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Department of the Treasury

## 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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable Thomas Jefferson University Hospitals Inc Address change 23-2829095 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 111 South 11th Street Terminated (215) 503-8958 \_\_\_\_\_Amended return City or town, state or country, and ZIP + 4 Philadelphia, PA 191074824 Application pending G Gross receipts \$ 1,843,383,694 Name and address of principal officer **H(a)** Is this a group return for David P McOuaid affiliates? 111 South 11th Street Philadelphia, PA 191074824 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW JEFFERSONHOSPITAL ORG **L** Year of formation 1995 **M** State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities Attachment 1 Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 9,286 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 452 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 13,911,156  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 125,683 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5,156,795 4,838,363 1,490,605,259 1,477,775,043 Program service revenue (Part VIII, line 2g) . . 4,072,608 30,741,424 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,674,227 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -22,233,486 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,477,601,176 1,517,029,057 226,500 13 286,650 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 609,982,577 608,800,081 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$   $\frac{1,935,559}{}$ b 798,148,522 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 831,478,260 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,441,687,337 1,407,235,253 18 109,793,804 19 Revenue less expenses Subtract line 18 from line 12 35,913,839 t Assets or id Balances **Beginning of Current End of Year** Year 1,454,279,123 20 Total assets (Part X, line 16) . 1,397,201,704 Total liabilities (Part X, line 26) . . 21 767,335,355 840,141,819 22 Net assets or fund balances Subtract line 21 from line 20 557,059,885 686,943,768 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 2014-05-12 Signature of officer Sign Here NEIL G LUBARSKY SENIOR VP & CFO

Preparer's signature

Firm's name PricewaterhouseCoopers LLP

Firm's address ► 2001 MARKET ST SUITE 1700

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name Eric M McNeil

Check self-employed

Firm's EIN F

Phone no (267) 330-3000

**V** Yes **No** 

Part	Ш	Statement of Program Check if Schedule O contains						
1	Briefl	y describe the organization's m						
WE SI PATI EDUC OF TO QUAL	ERVE ENT S ATIN DMOR LITY I	EFFERSON UNIVERSITY HOS WE ARE COMMITTED TO 1) AFETY AND THE QUALITY O G THE HEALTHCARE DELIVE ROW 3) LEADING IN THE IN MPROVEMENT WE ACCOMP F THE JEFFERSON HEALTH S	SETTING THE STAND. FTHE HEALTHCARE E RY PROFESSIONALS V TRODUCTION OF INN LISH OUR MISSION IN	ARD FOR EXCELLENC XPERIENCE 2)PROV VHO WILL FORM THE OVATIVE METHODO	CE IN THE DELIVERY IDING EXEMPLARY ( COLLABORATIVE H LOGIES FOR HEALTH	OF PATIENT CLINICAL SE EALTHCARE I HCARE DELIV	CARE, TTINGS FO DELIVERY ERY AND	OR TEAN
2	Dıd th	e organization undertake any s	ıgnıfıcant program servi	ces during the year wh	nich were not listed on			
		nor Form 990 or 990-EZ? . s," describe these new service:				Г	Yes 🔽 No	<b>,</b>
3	Did th	e organization cease conductines?	ng, or make significant c		ucts, any program	г	Yes ✓ No	>
4	Desci exper	s," describe these changes on tibe the organization's program ises Section 501(c)(3) and 50 tal expenses, and revenue, if a	service accomplishmen 1(c)(4) organizations ai	e required to report th				
	(Code	e ) (Expenses	\$ 1,265,787,598 ır	icluding grants of \$	286,650 ) (Revenue	\$ 1,463,8	863,887 )	
	ON POPOLICON THE PROOF SECON T	PROVIDES MEDICALLY NECESSARY SEDICIES ESTABLISHED BY TJUH AND AN IES ALLOW FOR THE PROVISION OF FILE PATIENT CHARGES FOR SERVICES RAM SERVICE REVENUE TJUH COMPIRDS TO IDENTIFY AND MONITOR THE SUPPLIES FURNISHED SUCH AMOUNT PROVIDED BY TJUH WAS \$11,013,801 FLECTED WITHIN LINE 2A OF THE ACC R THE PENNSYLVANIA MEDICAL ASSISTAM EXCEEDED REIMBURSEMENT BY FRAINING FOR MEDICAL RESIDENTS, IBURSEMENT BY \$25,063,472 TJUH ALL ATION FOR DIABETES AND HEART DISTITIONAL COUNSELING FOR OBESITY, ARATION PROGRAMS MANY OF THESE NIZATIONS, AND OTHER PARTNERS	RE THEREFORE NOT RESPON: REE OR DISCOUNTED CARE IT RENDERED TO PATIENTS WH LES WITH THE COMMUNITY I LEVEL OF CHARITY CARE PR S HAVE BEEN EXCLUDED FRO IN FISCAL YEAR 2013 THIS COMPANYING STATEMENT OF TANCE PROGRAM THE COST \$68,203,000 IN FURTHERAN NURSES AND OTHER HEALTH SO PROVIDES VARIOUS COM JEASE, SCREENINGS FOR STE MATERNAL AND CHILDBIRTH E SERVICES TARGET AREAS O	SIBLE FOR PAYMENT FOR A IN CIRCUMSTANCES WHERI HO MEET TJUH'S GUIDELINE BENEFIT STANDARD AS SET OVIDED THESE RECORDS I M PROGRAM SERVICE REVI DOES NOT INCLUDE THE P REVENUE SERVICES ARE I S OF PROVIDING SERVICES ICE OF ITS EXEMPT PURPO CARE PROFESSIONALS AMO MUNITY SERVICES SUCH AS COKE AND CANCER RISK, C EDUCATION, AND YOUTH P F HEALTH DISPARITY AND I	LL OR A PART OF THEIR HE E REQUIRING PAYMENT WO ES FOR CHARITY CARE ARE FORTH IN REVENUE RULIN INCLUDE THE AMOUNT OF ENUE MANAGEMENT ESTIF ROVISION FOR BAD DEBTS PROVIDED TO PATIENTS IN IS TO ELIGIBLE WELFARE REG ES TO BENEFIT THE COMMIN DUNTS EXPENDED FOR THE ES THE PROVISION OF SUBSICANCER SUPPORT GROUPS, ARTICIPATION IN VARIOUS INCLUDE WORKING WITH S	ALTHCARE SERVI DULD IMPOSE FIN, NOT SEPARATELY IG 69-545 TJUH CHARGES FOREG IATES THAT THE C , AMOUNTING TO THE COMMUNITY CIPIENTS WHO PA JNITY, TJUH PRO SE SERVICES EXC DIZED EMERGEN SENIOR HEALTH WORK-READY O	CES THESE ANCIAL HARD Y RECORDED MAINTAINS ONE FOR SER COST OF CHA \$59,079,905 WHO ARE IN ARTICIPATE IN VIDES EDUCA EEEDED CY SERVICES, EDUCATION, R CAREER	OSHIP IN RVICES ARITY WHICH USURED N THIS ATION
4b	(Code	e ) (Expenses	\$ ind	cluding grants of \$	) (Revenue s	5	)	
	(Code	e ) (Expenses	\$ Inc	cluding grants of \$	) (Revenue s	5		
4d		er program services (Describe i enses \$	n Schedule O ) including grants of \$		) (Revenue \$		)	
4e	Tota	I program service expenses 🕨	1,265,787,598					

Part IV	Checklist of	Required	<b>Schedules</b>

			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 $I^{\bullet}$	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 1	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 $\sqrt{2}$	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, line 10?  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	Yes	
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		No
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 $\chi^{\bullet}$	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 and XII	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 and XII 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
	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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		No
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 hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $.$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 11b and 19?	38	Yes	

Par				_
	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   452		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See 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		Νo
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		
	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 as charitable contributions?	6a		No
D	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).			
	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
	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	76		NO
u	11 Tes, indicate the number of Forms 6262 med during the year			
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		Νo
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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?		1	
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
L <b>1</b>	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	•		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
		evenu	yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No

### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed ▶ PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JACQUELINE GUILFOYLE CONTROLLER TJUH INC601 WALNUT ST Phila, PA (215)503-8958

Form	990	(2012)	
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### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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 organization compensated any current officer, director, or trustee

	1	1		(C)						
(A) Name and Title	(A) Name and Title A verage hours per week (list any hours for related					heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	from related compensation companizations from the	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M15C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

(A) Name and Title		(B) Average hours per week (list any hours	more t	tion ( han d n is	one I both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	-	(F) Estima mount o compens from t	ited fother sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed
											-		
											+		
											+		
											$\dagger$		
											+		
											+		
1b	Sub-Total			•				<b>▶</b> -					
c d	Total from continuation sheet Total (add lines 1b and 1c) .			۱. 	٠.	٠.		•	9,202,894		0		4,070,852
2	Total number of individuals (in \$100,000 of reportable comp	cluding but not	lımıted				d abov	e) w	ho received more th	nan			
												Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual	e 1a, is the sum lizations greater	of repo than \$	rtabl 150,0	e co 000	mpe ? <i>If</i> •	nsatioi " <i>Yes," d</i>	n and	d other compensation of the second of the se	on from the uch	4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co												
1	Complete this table for your fire											tax vear	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Harmelin Associates , 525 Righters Ferry Road BALA CYNWYD PA 19004	Advertising Services	4,741,238
RECONSTRUCTIVE ORTHOPAEDIC ASSOCIAT , 925 CHESTNUT STREETSUITE 500 PHILADELPHIA PA 19107	MEDICAL SERVICES	4,673,139
PHYSICIAN DIALYSIS ACQUISITIONS IN , PO BOX 403008 ATLANTA GA 303843027	MEDICAL SERVICES	2,952,979
ON CALL PHYSICIAN STAFFING , 1555 BARDSEY DRIVE LOWER GWYNEDD PA 19002	STAFFING SERVICES	2,542,630
NEMOURS CHILDRENS CLINIC , 1600 ROCKLAND ROAD PO BOX 269 WILMINGTON DE 19899	MEDICAL SERVICES	1,805,007
3. Total number of independent contractors (including but not limited to these listed above	a) who received more than	

