling $3,925,000 as of June 30, 2012 and 2011 These standby letters of credit provide support for certain regulatory obligations of Fox Chase that are necessary for the routine operation of its business The Commonwealth of Pennsylvania and the U S Nuclear Regulatory Commission are the beneficiaries of these letters of credit As part of the Bank Forbearance and Settlement Agreement, these Letters of Credit will be replaced by TUHS shortly after closing

12. Wells Fargo Interest Rate Swaps

Fox Chase entered into two unsecured swap agreements with Wells Fargo Bank as summarized below

Inception Date	Notional Amount	Fox Chase Pays	Fox Chase Receives	Maturity Date
January 23, 2002	$ 8,000,000	4 395% Fixed	70% of USD-LIBOR	February 1, 2017
December 12, 2006	$ 8,000,000	70% of USD-LIBOR	61 2% of USD-ISDA 10 year swap rate	February 1, 2017

These agreements had negative fair values of $1,088,698 as of June 30, 2012 and $578,759 as of June 30, 2011, and are included in Other Liabilities on the Statement of Financial Position The change in fair value of these interest rate swaps is recorded in the Statement of Operations as part of non-operating activities

13. Lease Obligations

Capital Leases
Fox Chase leases certain medical equipment, software and an energy system under capital leases The leases provide for the transfer of ownership of the equipment at the end of the lease The gross amount of the capital leases capitalized as equipment is $14,958,492 and $14,383,566 at June 30, 2012 and 2011, respectively

Future minimum lease payments under capitalized leases at June 30, 2012, together with the present value of the net minimum lease payments as of June 30, 2012, are

Fiscal Year	
2013	$ 2,004,347
2014	821,594
2015	272,948
2016	-
2017	-
Thereafter	-
Total minimum payments	3,098,889
Amount representing interest	(104,401)
Present value of minimum payments	2,994,488
Less Current maturities	(1,924,440)
	$ 1,070,048

Operating Leases

Fox Chase leases several buildings and certain computer, scientific and medical equipment under non-cancellable leases Rental and lease expense charged to operations, under these operating leases for 2012 and 2011, amounted to $6,048,318 and $7,586,960, respectively

Future minimum rental payments under operating leases are as follows

Fiscal Year	
2012	$ 5,978,564
2013	5,633,086
2014	4,471,676
2015	2,011,672
2016	1,129,495
Thereafter	6,156,662
	$ 25,381,155

14. Pension Plan

Fox Chase has a defined contribution plan that provides retirement benefits, generally at age 65, to all eligible employees Fox Chase's expense for the defined contribution plan amounted to $4,255,072 for the year ended June 30, 2012 and $3,821,484 for the year ended June 30, 2011

15. Post Employment Benefit plan

Fox Chase also provides certain health care and life insurance benefits for retired employees

In July 2011, the Board of Directors approved changes to the post-employment benefits Active employees who retire after June 30, 2012 will not be eligible for these benefits For employees who retire prior to July 1, 2012, benefits will be reduced by approximately 30% on November 1, 2011 and will be eliminated entirely on November 1, 2014 Retirees who retired subsequent to June 30, 1998 will also get a similar reduction in benefits Retirees who retired prior to July 1, 1998 will have a small change in their prescription drug coverage but will retain most of their existing benefits These changes will result in a significant reduction in the benefit obligation in future

years Management will amortize the effect of these changes over the estimated remaining life of existing retirees, or approximately the next ten fiscal years At June 30, 2012, Fox Chase amortized $15,981,321 which is included in Decrease in Post Retirement Liability on the Statement of Operations and Changes in Net Assets

Postretirement Health Care Plan Trends

For measurement purposes, an 8 04% and 8 31% annual rate of increase in the per-capita cost of postretirement health care benefits was assumed for fiscal years 2012 and 2011, respectively For 2012, this rate is assumed to decrease gradually to 4 50% in 2028 and remain at that level thereafter Assumed health care cost trend rates have a significant effect on the amounts reported for the postretirement benefit plan A one-percentage point change in assumed health care cost trend rates would have the following effects on the year ended June 30, 2012 for all Fox Chase participants