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 >56

Form 99								Page <b>9</b>
Part V	/##I	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respon	se to any question i	in this Part VIII .			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
के के	1a	Federated camp	paigns 1a					
ran	b	Membership du	es <b>1b</b>					
s, G Am	С	Fundraising eve	ents 1c					
Gift Tar	d	Related organiz	zations 1d					
ıs, (	е	Government grants	s (contributions) <b>1e</b>	915,627				
rtion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	3,922,736				
ig §	g		ons included in lines		İ			
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$  Total. Add lines	s 1a-1f		4,838,363			
	<del> </del>	Totali / (dd iii)		Business Code	· · · · ·			
TIL 6	2a	NET PATIENT SERV	/ICE REVENUE	900099	1,391,468,346	1,391,468,346		
ex ex	ь	Biomedical Service	s	811000	12,636,938	, , ,	12,636,938	
ce F	С	Tissue Typing Serv	rices	621500	694,173		694,173	
Program Serwce Revenue	d	Clinical Lab Service	25	621500	455,484		455,484	
Ę.	е	All Other Program S	Services	900099	72,520,102	72,395,541	124,561	
ogina September 1	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a – 2f		1,477,775,043			
	3		ome (including dividend ar amounts)		7,431,446			7,431,446
	4		stment of tax-exempt bond p	_	0			
	5	Royalties			0			
	6a	Gross rents	(i) Real 5,377,001	(II) Personal				
	ь	Less rental	8,098,877					
	С	expenses Rental income	-2,721,876	0				
	d	or (loss) Net rental incoi	ll me or (loss)		-2,721,876			-2,721,876
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	341,545,046	20,692				
	ь	Less cost or other basis and	318,255,760					
	c	sales expenses Gaın or (loss)	23,289,286	20,692				
	d	Net gain or (los	ss)		23,309,978			23,309,978
Other Revenue	8a		luding s reported on line 1c)					
æ		See Part IV, lin	a a					
ther	ь		penses <b>b</b>					
δ	c 9a		(loss) from fundraising of from gaming activities le 19	events 🕦	0			
	ь	less director	penses b					
	c		(loss) from gaming activ	/ities	О			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		(loss) from sales of inve		0			
	11-	Miscellaneous		Business Code 900099	6,396,103			6,396,103
	11a b	Gain on Interes Contracts	st Kate SWAP	500059	0,390,103			0,370,103
	С							
	d	All other revenu	L					
	е	Total. Add lines		· · · •	6,396,103			
	12	Total revenue.	See Instructions		1,517,029,057	1,463,863,887	13,911,156	34,415,651

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

here ► Tif following SOP 98-2 (ASC 958-720)

Form 990 (2012) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 286,650 286,650 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees . 7,308,758 7,308,758 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 3,475,890 3,475,890 Other salaries and wages 460,703,531 427,560,553 32,379,345 763,633 Pension plan accruals and contributions (include section 401(k) 30,601,223 28,381,983 2,185,377 33,863 and 403(b) employer contributions) . . . . Other employee benefits . . . . 76,617,185 70,424,936 6,040,186 152,063 10 Payroll taxes . . . . . . . . . . . . 30,093,494 27,933,481 2,110,634 49,379 11 Fees for services (non-employees) 0 Management . . . . 1,372,562 1,372,562 Legal . . . . . . . . 258,455 258,455 557,417 557,417 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . 109,061 109,061 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 5,443,699 5,443,699 Schedule 0) . . . . . . . . . Advertising and promotion . . 9,297,401 9,297,401 12 13 Office expenses . . . . . 26,492,589 24,135,954 2,350,856 5,779 14 Information technology . . 0 15 Royalties . . 29,729,201 16 Occupancy . . . . . . . 14,739,498 14,947,559 42,144 **17** Travel . . . . . . 1,165,246 888,702 248,518 28,026 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 622,230 291,718 329,286 1,226 20 Interest . . . . . . . . . . . . 7,989,324 7,989,324 Payments to affiliates . . . . . . 21 64,083,446 22 Depreciation, depletion, and amortization . 58,624,177 5,459,269 23 22,048,936 22,048,936 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Medical Supplies 261,080,805 261,080,805 Purchased Services 241,554,159 202,322,104 38,488,640 743,415 c M/A TAX ASSESS/MODERNIZATION 56,246,017 56,246,017 d Equipment Rental & Maintenance 54,526,095 42,144,840 12,363,988 17,267 e All other expenses 15,571,879 11,390,519 4,082,596 98,764 Total functional expenses. Add lines 1 through 24e 25 1,407,235,253 1,265,787,598 139,512,096 1,935,559 Joint costs. Complete this line only if the organization 26

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in	this Part X					
		. , ,		(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing		8,979,353	1	20,890,474		
	2	Savings and temporary cash investments		209,396,635	2	236,680,556		
	3	Pledges and grants receivable, net		900,468	3	890,615		
	4	Accounts receivable, net		221,182,718	4	209,447,556		
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Comp Schedule L	olete Part II of	0	5	0		
ts	6	Loans and other receivables from other disqualified persons section $4958(f)(1)$ ), persons described in section $4958(c)(2)$ employers and sponsoring organizations of section $501(c)(2)$ beneficiary organizations (see instructions) Complete Part I	3)(B), and contributing 9) voluntary employees'	0		0		
Se	_			0	6	0		
Assets	7	Notes and loans receivable, net		0	7	0		
_	8	Inventories for sale or use		25,133,079		25,786,059		
	9	Prepaid expenses and deferred charges		10,570,722	9	10,292,434		
	10a		1,194,771,643	524,551,060		516,087,666		
	ь		depreciation <b>10b</b> 678,683,977					
	11	Investments—publicly traded securities		153,128,552	11	166,296,046		
	12	Investments—other securities See Part IV, line 11	107,356,149	12	136,094,371			
	13	Investments—program-related See Part IV, line 11		2,958,445	13	2,910,880		
	14	Intangible assets		11,337,619	14	11,337,619		
	15	Other assets See Part IV, line 11		121,706,904	15	117,564,847		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,397,201,704	16	1,454,279,123		
	17	Accounts payable and accrued expenses		240,598,017	17	235,814,350		
	18	Grants payable		0	18	0		
	19	Deferred revenue		2,514,359	19	262,142		
	20	Tax-exempt bond liabilities		197,930,866	20	192,557,192		
ا م	21	Escrow or custodial account liability Complete Part IV of Se	chedule D	0	21	0		
Liabilitie	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu						
윤		persons Complete Part II of Schedule L		0	22	0		
	23	Secured mortgages and notes payable to unrelated third par	ties	27,227,606	23	9,705,407		
	24	Unsecured notes and loans payable to unrelated third partie	s	0	24	0		
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete						
		D		371,870,971	25	328,996,264		
	26	<b>Total liabilities.</b> Add lines 17 through 25		840,141,819	26	767,335,355		
ces		Organizations that follow SFAS 117 (ASC 958), check here I lines 27 through 29, and lines 33 and 34.	► 🔽 and complete					
<u>an</u>	27	Unrestricted net assets		515,752,762	27	642,619,426		
8 B	28	Temporarily restricted net assets		29,117,980	28	32,026,521		
뒫	29	Permanently restricted net assets		12,189,143	29	12,297,821		
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here ► ┌ and					
9	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
\$	32	Retained earnings, endowment, accumulated income, or other			32			
Net /	33	Total net assets or fund balances		557,059,885	33	686,943,768		
z	34	Total liabilities and net assets/fund balances		1,397,201,704	34	1,454,279,123		

Dar	t XI Reconcilliation of Net Assets			<u>'</u>	age ==
	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		1,517,0	29,057
2	Total expenses (must equal Part IX, column (A), line 25)	2			235,253
3	Revenue less expenses Subtract line 2 from line 1			1,407,2	
		3		109,7	93,804
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		557,0	59,885
5	Net unrealized gains (losses) on investments	_			
6	Donated services and use of facilities	5		-9,6	96,088
U	Donated Services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		29,7	786,167
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		606 (	943,768
Dar	t XII Financial Statements and Reporting	10		000,	743,700
rai	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
4	Accounting method used to prepare the Form 990 Cash 🗸 Accrual Cother				
1	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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493132042194

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Thomas Jefferson University Hospitals Inc

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.

Inspection

									23-2829		
Pai				blic Charity Sta						ınstruction	S.
The o	rganı			te foundation becaus			= -				
1	<u>_</u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	-	
2	<u>_</u>			in <b>section 170(b)(1</b>			•				
3	<u> </u>	· · ·		perative hospital se	=						
4				n organization operat	ted ın conjun	ction with a	hospital des	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii).	Enter the
5	Г			ty, and state erated for the benefi	t of a college	or univers	ity owned or	operated by	, a governme	ntal unit des	cribed in
•	•			A)(iv). (Complete P		. Of unityers	ity owned of	operated by	, a governine	iicai aiiic acs	cribed iii
6	$\vdash$		. , , , ,	local government or	•	al unit desi	rihed in <b>sec</b>	tion 170(h)	(1)(A)(v)		
7	Ė.			at normally receives						from the ae	neral nublic
8	, 	describ	ed in <b>sectio</b>	n 170(b)(1)(A)(vi).  described in section	(Complete F	art II)		J	nental ante of	nom the ge	петаг равне
9	$\Gamma$	An org	anization th	at normally receives	(1) more th	an 331/3%	of its suppor	t from contr	ributions, mei	mbership fee	es, and gross
		receipt	s from activ	ities related to its ex	xempt functi	ons—subjed	t to certain	exceptions,	, and (2) no n	nore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ı	ncome (les:	s section 51	1 tax) from b	ousinesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b>	509(a)(2).(	Complete P	art III )		
10	Γ	Anorg	anızatıon or	ganized and operated	d exclusively	to test for	public safety	/ See <b>secti</b>	on 509(a)(4)		
11	Γ	one or the box	more public that descr	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in sect ization and	tion 509(a)(1 complete lin	l) or section es 11e thro	n 509(a)(2) ough 11h	See <b>section</b>	<b>509(a)(3).</b> Check
е	Γ	other t		ox, I certify that the on managers and ot							
f		If the c		received a written de	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppoi	ting organization,
g				2006, has the organi	ızatıon accep	ted any gif	t or contribut	ion from an	y of the		'
			ng persons?								
				rectly or indirectly o	•		_	n persons d	escribed in (i		Yes No
				governing body of th		_	n?				.g(i)
				er of a person descri							g(ii)
				lled entity of a perso						111	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organiza	tion(s)				
S	) Nam uppor ganiza	ted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above	(iv) Is to organization col (i) lis your gove	on in ted in rning	(v) Did yo the organ in col (i) suppo	ization of your	(vi) I: organiza col (i) oi in the	ation in ganized	(vii) A mount of monetary support
				or IRC section (see	docume	nt?					
				instructions))	Yes	No	Yes	No	Yes	No	
								ļ			
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493132042194

### OMB No 1545-0047

Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Thomas Jefferson University Hospitals Inc 23-2829095 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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)).

<i></i>		(a	1)	(b)
ror e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		546,49
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,92
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			557,41
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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?		Νo	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c	)(5), o	r 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

### 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1J		TJUH PERIODICALLY ENGAGES IN LOBBYING ACTIVITIES INCLUDING DISCUSSIONS WITH POLICY MAKERS ON HEALTHCARE RELATED ISSUES IMPACTING TJUH AND THE PATIENTS AND COMMUNITIES IT SERVES

DLN: 93493132042194

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

lema	ar Revenue Service F Attach to For	m 990. F See separate instructions.		Inspection
	nme of the organization omas Jefferson University Hospitals Inc		-	loyer identification number
Da	art I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu		2829095 <b>or Accounts</b> Complete if th
т с	organization answered "Yes" to Form 990		ilius (	or Accounts: Complete in the
		(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 advisor funds are the organization's property, subject to the or	5	or advı	rsed <b>Yes No</b>
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	anization (check all that apply) or education) Preservation of an Preservation of a c	histori ertified	ically important land area d historic structure
		Γ		Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminated	d by th	ne organization during
	the tax year 🗠			
4	Number of states where property subject to conservati	ion easement is located 🛌	_	
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	lıng of	violations, and <b>Yes No</b>
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents d	during the year
7	Amount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durınd	g the vear
,	<b>▶</b> \$	,,,		y ,
3	Does each conservation easement reported on line 2(a and section $170(h)(4)(B)(H)^{2}$	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(ı) <b>Yes No</b>
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial		
a i	rt III Organizations Maintaining Collection Complete of the organization answered "Y		or Otl	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, c	r rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, c		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	UTI Organizations Maintaining Co	<u>llections of Ar</u>	t, His	torica	<u> </u>	<u>easures, or </u>	<u>Otne</u>	er Similar A	ssets (	<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any	oft	he following tha	t are a	a sıgnıfıcant us	e of its	
а	Public exhibition		d		oan	or exchange pro	grams	5		
b	Scholarly research		е	Гο	ther	-				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	aın hov	w they fu	ırthe	er the organization	on's e	xempt purpose	ın	
5	During the year, did the organization solicit							nılar	_	_
	assets to be sold to raise funds rather than t		-						☐ Yes	☐ No
Par	Part IV, line 9, or reported an an						ed "Y	es" to Form	990, 	
	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions or other as	ssets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing tabl	е					
_							-	A	mount	
с	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 Fo	orm 990, Part X, Iir	ne 21?						☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation l	nas I	oeen provided in	Part	XIII		Г
Par	t V Endowment Funds. Complete									
1-	Reginning of year halance	(a)Current year 88,963,035	(b)	Prior year 94,161		<b>b (c)</b> Two years bac 82,118,5		77,374,255		years back 100,744,414
la L	Beginning of year balance	174,129		404		68,3	_	184,301		167,095
b	Contributions	174,125		707	,,,,	00,3.	-	104,501		107,033
C	Net investment earnings, gains, and losses Grants or scholarships	9,328,188		-2,788	,358	15,185,2	35	6,604,458		-20,142,712
d	Other expenditures for facilities									
е	and programs	2,786,134		2,815	145	3,210,59	93	2,044,434		3,394,542
f	Administrative expenses									
g	End of year balance	95,679,218		88,963	,035	94,161,5	51	82,118,580		77,374,255
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	ne 1g, co	lum	n (a)) held as				
а	Board designated or quasi-endowment	71 000 %								
b	Permanent endowment ► 8 000 %									
С		000 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
	Are there endowment funds not in the posses		zation	that are	held	d and administer	ed for	the		
	organization by	_							Yes	No
	(i) unrelated organizations				•			<u> </u>	(i)	No
	(ii) related organizations						•	<del></del>	(ii)	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the								3b	
	VI Land, Buildings, and Equipme					10				
Fell	Description of property	int. See roini 9:	50, FE	(a) Cos	t or c	other (b)Cost or	other	(c) Accumulated	d (d) E	ook value
				basis (in	vestr	nent) basis (oth	er)	depreciation		
	and					16.18	33,468			16,183,468
b B	uildings						39,349	235,208,52	29 3	319,680,820
	easehold improvements					· ·	15,049	1,341,67	<del>-  </del>	8,903,377
	quipment					,-			1	
u L	quipinent i i i i i i i i					600,10	08,405	442,133,77	/6   1	.57,974,629
	other		·				)8,405 15,372		/6 1	13,345,372

Part VII Investments—Other Securities. S		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) CASH & CASH EQUIVALENTS	75,666,723	F
(D) HEDGE FUNDS	25 701 547	-
(B) HEDGE FUNDS	35,791,547	F
(C) PRIVATE EQUITY	16,304,389	F
(D) REAL ESTATE	8,331,712	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	136,094,371	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
Part IX Other Assets. See Form 990, Part X	, line 15.	
<b>(a)</b> Des	scription	(b) Book value
(1) DEFERRED FINANCING COSTS		1,836,888
(2) DUE FROM AFFILIATED FOUNDATION		7,787,087
(3) DEFERRED EXPENSE - CHILLER		2,974,167
(4) DUE FROM UNCONSOLIDATED SUBS		15,306,898
(5) INSURANCE RECOVERABLE		89,659,807
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) lin		▶ 117,564,847
Part X Other Liabilities. See Form 990, Pa		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
ACCRUED PROFESSIONAL LIABILITY	191,865,366	
ACCRUED PENSION LIABILITY	71,147,112	
ACCRUED WORKERS' COMPENSATION	9,168,075	
ASSET RETIREMENT OBLIGATION	1,834,805	
INTEREST RATE SWAP LIABILITY	21,691,706	
DUE TO TJU - NONCURRENT	13,740,636	
DUE TO JEFFERSON HEALTH SYSTEM	19,548,564	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	328,996,264	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the organization	ion's financial statements that reports the

Part	<b>XII</b> Reconciliation of R	evenue per Audited Financial	State	ment	s With	Revenue	per Re	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	ents .				1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains on invest	ments	. [	2a				
b	Donated services and use of fa	acılıtıes	. [	2b				
С	Recoveries of prior year grants	s	. [	2c				
d	Other (Describe in Part XIII )		[	2d			1	
e	Add lines <b>2a</b> through <b>2d</b> .						2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a				
b	Other (Describe in Part XIII )		. [	4b			1	
c	Add lines <b>4a</b> and <b>4b</b>						4c	
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I	, line 1	2).			5	
Part	XII Reconciliation of E	xpenses per Audited Financia	l State	emen	ts With	n Expense	s per	Return
1	Total expenses and losses pe	r audited financial statements					1	
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25						
а	Donated services and use of fa	acılıtıes		2a				
b	Prior year adjustments			2b				
c	Otherlosses			2c				
d	Other (Describe in Part XIII )			2d				
e	Add lines <b>2a</b> through <b>2d</b>		'				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .						3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII )			4b				
С	Add lines 4a and 4b						4c	
5	Total expenses Add lines 3 ar	nd <b>4c.</b> (This must equal Form 990, Part	I, line	18).			5	
Part	XIII Supplemental Inf	ormation						
Part \		scriptions required for Part II, lines 3, 1, lines 2d and 4b, and Part XII, lines 2						
	Identifier	Return Reference				Explanat	ion	
SCHEE	DULE D, PART V, LINE 4		FURTH	ER THI	E CHAR		LTHCA	MANNER TO ARE, EDUCATIONAL,

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As Filed Data -

DLN: 93493132042194

SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2012

Department of the Treasury
Internal Revenue Service

Name of the organization
Thomas Jefferson University Hospitals Inc

Part I General Information on Activities Outside the United States. Complete if the organization answered

	"Yes" to Form 990, Par	t IV, line 14b.	·		,					
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2	For grantmakers. Describe in the United States.	Part V the or	ganızatıon's p	rocedures for monitorii	ng the use of grant fu	nds outside				
3	Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )									
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region				
	Europe (Including Iceland and Greenland)		•	Investments		9,691,296				
	East Asia and the Pacific			Investments		2,931,484				
	South America			Investments		832,450				
	North America			Investments		4,581,939				
	Central America and the Caribbean			Investments		425,20				
	Sub-total Total from continuation sheets to Part I					18,462,376				

c Totals (add lines 3a and 3b)

18,462,376

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

pe of grant or (b) Reg	egion (c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ng Scholarships					N/A	Book
						+
						+
						+
						+
						+
						+
						+
						†
						+
						+
						+
		<del></del>				
						+
		<u> </u>			Sal	nodul

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	হ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> ~</u>	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

# OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization Thomas Jefferson University Hospitals Inc

**Employer identification number** 

23-2829095

Pa	TEL Financial Assi	stance an	d Certain	Other Community	Benefits at Cost						
								Yes	No		
1a	Did the organization have	a financial as	ssistance pol	licy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes			
ь	If "Yes," was it a written p	policy?					1b	Yes			
2	If the organization had mu financial assistance polic					pplication of the					
	Applied uniformly to a Generally tailored to i				mly to most hospital fac	cilities					
3	Answer the following base organization's patients du			nce eligibility criteria th	at applied to the larges	t number of the					
а	Did the organization use f If "Yes," indicate which o					providing <i>free</i> care?	3a	Yes			
	┌ 100% ┌ 150% ┌	200%	ther		%						
b	<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care										
	□ 200%    □ 250%    □	300%	50% <b>Г</b> 400	0% 🔽 Other		500 %					
c	c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4	4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?										
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?											
Ь	<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?										
c	If "Yes" to line 5b, as a re	esult of budge	t considerati	ions, was the organization	on unable to provide fre	e or discounted	5b	Yes			
	care to a patient who was	eligibile for fr	ee or discou	nted care?			5c		No		
6a	Did the organization prep	are a commur	nity benefit re	eport during the tax year	r?		6a	Yes			
b	If "Yes," did the organiza	tion make it a	vailable to th	ne public?			6b	Yes			
	Complete the following ta worksheets with the Sche	dule H				submit these					
7				munity Benefits at Co	st						
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense		<b>f)</b> Percelotal exp			
a	Financial Assistance at cost (from Worksheet 1)			11,013,809		11,013,	809	0.7	80 %		
b	Medicaid (from Worksheet 3, column a)			273,314,067	205,111,067	68,203,			50 %		
С	Costs of other means-tested government programs (from Worksheet 3, column b)										
d	<b>Total</b> Financial Assistance and Means-Tested Government Programs			284,327,876	205,111,067	79,216,	809	5 6	30 %		
	Other Benefits			, ,	, , , , , , , , , , , , , , , , , , , ,	,,	$\neg$				
е	Community health improvement services and community benefit operations			2 420 002	4.252	2.445	650	0.0	40.0/		
f	(from Worksheet 4) Health professions education			3,420,002	4,352	3,415,	050	0.2	40 %		
g	(from Worksheet 5) Subsidized health services			125,969,345	100,905,873	25,063,			80 %		
h	(from Worksheet 6) Research (from Worksheet 7)			297,851,627 1,467,431	274,786,901 65,000	23,064, 1,402,	_		40 % 00 %		
1	Cash and in-kind contributions for community										
1	benefit (from Worksheet 8) <b>Total.</b> Other Benefits			2,339,468 431,047,873	310 375,762,436	2,339, 55,285,	-		70 % 30 %		
k	<b>Total.</b> Add lines 7d and 7j .			715,375,749	580,873,503	134,502,	_		60 %		

Pa	rt II Community Building activities during the of the communities in	tax year, ar t serves.	id describe in	Part VI how its co	ommun	ıty bu	ııldıng	activities promo	oted	the he	alth
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue	-	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
_	for community members								_		
7	Coalition building  Community health improvement		+		+						
	advocacy			966,290				966,	290	0	070 %
8	Workforce development										
9 0	Other Total			066.206				0.55	200		070.0
	t IIII Bad Debt, Medicar	e. & Collec	tion Practice	966,290 <b>es</b>	) [			966,	.290	0	070 %
	ion A. Bad Debt Expense	<u> </u>								Yes	No
L	Did the organization report bac Statement No 15?			with Heathcare Fin	ancıal M	anage	ment A	ssociation	1	Yes	
2	Enter the amount of the organi										
_	methodology used by the orga					2		59,079,905			
3	Enter the estimated amount of patients eligible under the organization.										
	the methodology used by the cany, for including this portion of	organization to	estimate this a	amount and the ratio	nale, ıf						
1	Provide in Part VI the text of t or the page number on which t		-				rıbes b	ad debt expense			
ect	ion B. Medicare										
5	Enter total revenue received fr	rom Medicare	(ıncludıng DSH	and IME)		5		283,630,173			
5	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6		322,297,662			
7 3	Subtract line 6 from line 5 The Describe in Part VI the extent Also describe in Part VI the conflict the box that describes	to which any osting method us	shortfall reporte lology or source sed	ed in line 7 should b used to determine	the amo						
	Cost accounting system	<b>F</b> co	st to charge rat	по Г	Other						
ect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy du	ırıng the tax year?					9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part V	ection practice	es to be followed	d for patients who ar	e known	to qu	alify for	financial	9b	Yes	
Pai	rt IV Management Comp	anies and .	Joint Venture	<b>es</b> (owned 10% or more by	officers, dire	ectors, ti	ustees, ke	ey employees, and physici	ans—se	e instruct	ions)
	(a) Name of entity	(	b) Description of pr activity of entity		(c) Organı profit % o ownersh	r stock		d) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	<b>≘)</b> Physic ofit % or ownershi	stock
Rı	verview Surgery	Healthcare	<del>-</del>			51 000	%			38 6	10 %
Bu	cks Cty Ortho Hosp	Healthcare			1	.5 000	%			64 0	00 %
,											
,											
,											
,											
3											
)											
0											
1											
.2											
L 3		1							1		

Part V	Facility Information										
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
Name, a	address, and primary website address		sal							Other (Describe)	Facility reporting group
1	Thomas Jefferson University Hospital 111 South 11th Street Philadelphia,PA 191074824 www.jeffersonhospital.org	Х	х		х			х			
-											

Schedule H (Form 990) 2012

### Part V Facility Information (continued)

### Section B. Facility Policies and Practices

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

Thomas Jefferson University Hospital

Name of hospit	al facility	or facility	reporting	group
----------------	-------------	-------------	-----------	-------

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_		
			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			
	health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	<u> </u>
	If "Yes," indicate what the CHNA report describes (check all that apply)			1
а	A definition of the community served by the hospital facility			1
Ь	Demographics of the community			1
С	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			1
е	The health needs of the community			1
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 the community health needs			1
h	The process for consulting with persons representing the community's interests			1
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			1
j	Other (describe in Part VI)			1
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			1
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	<del></del>
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		No
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	_
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	✓ Hospital facility's website			1
b	Available upon request from the hospital facility			1
-	Other (describe in Part VI)			1
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply			1
•	to date)			1
а	A doption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	Execution of the implementation strategy			1
C	Participation in the development of a community-wide plan			1
d	Participation in the execution of a community-wide plan			1
e	Inclusion of a community benefit section in operational plans			1
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			1
g	▼ Prioritization of health needs in its community			1
_	Prioritization of services that the hospital facility will undertake to meet health needs in its community			1
	Other (describe in Part VI)			1
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI			ĺ
-	which needs it has not addressed and the reasons why it has not addressed such needs	7		Νo
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as			l
	required by section 501(r)(3)?	8a	$\vdash$	No
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		<u> </u>
С	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			1
	nospital identities: #			1

Part V Facility Information (continued)					
Financial Assistance Policy Yes					
9	Did the hospital facility have in place during the tax year a written financial assistance policy that				
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Yes		
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %				
11	If "No," explain in Part VI the criteria the hospital facility used		\ , <sub>-</sub> -		
	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes		
	If "No," explain in Part VI the criteria the hospital facility used				
12	Explained the basis for calculating amounts charged to patients?	12	Yes		
	If "Yes," indicate the factors used in determining such amounts (check all that apply)				
а	▼ Income level				
b	Asset level				
c	Medical indigency				
d	Insurance status				
е	Uninsured discount				
f	Medicaid/Medicare				
g	State regulation				
h	Other (describe in Part VI)				
13	Explained the method for applying for financial assistance?	13	Yes		
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)				
а	The policy was posted on the hospital facility's website				
b	The policy was attached to billing invoices				
C					
d	The policy was posted in the hospital facility's admissions offices				
е	The policy was provided, in writing, to patients on admission to the hospital facility				
f	The policy was available upon request				
<u>g</u>					
	ling and Collections	Ι	ı .		
15	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?	15	Yes		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during				
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP				
	Reporting to credit agency				
b	Lawsuits				
C	Liens on residences				
d	Body attachments				
e	Other similar actions (describe in Part VI)				
17	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?	17		No	
	If "Yes," check all actions in which the hospital facility or a third party engaged				
а	Reporting to credit agency				
b	<u>-</u>				
C	Liens on residences				
d	Body attachments  Other similar actions (describe in Part VI)				
_	I () there implies actions (describe in Part VI)			i	

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Page

Pa	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
С	Notified individuals 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)			
Po	olicy Relating to Emergency Medical Care			
			Yes	No
19	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?	10	Yes	
	If "No," indicate why	1	1 03	
а				
b				
_				
С				
d	, and the same and			
	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			1
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-			
а	eligible individuals for emergency or other medically necessary care  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 its 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			
	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	21		l <sub>No</sub>
	If "Yes," explain in Part VI			1,40
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any			
	service provided to that individual?	22		Νo
	If "Yes," explain in Part VI			

Ρ	а	a	e

Part V	Facility	Information	(continued

# Section C. Other Health Care 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 health care 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				