	1% Increase	1% (Decrease)
Incremental effect on total of service and interest cost components	$ 21,679	$ (19,576)
Incremental effect on postretirement benefit obligation	537,025	(480,186)

Employees who retire subsequent to July 1, 1998, are eligible for a maximum contribution of $3,400 per year

The following table summarizes plan information of the Fox Chase postretirement health care and life insurance plan for the years ended June 30, 2012 and 2011

	2012	2011
Components of net periodic benefit cost		
Service cost	$ -	$ 912,492
Interest cost	353,366	1,190,878
Amortization of transactional obligation	(2,490,643)	394,198
Actuarial loss	671,458	250,274
Net periodic benefit cost	(1,465,819)	2,747,842
Other changes recognized in unrestricted net assets		
New prior service cost	(15,981,321)	
Net (gain) loss arising during period	642,121	996,106
Recognition of amortizations in net periodic benefit cost		
Transitional (obligation) asset	-	(394,198)
Amortization of prior service cost	2,490,643	-
Actuarial (loss)	(671,458)	(250,274)
Total Recognized in unrestricted net assets	(13,520,015)	351,634
Total Recognized in net periodic benefit cost and unrestricted net assets	$ (14,985,834)	$ 3,099,476
Change in benefit obligation		
Benefit obligation at beginning of year	$ 22,977,996	$ 20,548,774
Service cost	-	912,492
Interest cost	353,366	1,190,878
Plan amendments	(15,981,321)	-
Retiree drug subsidy receipts	-	-
Benefits paid	(737,417)	(670,254)
Actuarial loss	642,121	996,106
Benefits obligation at end of year	7,254,745	22,977,996
Change in plan assets		
Fair value of plan assets at beginning of year	-	-
Employer contributions	737,417	670,254
Retiree drug subsidy receipts	-	-
Benefits paid	(737,417)	(670,254)
Fair value of plan assets at end of year	-	-
Net amount recognized in statement of financial position included in other non-current liabilities)	$ 7,254,745	$ 22,977,996

	2012	2011
Amounts recognized in the statement of financial position consist of		
Current liabilities	$ (845,000)	$ (1,132,000)
Noncurrent liabilities	(6,409,745)	(21,845,996)
Net amount recognized in statement of financial position	$ (7,254,745)	$ (22,977,996)
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets		
Transition (obligation)	$ -	$ (788,396)
Prior service credit	12,702,282	-
Accumulated (loss)	(5,114,170)	(5,143,507)
Accumulated unrestricted net assets	7,588,112	(5,931,903)
Cumulative employer contributions in excess of net periodic benefit cost	(14,842,857)	(17,046,093)
Net amount recognized in statement of financial position	$ (7,254,745)	$ (22,977,996)

Employer contributions and benefit payments were $737,417 and $670,254, for 2012 and 2011, respectively

The discount rate assumption used in the measurement of Fox Chase's benefit obligation for 2012 and 2011 is 3 19% and 5 71%, respectively

The discount rate assumption used in the measurement of Fox Chase's net periodic benefit cost for 2012 and 2011, was 5 71% and 5 61%, respectively

The estimated net actuarial loss for the postretirement health and life insurance plan that will be amortized from unrestricted net assets into net periodic benefit cost in fiscal year 2013 is $860,528

16. Professional Liability Coverage

Primary Coverage
FCCC Select, Inc was established in 2002 as a wholly owned captive insurance company to provide self insurance coverage for the primary level of professional liability loss exposures within the various Fox Chase entities FCCC Select, Inc is incorporated under the laws of the state of Vermont and insures the first $500,000 per occurrence ($2 5M Aggregate for the Hospital, $1 5M aggregate for the Physicians) of professional liability coverage, on a Claims Made basis

FCCC Select also provides coverage for the first $1,000,000 per occurrence ($2,000,000 Aggregate) of general liability loss exposures