Schedule H (Form 990) 2012

Schedule H (Form 990) 2012

#### Page

## Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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
   Community information. Describe the community the organization serves, taking into account the geographic area and demographic
- constituents it serves
   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 )
   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
- **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
RT I, LINE 6A	TJUH DEFINES ITS GREATEST ACHIEVEMENTS BY THE CONTRIBUTIONS MADE TO THE COMMUNITY IT SERVES
	THESE CONTRIBUTIONS ARE SUMMARIZED ON THE TJUH INTERNET WEBSITE PART I, LINE 7G SUBSIDIZED HEALTI SERVICES INCLUDES EMERGENCY AND TRAUMA SERVICE
	PART III, LINE 2 Bad debt expense is the uncollectible portion the accounts receivable, excluding contractual allowances. The
	calculation is comprised of two parts one part representing the unpaid deductibles and copays for insured patients. The other part represents the unpaid balance owed by uninsured patients.
	PART III, LINE 4 Please see the Accounts Receivable, Allowance for Doubtful Accounts, Provision/Expense for Bad De footnote on page 10 of the attached financial statements PART
	III, LINE 8 Medicare is not treated as a community benefit. The source data was generated from THE internal cost accounting.
	system PART III, LINE 9B The collection policy of TJUH contains detailed guidelines for patients eligible for charity care. This includes a process to determine patient eligibility for char
	care prior to the provision of care or as soon as possible thereafter. If it is determined that a patient qualifies for partial
	charity care, the policy requires that the patient and TJUH agre in writing as to the amount due after applying the appropriate charity care discount, and that TJUH negotiate and agree upon
	reasonable payment schedule with the patient TJUH also evaluates the ongoing ability of the patient to pay the amount d
	before additional collection actions are taken PART V, SECTION B, LINE 3 More than 60 interviews were conducted with individuals representing health care and community based
	organizations that have knowledge of the health and underlying social conditions that affect health of the people in their
	neighborhood and broader community These interviews were conducted by a qualitative public health researcher from TJUH' Center for Urban Health to gain insight about health needs and
	priorities, barriers to improving community health, and the community assets and efforts already in place or being planned
	address these issues and concerns Medical students from Refugee Health Partners, a student run clinic, assisted with interviews with organizations who assist the refugee community
	as part of the community needs assessment they are doing to inform their student run refugee clinic in South Philadelphia In
	addition, interviews were conducted with faculty and health providers from Methodist Hospital, Jefferson Hospital for Neuroscience and Thomas Jefferson University Hospital to gain
	their perspective about the health issues of their patients and community and to identify Jeffersons and other efforts to addres
	these issues Interviewees were asked to prioritize the needs/recommendations discussed during their interview Interviews were conducted with representatives from the follow
	organizations American Heart Association, Jefferson Medical College-Department of Family and Community Family Medicine
	American Diabetes Association, Philadelphia Department of Health, Philadelphia School District, United Communities Southeastern Philadelphia, Federation of Neighborhood Centers
	Diversified Community Services, Nationalities Services Center Pennsylvania Immigrant Care Coalition, Lutheran and Children
	Services, YMCA, Maternity Care Coalition, Drexel School of Public HealthCenter for Hunger Free Communities, Area Health Education Center, Philadelphia Business Health/Wellness
	Collaborative, Philadelphia Housing Authority, Restaurant Opportunities Center, Juntos, Health Promotion Council, SHAR
	Urban Tree Connection, Council for Relationships, Food Trust, Cambodian Association, SEAMAAC, TJUH Emergency Medicir Jefferson Hospital for Neuroscience TJUH Stroke Center, TJU
	Endocrinology (Diabetes Center), TJU JOGA clinic, TJU Cardiovascular Disease, Mazzoni Center, Pathways to Housing
	Project HOME, Jefferson Medical College-Department of Familand Community Medicine-Jefferson Family Medicine Associate Refugee Health Clinic, Jefferson Medical College-Department of
	Family and Community Medicine-Jefferson Family Medicine Associates-Older adults, Thomas Jefferson University-School
	Nursing, Thomas Jefferson University-School of Pharmacy, Nemours-Pediatrics, TJUH's Human Resources, Workforce Development, TJUH'sFinance Dept -MA assistance,
	TJUH's Nursing-Nurse Magnet, Methodist Hospital, Jefferson Family Medicine Associates Department of Family and
	Community MedicineSocial Work, Philadelphia Health Initiative Asian Chamber of Commerce of Greater Philadelphia, St Thom Aquinas Church, Methodist community relations Subcommittee
	the foundation, Migrant Education, Philadelphia Burmese Baptis Church, Philadelphia Chin Baptist Church and HIAS Focus
	groups were conducted with TJUH's employees who live in the neighborhoods that are part of Jeffersons community This was done purposefully in order to raise awareness among TJUH's
	employee community about the health needs assessment and tengage them in future efforts to improve community health. A li
	of employees who live in zip codes that make up the community benefit area was obtained from Human Resources Employees were randomly selected from each zip code and contacted abou
	their interest in participating in the focus groups Four focus groups were held, one with employees from South Philadelphia,
	one with employees from Lower North Philadelphia east of Broa Street, one with employees from Lower North Philadelphia west Broad Street and one with employees from Transitional
	Neighborhoods Thirty-five employees participated Focus grouwere conducted by qualitative public health researchers from b
	Thomas Jefferson Universitys School of Population Health and TJUH's Center for Urban Health Focus group questions were designed to elicit the major health and social concerns of the
	neighborhood and larger community, barriers to accessing hea and social services and improving lifestyles, perceptions about
	existing and/or potential interventions to address community health improvement, and what specifically Jefferson could do to improve the health of the community. Each focus group was as
	to prioritize the needs/recommendations identified during the focus group discussion PART V, SECTION B, LINE 6A AS
	PROVIDED IN THE PROPOSED REGULATIONS ISSUED APF 5, 2013, TJUH'S IMPLEMENTATION STRATEGY ADDRESSE THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH
	ITS CHNA TJUH'S IMPLEMENTATION PLAN IS AVAILABLE AT HTTP //WWW JEFFERSONHOSPITAL ORG/ABOUT-US/IN
	THE-COMMUNITY/ PART V, SECTION B, LINE 7 ADDRESSING ALL OF THE HEALTH NEEDS PRESENT IN A LARGE COMMUNITY WILL REQUIRE RESOURCES BEYOND
	WHAT ANY SINGLE HOSPITAL OR SOCIAL SERVICE AGEN CAN BRING TO BEAR THE HOSPITAL IS COMMITTED TO
	FULFILLING ITS MISSION AS WELL AS REMAINING FINANCIALLY VIABLE SO THAT IT CAN CONTINUE ITS COMMITMENT TO EXCELLENCE IN QUALITY CARE AND
	PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS BETWEEN 2014 AND 2016, THE HOSPITAL WILL FOCUS IT
	EFFORTS IN ORDER TO MAKE A TRUE AND MEASURABLE IMPACT, AND THUS PLANS TO IMPLEMENT ACTIONS THA WILL ADDRESS THOSE NEEDS IDENTIFIED THROUGH THE
	COMMUNITY HEALTH NEEDS ASSESSMENT AS "MOST IMPORTANT" THE HOSPITAL WILL CONTINUE TO
	EVALUATE OPPORTUNITIES FOR FUNDING OR RESOURCE TO COMMIT TO ADDRESSING THE REMAINING NEEDS TH PRIORITY HEALTH ISSUES RELATED TO THE HOSPITAL'S
	INTERNAL ORGANIZATIONAL STRUCTURE, INCLUDING WORKFORCE DEVELOPMENT AND DIVERSITY, FALL
	OUTSIDE THE SCOPE OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM, AND THE CHNA RECOMMENDATIONS RELATED TO INTERNAL ORGANIZATIONAL STRUCTURE
	WILL BE REVIEWED BY HOSPITAL AND UNIVERSITY SENIOL LEADERSHIP DURING THE TAX YEAR, ACTIONS WERE
	TAKEN TO ADDRESS ALL OF THE PRIORITIZED COMMUNI HEALTH NEEDS THAT TJUH PLANS TO ADDRESS AS PROVIDED IN ITS IMPLEMENTATION STRATEGY NEEDS
	ASSESSMENT (NUMBER TWO) Please see TJUH's Communit Health Needs Assessment, available at
	http://www.jeffersonhospital.org/about-us/in-the-community/, fan explanation of how TJUH assesses the health needs of the community it serves PATIENT EDUCATION OF ELIGIBILITY
	FOR ASSISTANCE (NUMBER THREE) TJUH informs and educates people through signage, its website, brochures,
	statement messages, and the paths program, A VENDOR-SUPPORTED SERVICE, WHICH ASSISTS PATIENTS WITH
	ENROLLMENT IN THE MEDICAL ASSISTANCE PROGRAM COMMUNITY INFORMATION (NUMBER FOUR) Please see TJUH's Community Health Needs Assessment, available at
	http://www.jeffersonhospital.org/about-us/in-the-community/, fadescription of the community TJUH serves PROMOTION OF
	COMMUNITY HEALTH (NUMBER FIVE) TJUH's community building activities are focused on providing opportunities for youth to explore careers in health care through health awarenes.
	education, mentoring, and internships. Additionally, Jefferson staff play leadership roles in community building organizations.

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DLN: 93493132042194 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Open to Public

Department of the Treasury

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

Name of the organization						Employer identification	on number
Thomas Jefferson University Hospital	ls Inc					23-2829095	
Part I General Information							
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or as	sistance?					▼ Yes
<b>Part II Grants and Other A</b> Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
							<u> </u>
2 Enter total number of section 50 3 Enter total number of other organization Act Notice sec	anızatıons lısted ın th	ne line 1 table				<b>▶</b> _	le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nursing scholarships	8	286,650		Book	N/A
Part IV Supplemental Inform	ation				

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2		ACTUAL EXPENDITURES FOR ALL APPROVED GRANTS ARE MONITORED AGAINST BUDGETED EXPENDITURES ON A MONTHLY BASIS ANY DISCREPANCIES ARE RESEARCHED AND resolved ACCORDINGLY

Schedule I (Form 990) 2012

DLN: 93493132042194

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

1110	mas serieson oniversity riospitals and		23-2829095			
Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to indirectors, trustees, and the CEO/Executive Directors			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat appl				
	Compensation committee	Г	Written employment contract			
			Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VI	I , Section A , line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	impensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1 a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this pare for any addition	o complete this pare for any daditional information											
Identifier	Return Reference	Explanation										
SCHEDULE J, PART I, LINE 4A - SEVERANCE PAYMENT		THOMAS J LEWIS III \$ 379,252 RONALD P BURD 187,768 SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DAVID P MCQUAID \$ 156,645 THOMAS J LEWIS III 121,712 (\$8,020 AWARDED IN 2012 AND \$113,692 PAID DURING 2012) RONALD P BURD 31,530 (PAID DURING 2012) NEIL G LUBARSKY 23,768 STACEY MEADOWS 8,386 STEPHEN TRANQUILLO 932 SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS A PORTION OF THE COMPENSATION FOR OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE FIVE HIGHEST COMPENSATED EMPLOYEES INCLUDES COMPENSATION that IS BASED ON THE ATTAINMENT OF PATIENT CARE, QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES, AND FINANCIAL PERFORMANCE										

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

(A) Name	,	(B) Breakdown of	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS J LEWIS III	(ı) (ıı)	· ·	236,653	3 474,572 0 0	2,230,998 0	8,935 0	3,475,890 0	4,517 0
DAVID P MCQUAID	(I) (II)		446,559	109,056	189,145 0	19,080 0	1,360,915 0	62,923 0
NEIL G LUBARSKY	(ı) (ıı)		274,537 0	66,824	56,268 0	21,401	844,905 0	25,005 0
RONALD P BURD - THRU 6302012	(ı) (ıı)		122,049	220,556	749,230 0	8,431 0	1,332,828	5,676 0
ROBERT DIECIDUE	(ı) (ıı)		171,600 0	4,960	32,500 0	24,080 0	638,380 0	0
STACEY MEADOWS	(I) (II)		216,929	45,130	40,886 0	17,568 0	659,792 0	9,598 0
DANIEL TAUB	(I) (II)			23	27,500 0	21,884 0	543,787 0	0
STEPHEN TRANQUILLO	(I) (II)		80,075 0	40,964	33,432 0	20,962 0	477,469 0	0
JAMES E ROBINSON	(ı) (ıı)		69,622 0	35,008	32,500 0	20,131	420,110	0
MARY ANN FITZPATRICK	(ı) (ıı)		72,242 0	28,877	32,500 0	24,263 0	424,932 0	9,782 0
REBECCA O'SHEA	(ı) (ıı)		65,331 0	27,048	32,500 0	18,748 0	388,876 0	0
CARMHIEL BROWN	(ı) (ıı)		63,252 0	0	32,500 0	16,581 0	332,750 0	0
GEORGE T RIZZUTO	(I) (II)		38,595 0	20,479	32,500 0	19,772 0	342,426 0	0
RICHARD J WEBSTER	(I) (II)		48,277 0	7,496	32,500 0	6,921 0	343,644 0	0
NANCY RHODES	(I) (II)	· ·	43,860	2,120	32,500 0	13,192 0	309,026 0	0
HUGH LAVERY	(ı) (ıı)	212,953	,	15,887	27,500 0	17,549 0	314,389 0	0
ROBERT BURKHOLDER	(ı) (ıı)		0.,1.	14,830	30,205 0	17,291 0	289,274 0	0
ANDREW NATHANS	(ı) (ıı)	187,182 0	26,615 0	14,368	28,672 0	19,075 0	275,912 0	0
SHARON MILLINGHAUSEN	(I) (II)		25,110 0	4,064	27,850 0	9,110 0	250,966 0	0
ELEANOR GATES	(I) (II)	179,015	/	6 0	26,910 0	17,282 0	247,475 0	0

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(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493132042194 OMB No 1545-0047

### **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 Part VI.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Name	ne of the organization									Em	ployer id	lentifica	tion nu	nber	
Thor	mas Jefferson University Hospita	ıls Inc								23	-28290	95			
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	<b>(f</b> )	<b>)</b> Description	n of purpose	<b>(g)</b> De	efeased	(h) beha ıssı	alfof		Pool ncing
<b> </b>			1							Yes	No	Yes	No	Yes	No
Α	Hospitals & Higher Education Facility of Philadelp	23-1929132	717903ZF8	06-30-2003	6,5(	000,000	Impro	Improve facilities, repay debt			x		x		х
Pa	rt II Proceeds				_		$\overline{}$								
					<u> </u>	A	$\dashv$	В	;		С	$\longrightarrow$		D	
1	A mount of bonds retired					5,715,0	200								
		A mount of bonds legally defeased					_0		$\longrightarrow$						
3	Total proceeds of issue	·				6,500,0	000					$\longrightarrow$			
4	<u> </u>	Gross proceeds in reserve funds										$\longrightarrow$			
_5	Capitalized interest from proce						0								
6	Proceeds in refunding escrows						0								
7	Issuance costs from proceeds				0										
8	Credit enhancement from proc				0										
9	Working capital expenditures f				0										
10	Capital expenditures from prod	ceeds				1,287,6	663								
11	O ther spent proceeds					5,212,3	337								
12	O ther unspent proceeds						0								
13	Year of substantial completion	n			20	003									
l —					Yes	No	$\Box$	Yes	No	Yes	N	No	Yes		No
14	Were the bonds issued as part	t of a current refundi	ng issue?		Х										
15	Were the bonds issued as part	t of an advance refur	nding issue?			Х									
16	Has the final allocation of proc	ceeds been made?			Х		$\Box$								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х										
Par	rt IIII Private Business U	Jse													
4		1 /	Δ		В	4		С			D	,			

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

Yes

No

Yes

No

Yes

No

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)		_						,	
				Α		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
<b>J</b> a	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsid counsel to review any research agreements relating to the financed property?									
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		0%		%		%			
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			%	%		%		%	
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und		x							
D	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No.	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?	×								
2	If "No" to line 1, did the following apply?			<u> </u>			<u> </u>			
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	1	•	•			
3	Is the bond issue a variable rate issue?	X								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		•		•	•	•				

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

		Α		В		C		l D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x						
7	Has the organization established written procedures to monitor the requirements of section 148?	Х							
Par	rt V Procedures To Undertake Corrective Action								
		Α		В	1	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X							
Pa		provide addition	  al informati	on for respo	nses to ques	tions on Sche	edule K (see	ınst	ructions)

Schedule K (Form 990) 2012

Explanation

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DLN: 93493132042194

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization Thomas Jefferson University Hospitals Inc

**Employer identification number** 

Pa	rt I Types of Property				23-2829095			
-C:	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	( <b>d</b> Method of d noncash contrib	etermı	_	ts
1	Art—Works of art	Х	1	0				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock $\cdot$							
11	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L <b>4</b>	Qualified conservation contribution—Other							
<b>.</b> 5	Real estate—Residential .							
<b>.6</b>	Real estate—Commercial							
<b>.7</b>	Real estate—Other							
<b>.8</b>	Collectibles							
<b>.9</b>	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	Other ▶()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29		V	No.
302	During the year, did the organiza	ation receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it		Yes	No
Joa	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	i to be useu	20-		No
L						30a		No
о 31	If "Yes," describe the arrangem  Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	ioncasn	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (a	a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132042194

OMB No 1545-0047

2012

Open to Public Inspection

### 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.

FAttach to Form 990 or 990-EZ.

	Employer identific	cation number
Thomas Jefferson University Hospitals Inc	23-2829095	
	23-2629093	

ldentifier	Return Reference	Explanation
FORM 990, PART I, IINES 9 AND 17, PART VIII, LINE 2A, AND PART IX		

SCHEDULE R

Related Orc

### **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

**Employer identification number** 

DLN: 93493132042194

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Thomas Jefferson University Hospitals Inc 23-2829095 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (13) controlled (if section 501(c)(3)) entity entity? Yes See Additional Data Table Schedule R (Form 990) 2012 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

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

because it had one or more related organizations (	realed as a p	Jai ther	snip during	ј ше сах уеа	r.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		agıng	(k) Percentage ownership
				,			Yes	No		Yes	No	
(1) Riverview Surgery Center LP	Healthcare	PA	TJUH Inc	Related	2,120,417	4,255,065		No			No	50 490 %
Three Crescent Drive Navy Yard Cor Philadelphia, PA 191120000 26-3910345												
(2) Riverview Surgery Center LLC	Healthcare	PA	TJUH INC	Related	21,418	42,981		No			No	51 000 %
Three Crescent Drive Navy Yard Cor Philadelphia, PA 191120000 26-3911509												
Part IV Identification of Related Organizations Taxa	ble as a Coi	porat	ion or Tru	ı <b>st</b> (Complet	e if the orga	anızatıon aı	nswer	ed "Y	es" to Form	990	ı, Par	rt IV,

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(1 contro entit	on 512 (13) rolled ity?
	<u> </u>	<del></del>		<u> </u>	554.054	1 25 100	4	Yes	No
211 S 9th St Walnut Towers Ste Philadelphia, PA 19107 23-2830152	Healthcare	РА	TJUH Inc	C Corporation	-554,851			Yes	
925 Chestnut Street Suite 311 Philadelphia, PA 19107 23-2075587	Healthcare	PA	TJUH System Inc		629,491	1,121,655		Yes	
2301 South Broad Street Philadelphia, PA 19148 23-2259593	Healthcare	PA	TJUH System Inc	C Corporation	-73,412	206,843	100 000 %	Yes	
(4) Mid-Atlantic Maternal Fetal Institute  925 Chestnut Street Suite 311 Philadelphia, PA 19107 23-2922471	Healthcare	PA	TJUH Affiliates	C Corporation	0	0	100 000 %	Yes	
(5) Mid-Atlantic Maternal Fetal InstitutePC  925 Chestnut Street Suite 311 Philadelphia, PA 19107 22-3536371	Healthcare	РА	TJUH Affiliates	C Corporation	-19,016			Yes	
(6) Externally Administered Trusts			NA			1,157,603			No