Catastrophic Coverage
The Pennsylvania Medical Professional Liability Catastrophe Loss Fund (M-Care Fund) provides coverage in excess of the primary insurance provided by FCCC Select, Inc up to $1,000,000 per occurrence The Hospital and Health Services participates in the M-Care Fund to purchase excess professional liability insurance The cost of such insurance, net of abatement, is recognized as expense in the period incurred

Fox Chase recognizes a liability for estimated exposures for unasserted professional liability claims incurred prior to the end of its fiscal year (occurrence based) The estimate of the liability for claims arising from unreported incidents is based on an actuarial analysis of historical claims and industry data A discount rate of 2% and 4% was used to determine the present value liability of $2,900,000 and $2,157,327, for the years ended June 30, 2012 and 2011, respectively These amounts are included in other noncurrent liabilities

As discussed in Note 3, Fox Chase adopted ASU No 2010-24 during 2012 on a prospective basis, which requires recognition of additional offsetting assets and liabilities on the balance sheet relating to medical professional liability The asset balances recorded due to this guidance are reflected on the balance sheet in 'Other Receivables' while the offsetting liabilities are reflected in 'Other Liabilities' For the year ended June 30, 2012, Fox Chase recorded an additional $2,869,172 liability with a corresponding receivable

17. Income Taxes

Fox Chase corporations are not-for-profit corporations as described in section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code

18. Functional Expenses

Fox Chase provides cutting-edge research and professional and technical health care services to patients Expenses related to providing these services as of June 30, 2012 and 2011 follows

	2012	2011
Patient Care	$ 185,239,831	$ 174,323,396
Research	44,083,552	46,728,246
Support Services	22,975,230	22,120,536
Administrative and General	53,967,305	46,059,354
Maintenance and Plant Operations	20,153,013	19,350,111
Capital Related Costs	29,352,902	31,020,096
Institutional Advancement	1,964,756	2,511,344
Total expenses	$ 357,736,589	$ 342,113,083

19. Self-Funding of Workers' Compensation Insurance

Fox Chase self-insures its exposure for workers' compensation claims and records expenses from actuarially estimated losses on both asserted and unasserted claims At June 30, 2012 and 2011, a short-term discount rate of 2% and 4%, respectively, was used to determine the present value of workers' compensation claims of approximately $4,544,319 and $4,591,471, respectively These amounts are included in other liabilities at June 30, 2012 and 2011 If the present value method were not used, the liability for workers' compensation cost would be $5,038,538 and $5,622,995, at June 30, 2012 and 2011, respectively

20. Commitments

In March 2012, construction began on an addition to a Comparative Medical Research building on the Fox Chase campus The $14 million construction project is being partially funded by an $8 million American Reinvestment and Recovery Act construction grant from the National Institute of

Health When completed, the addition will add 12,910 net square feet of useable space Fox Chase will provide funding for the remaining $6 million cost

21. Subsequent Events

Fox Chase has evaluated subsequent events through December 7, 2012, the date of issuance of the financial statements

SUPPLEMENTAL SCHEDULES

Fox Chase Cancer Center Corporations
Supplemental Schedule of Combining Statement of Financial Position
As of June 30, 2012

ASSETS	Hospital	Center	Institute	Subtotal	Health Services	Eliminations	Total
Current Assets							
Cash and Cash Equivalents	$ 5,882,050	$ -	$ 1,071,676	$ 6,953,726	$ 311,667	$ -	$ 7,265,393
Short-term Investments	92,960	-	-	92,960	-	-	92,960
Patient Accounts Receivables (net of allowance for doubtful accounts of $2,591,544)	33,017,293	-	-	33,017,293	3,412,799	-	36,430,092
Expenditures Reimbursable by Research Grants and Awards	21,498	613,904	1,814,629	2,450,031	-	-	2,450,031
Other Receivables	4,206,664	-	131,556	4,338,220	1,511,516	-	5,849,736
Pledges Receivables, net	-	-	1,817,000	1,817,000	-	-	1,817,000
Prepaid, Deferred Expenses and Other Assets	8,335,000	-	1,188,640	9,523,640	290,903	-	9,814,543
Escrow for Bank Settlement and Forbearance	7,920,000	-	-	7,920,000	-	-	7,920,000
Interfund and Affiliate Balances, net	(1,310,764)	-	33,055,834	31,745,070	3,648,769	(35,393,839)	-
Total Current Assets	58,164,701	613,904	39,079,335	97,857,940	9,175,654	(35,393,839)	71,639,755
Long-term Pledges Receivable, net	-	-	3,861,000	3,861,000	-	-	3,861,000
Assets Limited or Restricted as to Use	15,648,049	35,393,839	20,793,372	71,835,260	-	-	71,835,260
Real Estate Investments	-	-	4,560,000	4,560,000	-	-	4,560,000
Other Investments	1,000,645	-	-	1,000,645	-	-	1,000,645
Other Assets	1,979,066	-	2,802,157	4,781,223	138,154	-	4,919,377
Property, Plant and Equipment, net	134,309,352	1,400,639	65,129,167	200,839,158	179,065	-	201,018,223
Total Assets	$ 211,101,813	$ 37,408,382	$ 136,225,031	$ 384,735,226	$ 9,492,873	$ (35,393,839)	$ 358,834,260
LIABILITIES AND NET ASSETS							
Current Liabilities							
Accounts Payable and Accrued Expenses	$ 29,675,032	$ -	$ 7,470,770	$ 37,145,802	$ 6,884,421	$ -	$ 44,030,223
Unexpended Research Grants and Awards	577,150	-	7,343,638	7,920,788	-	-	7,920,788
Current Portion of Obligations Included in Bank Settlement and Forbearanc	7,920,000	-	-	7,920,000	-	-	7,920,000
Current Portion of Capital Lease Obligations	1,924,440	-	-	1,924,440	-	-	1,924,440
Total Current Liabilities	40,096,622	-	14,814,408	54,911,030	6,884,421	-	61,795,451
Post Employment Benefit Obligations	5,205,426	-	326,914	5,532,340	877,385	-	6,409,725
Other Liabilities	13,767,084	-	6,099,013	19,866,097	1,552,000	-	21,418,097
Long-term Obligations Included in Bank Settlement and Forbearance	113,744,760	-	32,635,066	146,379,826	-	-	146,379,826
Long-term Capital Lease Obligations	1,070,048	-	-	1,070,048	-	-	1,070,048
Total Liabilities	173,883,940	-	53,875,401	227,759,341	9,313,806	-	237,073,147
Net Assets							
Unrestricted	35,155,038	2,014,543	23,585,470	60,755,051	179,067	-	60,934,118
Temporarily Restricted	296,691	3,321,431	12,278,615	15,896,737	-	(3,321,431)	12,575,306
Permanently Restricted	1,766,144	32,072,408	46,485,545	80,324,097	-	(32,072,408)	48,251,689
Total Net Assets	37,217,873	37,408,382	82,349,630	156,975,885	179,067	(35,393,839)	121,761,113
Total Liabilities and Net Assets	$ 211,101,813	$ 37,408,382	$ 136,225,031	$ 384,735,226	$ 9,492,873	$ (35,393,839)	$ 358,834,260

Fox Chase Cancer Center Corporations
Supplemental Schedule of Combining Statement of Operations and Changes in Net Assets
As of June 30, 2012