Lourng the tax year, did the organization 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 or (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  d Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Purchase of assets to related organization(s)  g Sale of assets to related organization(s)  i Exchange of assets with related organization(s)  i Exchange of assets with related organization(s)  i Exchange of assets with related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  in Performance of services or membership or fundraising solicitations for related organization(s)  in Sharing of facilities, equipment, and inglists, or other assets with related organization(s)  in Sharing of paid employees with related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses	chedule R (Form 990) 2012									
Lourny the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?    Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   Application of the property of (ii) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity   Application of the property of (iii) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity   Application of the property of (iii) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity   Application of the property of related organization(s)   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(s) of expenses   Application of the property of related organization(	Pai	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)								
a Recept of (i) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity       Ia       No         b Gift, grant, or capital contribution to related organization(s)       1b       No         c Gift, grant, or capital contribution from related organization(s)       1c       No         d Loans or loan guarantees to or for related organization(s)       1d       No         e Loans or loan guarantees by related organization(s)       1f       No         g Sale of assets to related organization(s)       1f       No         h Purchase of assets from related organization(s)       1h       No         i Exchange of assets with related organization(s)       1h       No         k Lease of facilities, equipment, or other assets to related organization(s)       1i       No         k Lease of facilities, equipment, or other assets from related organization(s)       1k       Yes         k Performance of services or membership or fundraising solicitations for related organization(s)       1k       Yes         n Performance of services or membership or fundraising solicitations by related organization(s)       1n       No         v Saming of facilities, equipment, mailing lists, or other assets with related organization(s)       1n       No         p Saming of paid employees with related organization(s)       1n       No         p Saming of paid employees with related organi		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loan guarantees by related organization(s) d Dividends from related organization(s) d Dividends from related organization(s) d Sale of assets to related organization(s) d Purchase of assets from related organization(s) d Loans or loan guarantees by related organization(s) d Purchase of assets from related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loan guarantees by related organization(s) d Sale of assets to related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loan guarantees to related organization(s) d Loans or loan guarantees to related organization(s) d Loans or loan guarantees to related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loans guarantees by related organization(s) d Loa	<b>1</b> Di	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	1					
c Sift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) d Loans or loan guaraties by related o	а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	1	No					
d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Purchase of assets from related organization(s)  g Lease of facilities, equipment, or other assets to related organization(s)  g Lease of facilities, equipment, or other assets from related organization(s)  g Performance of services or membership or fundraising solicitations for related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations by related organization(s)  g Parformance of services or membership or fundraising solicitations for related organization(s)  g Parformance of services or membership or fundraising solicitations for relate	b	Gift, grant, or capital contribution to related organization(s)	1b		No					
Le Loans or loan guarantees by related organization(s)  1	c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No					
f Dividends from related organization(s)  1	d	Loans or loan guarantees to or for related organization(s)	1d		No					
Sale of assets to related organization(s)  Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Exchange of assets with related organization(s)  Exchange of facilities, equipment, or other assets from related organization(s)  Expression Performance of services or membership or fundraising solicitations for related organization(s)  Expression Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Expression Sharing of paid employees with related organization(s)  Expression Sharing of paid employees with related organization(s) for expenses  Expression Sharing of paid to related organization(s) for expenses  Expression Sharing of paid to related organization(s) for expenses  Expression Sharing of paid to related organization(s) for expenses  Expression Sharing of paid to related organization(s) for expenses  Expression Sharing of paid to related organization(s) for expenses  Expression Sharing of Cash or property to related organization(s)  Expression Sharing Office Sharing O	e	Loans or loan guarantees by related organization(s)	1e		No					
h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  li Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  n Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  lq Yes  o Other transfer of cash or property to related organization(s)	f	Dividends from related organization(s)	1f		No					
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Perfor	g	Sale of assets to related organization(s)	<b>1</b> g	1	No					
j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  l Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  f Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  f Other transfer of cash or property to related organization(s)  17 Note that transfer of cash or property to related organization(s)	h	Purchase of assets from related organization(s)	1h	1	No					
k Lease of facilities, equipment, or other assets from related organization(s)  I Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  1	i	Exchange of assets with related organization(s)	1i		No					
I Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)	j	Lease of facilities, equipment, or other assets to related organization(s)	1j	_	No					
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  1m	k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	+					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  1n Yes  10 Yes  11 No	ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	1	No					
o Sharing of paid employees with related organization(s)  P Reimbursement paid to related organization(s) for expenses  Q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)	m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	•	No					
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes						
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)	0	Sharing of paid employees with related organization(s)	10	Yes	lacksquare					
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)	n	Paimbursement haud to related organization(s) for expenses	1p	┼	No.					
r Other transfer of cash or property to related organization(s)	•		-	+	-					
	ч	Rembulsement paid by related organization(s) for expenses	-	+ = =	+					
s Other transfer of cash or property from related organization(s)	r	Other transfer of cash or property to related organization(s)	1r		No					
	s	Other transfer of cash or property from related organization(s)	1s	Yes						

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) Emergency Transport Associates Inc	S	1,685,567	COST
(2) JeffQuip Inc	S	1,152,042	COST
(3) Walnut Home Therapeutics Inc	S	26,886,294	COST
(4) Suthbreit Properties	S	253,493	COST
(5) Jefferson Medical Care	S	7,398,914	COST
(6) Methodist Hospital Foundation	Q	226,949	COST

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(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)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID:

**Software Version:** 

**Return Reference** 

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

**Explanation** 

Schedule R (Form 990) 2012

**Identifier** 

Page **5** 

#### Part VII Supplemental Information

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

> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
Emergency Transport Associates Inc	S	1,685,567	COST
JeffQ uip Inc	S	1,152,042	COST
Walnut Home Therapeutics Inc	S	26,886,294	COST
Suthbreit Properties	S	253,493	COST
Jefferson Medical Care	S	7,398,914	COST
Methodist Hospital Foundation	Q	226,949	COST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493132042194 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** GENERAL DEPRECIATION Name(s) shown on return Thomas Jefferson University Hospitals Inc 23-2829095 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 431.195 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . . . . . . . . . . . . . . Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter

23 For assets shown above and placed in service during the current year, enter the

23

here and on the appropriate lines of your return Partnerships and S corporations—see instructions • •

431,195

22

Form 4562 (2012) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre								nstru	ction	s for l	imits	for pa	asseng	ier au	tomoi	biles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Ye</b> s	· I No			24b  f	"Yes,"	s the ev	/ idence	written?	Гүе	s [V N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	l) r other sıs	(busines	(e) r deprecia ss/investr e only)		<b>(f)</b> Recove period	<b>'</b>	<b>(g)</b> Method/ onventic		( <b>l</b> Depred dedu			(i) Electe section cost	ed 179
<b>25</b> Special depreciation allo 50% in a qualified busi			rty placed	in service	during the	tax year	and u	sed mo	re tha	n						
26 Property used more	<u>`</u>		business	use						1 = 0	<u> </u>					
,		%														
		%			-											
<b>27</b> Property used 50%	orlessina		IDASS IIS		1											
27 Floperty used 50 A	01 1633 111 6	%	illess us		1				S/L	_						
		%							S/L							
		%			<del></del>			_	S/L	<del>-</del>						
28 Add amounts in co						ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın							•	•		•		29			
Complete this section	for vehicles		ction B								r rolat	ad nai	con			
If you provided vehicles to														se vehic	les	
30 Total business/inv	vestment mi	les driven diii	ana the		a)	_	b)		(c)		-	d)	-	e)		(f)
year ( <b>do not</b> inclu				Vehi	icle 1	Vehi	cle 2	<del>                                     </del>	ehicl	e 3	Vehi	cle 4	Vehi	cle 5	Veh	ıcle 6
24 Tabel as management as a																
31 Total commuting i		- ,				-		-					-			
32 Total other persor	•							+					-			
33 Total miles driven through 32			s 30		1											
<b>34</b> Was the vehicle a	vailable for p	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty ho					1											_
35 Was the vehicle up	•	y by a more th	nan 5%													
owner or related p <b>36</b> Is another vehicle		r nersonal us	 e?		1			1	-+					+		+-
		stions for		vore M	ho Pro	vido V	/obi		for I	lso b	v The	l Sir Fi	mploy	1005		
Answer these questio 5% owners or related	ns to determ	nine if you me	et an exc												not mo	re tha
37 Do you maintain a employees?	written poli	cy statement	that prof	nibits all	personal	use of	vehic	les, II	nclud	ing cor	nmutir	ng, by	your	Y	'es	No
<b>38</b> Do you maintain a employees? See t																
39 Do you treat all us								<i>'</i>	_						-+	
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			ormatio	n fron	n your	emp	loyees	about	the us	se of			
<b>41</b> Do you meet the r				· · ·	ile demoi	nstratio	n use	 27 (Se	e inst	tructio	ns)				$\dashv$	
Note: If your answ	•	_						-			-	s	- •			
	rtization	,, , , , , , , , , , ,	1 15 1 0.	, uo 110	e compre			101 (11		CICG V	Cilicic					
Allio		(b)								(e	:)					
(a) Description of c	osts	Date amortizatio begins	n	A mort	c <b>)</b> :izable ount		C	(d) Code ection		A morti perio percei	zation d or			<b>(f)</b> rtızatı hıs ye		
<b>42</b> A mortization of co	sts that beg		ur 2012	tax year	(see ins	truction	ns)									
	T			•	-		•									
43 A mortization of co	sts that beg	jan before you	ır 2012 t	ax year							43	-				
44 Total. Add amoun	_	•		-	ere to re	port					44					

# **TJUH System**

Consolidated Financial Statements June 30, 2013 and 2012

# TJUH System Table of Contents June 30, 2013 and 2012

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Report of Independent Auditors	1
Consolidated Financial Statements	
Balance Sheets	2
Statements of Operations and Changes in Net Assets	3 – 4
Statements of Cash Flows	5 – 6
Notes to Consolidated Financial Statements	7 – 40



#### **Report of Independent Auditors**

Board of Trustees TJUH System Philadelphia, Pennsylvania

We have audited the accompanying consolidated financial statements of TJUH System and its Subsidiaries ("TJUH"), which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

#### Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits 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 combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to TJUH's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of TJUH's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of TJUH at June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Picatehouse Coopers UP

October 16, 2013

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## TJUH System Consolidated Balance Sheets