	Hospital	Center	Institute	Subtotal	Health Services	Eliminations	Total
SUPPORT AND REVENUES							
Net Patient Service Revenue	$ 244 112 802	$ -	$ -	$ 244 112 802	$ 34 154 931	$ -	$ 278 267 733
Agency Grants and Contracts	-	21 557 816	17 026 270	38 584 086	-	-	38 584 086
Commercial and Industrial	26 433	6 609 789	360 574	6 996 796	4 919 779	-	11 916 575
Contributions Awards and Legacies	1 518 579	9 062 990	204 897	10 786 466	-	-	10 786 466
Legislative Appropriation	-	2 472 183	72 966	2 545 149	-	-	2 545 149
Investment Earnings Allocation	360 341	1 648 549	1 104 330	3 113 220	-	-	3 113 220
Other Support and Revenue	5 153 340	578 162	932 768	6 664 270	232 384	-	6 896 654
Total Support and Revenues	251 171 495	41 929 489	19 701 805	312 802 789	39 307 094	-	352 109 883
EXPENSES							
Salaries and Stipends	55 924 048	36 433 357	17 917 935	110 275 340	37 592 593	-	147 867 933
Employee Benefits	17 446 596	10 523 108	5 676 402	33 646 106	6 718 018	-	40 364 124
Purchased Services	24 876 305	15 296 177	3 795 086	43 967 568	7 751 056	-	51 718 624
Supplies Drugs and Other	66 611 236	5 686 292	2 597 297	74 894 825	1 844 543	-	76 739 368
Provision for Bad Debts	3 125 443	-	-	3 125 443	936 974	-	4 062 417
Utilities	1 568 866	1 719 963	4 418 109	7 706 938	-	-	7 706 938
Depreciation and Amortization	7 053 529	6 141 459	6 061 675	19 256 663	68 828	-	19 325 491
Interest	1 360 292	2 642 873	1 116 939	5 120 104	-	-	5 120 104
Lease Expense	4 513 392	95 140	223 058	4 831 590	-	-	4 831 590
Affiliate Services	42 096 199	(25 910 346)	(12 064 224)	4 121 629	(4 121 629)	-	-
Total Expenses	224 575 906	52 628 023	29 742 277	306 946 206	50 790 383	-	357 736 589
Income (Loss) from Operations	26 595 589	(10 698 534)	(10 040 472)	5 856 583	(11 483 289)	-	(5 626 706)
NON-OPERATING							
Investment Return net of Earnings Allocation	1 346 794	(5 040 821)	(463 924)	(4 157 951)	-	-	(4 157 951)
Realized Gain on Debt Settlement	-	18 873 938	-	18 873 938	-	-	18 873 938
Change in Fair Value of Interest Rate Swap	(1 250 760)	(5 780 999)	(2 412 180)	(9 443 939)	-	-	(9 443 939)
Excess (Deficiency) of Revenue over Expenses	26 691 623	(2 646 416)	(12 916 576)	11 128 631	(11 483 289)	-	(354 658)
Legislative Appropriation for Capital Purposes	-	7 970 000	-	7 970 000	-	-	7 970 000
Loss from Uncollectible Pledges	-	-	(931 412)	(931 412)	-	-	(931 412)
Unrealized Appreciation (Depreciation) of Investments	(2 097 953)	2 303 411	(52 074)	153 384	-	-	153 384
Unrealized Appreciation (Depreciation) for Funds Held in Trust	-	-	(721 832)	(721 832)	-	-	(721 832)
Decrease in Post Retirement Plan Liability	10 976 894	-	711 184	11 688 078	1 844 672	-	13 532 750
Change in Net Assets Before Transfers	35 570 564	7 626 995	(13 910 710)	29 286 849	(9 638 617)	-	19 648 232
Affiliate Transfers net	(16 284 999)	(31 873 985)	73 982 531	25 823 547	9 570 292	(35 393 839)	-
Change in Net Assets	19 285 565	(24 246 990)	60 071 821	55 110 396	(68 325)	(35 393 839)	19 648 232
Net Assets at beginning of year	17 932 308	61 655 372	22 277 809	101 865 489	247 392	-	102 112 881
Net Assets at end of year	$ 37 217 873	$ 37 408 382	$ 82 349 630	$ 156 975 885	$ 179 067	$ (35 393 839)	$ 121 761 113

Additional Data

Software ID:
Software Version:
EIN: 23-1352156
Name: The American Oncologic Hospital

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David G Marshall CHAIRMAN	1 0	X		X				0	0	0
Louis E Della Penna Sr VICE CHAIR	1 0	X		X				0	0	0
W Thacher Brown VICE CHAIR	1 0	X		X				0	0	0
Margot Keith VICE CHAIR	1 0	X		X				0	0	0
Peter McCausland VICE CHAIR	1 0	X		X				0	0	0
Donald E Morel Jr PhD VICE CHAIR	1 0	X		X				0	0	0
William J Avery CHAIR, EXECUTIVE COMMITTEE	1 0	X		X				0	0	0
Michael V Seiden MD PhD PRESIDENT & CEO	10 0	X		X				0	568,156	32,402
John W Conway Jr DIRECTOR	1 0	X						0	0	0
G Morris Dorrance Jr DIRECTOR	1 0	X						0	0	0
The Honorable Dwight Evans DIRECTOR	1 0	X						0	0	0
Edward A Glickman DIRECTOR	1 0	X						0	0	0
Michael J Heller Esq DIRECTOR	1 0	X						0	0	0
Thomas W Hofmann VICE CHAIR	1 0	X						0	0	0
Geoffrey Kent DIRECTOR	1 0	X						0	0	0
Philip E Lippincott DIRECTOR	1 0	X						0	0	0
Jill Michal DIRECTOR	1 0	X						0	0	0
Edward J Roach DIRECTOR	1 0	X						0	0	0
Thomas Shenk PhD DIRECTOR	1 0	X						0	0	0
Pamela Strisofsky DIRECTOR	1 0	X						0	0	0
William Stuglinsky DIRECTOR	1 0	X						0	0	0
Thomas R Tritton PhD DIRECTOR	1 0	X						0	0	0
Kenneth E Weg DIRECTOR	1 0	X						0	0	0
Yoram Wind PhD DIRECTOR	1 0	X						0	0	0
Zane Wolf PhD DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH RIZOR PRESIDENT, BOARD OF ASSOC	1 0	X						0	0	0
JOHN FULGONEY DIRECTOR	1 0	X						0	0	0
J Robert Beck MD CHIEF ACADEMIC OFFICER	10 0			X				0	391,719	19,160
Jonathan Chernoff MD PhD CHIEF SCIENTIFIC OFFICER	5 0			X				0	391,591	21,128
Paul F Engstrom MD CHIEF NETWORK OFFICER	10 0			X				0	449,017	31,144
Thomas J Albanesi JR CHIEF FINANCIAL OFFICER	15 0			X				0	283,465	20,949
Robert Wilkens CHIEF DEVELOPMENT OFFICER	10 0			X				0	217,948	6,427
Susan H Tofani SR VICE PRESIDENT	15 0			X				0	310,953	6,238
Gary J Weyhmuller CHIEF OPERATING OFFICER	10 0			X				0	341,885	32,725
JOANNE HAMBLETON VICE PRESIDENT	40 0			X				0	212,954	9,546
MARK SOBczAK MD CHIEF NETWORK OFFICER	10 0			X				0	534,352	28,728
MARK JOHNSON INTERIM, SR VP CLINICAL SERV	16 0			X				0	0	0
DWIGHT D KLOTH PHD DIRECTOR OF PHARMACY	40 0				X			175,323	0	25,523
CHANG M MA Phd VICE CHAIR	40 0					X		340,967	0	29,813
ROBERT A PRICE PHD ASSOCIATE PROFESSOR	40 0					X		253,272	0	32,159
LILI CHEN PHD ASSOCIATE PROFESSOR	40 0					X		209,365	0	9,220
LU WANG PHD ASSOCIATE PROFESSOR	40 0					X		206,149	0	25,000
JINSHENG LI PhD ASSOCIATE PROFESSOR						X		209,326	0	27,503
Joseph F Hediger FORMER OFFICER							X	0	300,000	0
CHRISTOPHER J NASTO FORMER OFFICER							X	0	130,769	9,510