June 30, 2013 and 2012

Assets	2013	2012
Current assets		
Cash and cash equivalents	\$20.891.724	\$8.978.298
Short-term investments	236.680.556	209.396.635
Accounts receivable, less allowance for doubtful accounts		
of \$34.954.000 in 2013 and \$28.264.000 in 2012	218,039,151	230,263,063
Inventory	27,024,193	26,660,518
Assets whose use is limited, current	19.257.654	19,466,636
Other current assets	10,363,733	11.068.915
Total current assets	532.257.011	505.834.065
Long-term investments	204.908.451	188.092.841
Assets whose use is limited, noncurrent	75.511.503	50,259,977
Assets held by affiliated foundation	7.787.087	7,199,228
Goodwill	11.417.619	11,417,619
Insurance recoverable	89.659.807	103.039.407
Other noncurrent assets	4,903,706	5.213.983
Land, buildings and equipment, net	532.687.976	539.327.755
Total assets	\$1,459,133,160	\$1,410,384,875
Liabilities and Net Assets		
Current liabilities		
Current portion of		
Long-term obligations	\$2,556,660	\$2,683,054
Due to Jefferson Health System	5.823.911	4.940.000
Accrued pension liability	21.000.000	16.789.392
Accrued professional liability claims	12.955.898	12.022.884
Accrued workers compensation claims	5,486,708	6.814.430
Accounts payable and accrued expenses	125,758,732	135,990,660
Due to Thomas Jefferson University	13,748,045	13,712,794
Accrued payroll and related costs	61,478,829	61,844,039
Total current liabilities	248,808,783	254.797,253
Long-term obligations	7.933,747	25,529,551
Due to Jefferson Health System	305,496,844	292.005.866
Due to Thomas Jefferson University	13.740.636	12.000.000
Accrued pension liability	71,147,112	109,317,127
Accrued professional liability claims	191,865,366	205,692,814
Accrued workers' compensation claims	9.168.075	9.992.523
Other noncurrent liabilities, principally interest rate swap contracts	23.550.622	34.892.080
Total liabilities	871.711.185	944.227.214
Net assets		
Unrestricted	540,905,064	422,697,998
Noncontrolling interest in joint venture	2,192,569	2,152,540
Temporarily restricted	32.026.521	29,117,980
Permanently restricted	12.297.821	12,189,143
Total net assets	587.421.975	466,157,661
Total liabilities and net assets	\$1,459,133,160	\$1,410,384,875

TJUH System
Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2013 and 2012

	2013	2012
Operating revenues, gains and other support	<b>41.402.460.600</b>	<b>#1.464340.103</b>
Net patient service revenue	\$1,492,460,688	\$1,464,348,103
Provision for bad debts	(\$61,574,013)	(\$42,256,818)
Net patient service revenue less provsion for bad debts Investment income	1,430,886,675	1,422,091,285
Other revenue	8,848,518 103,658,202	2,561,363 85,712,888
Net assets released from restriction	2,927,369	2,149,252
Total operating revenues, gains and other support	1,546,320,764	1,512,514,788
Operating expenses		
Salaries and employee benefits	610,120,513	616,430,519
Pension	31,052,646	25,607,814
Supplies	300,737,774	308,034,255
Purchased services	253,881,490	241,295,145
Depreciation and amortization	68,085,503	62,312,041
Interest	9,437,061	9,936,188
Insurance	23,072,439	38,403,799
Utilities	21,154,981	19,503,777
Other	154,773,310	144,278,107
Total operating expenses	1,472,315,717	1,465,801,645
Income from operations	74,005,047	46,713,143
Loss on extinguishment of debt		(470,181)
Income from operations after extinguishment of debt	74,005,047	46,242,962
Nonoperating gains (losses)		
Investment earnings	17,915,786	1,233,537
Contributions	880,355	805,690
Contributions expense	(1,935,559)	(2,772,071)
Other, principally interest rate swap contracts	6,237,165	(19,579,264)
Total nonoperating gains (losses)	23,097,747	(20,312,108)
Excess of revenues over expenses	97,102,794	25,930,854
Increase in unrealized losses on investments	(9,696,088)	(3,824,766)
Net assets released from restrictions used for purchase of	399,015	1,797,575
property and equipment	377,013	1,777,373
Donated capital received		4,762,829
Change in noncontrolling interest in joint venture	40,029	1,087,085
Decrease (increase) in pension liability	30,401,345	(41,150,595)
Decrease (mercase) in pension naturny		(41,150,555)
Increase (decrease) in unrestricted net assets	\$118,247,095	(\$11,397,018)

TJUH System
Consolidated Statements of Operations and Changes in Net Assets, continued
For the Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted net assets		
Excess of revenues over expenses	\$97,102,794	\$25,930,853
Increase in net unrealized losses on investments	(9,696,088)	(3,824,766)
Net assets released from restrictions used for purchase of property and equipment	399,015	1,797,575
Donated capital received	-	4,762,829
Change in noncontrolling interest in joint venture	40,029	1,087,085
Decrease (increase) in pension liability	30,401,345	(41,150,595)
Increase (decrease) in unrestricted net assets	118,247,095	(11,397,019)
Temporarily restricted net assets		
Contributions	3,042,381	3,451,650
Interest, dividends, and net realized gains on investments	3,956,429	201,348
Net assets released from restriction	(3,312,859)	(3,946,827)
Change in net unrealized losses on investments	(1,365,270)	(882,329)
Change in assets held by an affiliated foundation	587,860	1,316,274
Increase in temporarily restricted net assets	2,908,541	140,116
Permanently restricted net assets		
Change in net unrealized gains (losses) on externally held trusts	108,678	(133,125)
Increase (decrease) in permanently restricted net assets	108,678	(133,125)
Increase (decrease) in net assets	121,264,314	(11,390,028)
Net assets, beginning of year	466,157,661	477,547,689
Net assets, end of year	\$587,421,975	\$466,157,661

# TJUH System Consolidated Statements of Cash Flows For the Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Increase (decrease) in net assets	\$121,264,314	(\$11,390,028)
Adjustments to reconcile changes in net assets to net cash		
provided by operating activities		
(Decrease) increase in pension liability	(30,401,345)	41,150,595
Depreciation and amortization	68,085,503	62,312,041
Provision for bad debts	61,574,013	42,256,818
Assets held by affiliated foundation	(587,860)	(1,316,274)
Amortization of premium discount	(233,674)	(107,182)
Net realized and unrealized (gains) losses on investments and assets	(10,604,522)	2,612,507
Donated capital received	-	(4,762,829)
Other-than-temporary impairment of assets	15,193	845,051
Net (gain) loss on interest rate swap	(11,427,024)	14,915,969
Joint venture activities	(1,386,511)	(2,352,034)
Other	1,722,720	470,181
Net change due to		
Accounts receivable	(49,350,101)	(59,108,239)
Inventories	(363,675)	(8,986,072)
Other current and noncurrent assets	(1,242,049)	(526,170)
Accounts payable and accrued expenses	(8,666,472)	12,345,043
Payable to Thomas Jefferson University	1,775,887	4,501,216
Accrued pension liability	(3,558,062)	(5,357,423)
Insurance recoverable	13,379,600	(103,039,407)
Accrued professional claims liability	(12,894,434)	114,520,521
Accrued workers' compensation liability	(2,152,171)	332,617
Other liabilities	2,183,596	1,447,737
Net cash provided by operating activities	137,132,926	100,764,638
Cash flows from investing activities		
Short-term investments, net	(26,674,885)	(23,917,063)
Assets whose use is limited, net	(25,042,543)	(28,088,029)
Change in securities lending invested collateral	1,924,173	(254,432)
Purchase of land, buildings and equipment	(62,998,661)	(69,979,619)
Purchases of investments	(346,876,822)	(135,651,840)
Sales of investments	341,545,046	140,740,718
Net cash used in investing activities	(118,123,692)	(117,150,265)

(continued)

# TJUH System Consolidated Statements of Cash Flows, continued For the Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from financing activities		
Distribution to noncontrolling interest	(2,058,000)	(428,750)
Proceeds from donated capital	-	4,762,829
Change in securities lending payable	(1,924,173)	254,432
Proceeds from long-term borrowings	24,161,059	100,000,000
Repayment of long-term borrowings	(27,274,694)	(109,620,137)
Net cash used in financing activities	(7,095,808)	(5,031,626)
Net increase (decrease) in cash and cash equivalents	11,913,426	(21,417,253)
Cash and cash equivalents at beginning of year	8,978,298	30,395,551
Cash and cash equivalents at end of year	\$20,891,724	\$8,978,298
Supplemental disclosure of cash flow information:		
Interest paid, net of amount capitalized	\$14,507,378	\$14,787,785

#### 1. Summary of Significant Accounting Policies:

#### **Nature of Operations**

TJUH System ("TJUH"). located in Philadelphia. Pennsylvania, is an integrated healthcare organization that provides inpatient, outpatient, and emergency care services through acute care, ambulatory care, physician, and other primary care services for residents of the Greater Philadelphia Region Effective July 1, 2000, the Board of Directors of Thomas Jefferson University Hospitals. Inc. (the "Hospital") and Jefferson Health System ("JHS") approved a corporate reorganization of the Hospital. The new operating structure, known as TJUH System, includes all former combined entities of the Hospital. TJUH maintains an academic affiliation with Thomas Jefferson University ("TJU"). Related party transactions and their effects on the financial statements are discussed in Note 9. The consolidated financial statements of TJUH include the accounts and subsidiaries of Thomas Jefferson University Hospital, the Jefferson Hospital for Neuroscience Division, the Methodist Hospital Division, TJUH Health Affiliates, the Atrium Corporation and Jeffex, Inc., and the Riverview Surgery Center at the Navy Yard, LP ("Riverview"), a 51%-owned joint venture

JHS is the sole corporate member of TJUH JHS is a regional integrated healthcare delivery system. The other members of JHS are Magee Rehabilitation Hospital ("Magee") and Main Line Health ("MLH")

#### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the financial position, results of operations and cash flows of TJUH and its subsidiaries All significant intercompany transactions have been eliminated in consolidation

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make, where necessary, estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, the reported amounts of revenues and expenses during the reporting period and the accompanying notes. Management considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of the financial statements including, but not limited to, recognition of net patient service revenue, which includes contractual allowances and provisions for bad debt, estimates for healthcare professional and general liabilities, determination of fair values of certain financial instruments, and assumptions for measurement of pension liabilities. Management relies on historical experience and other assumptions believed to be reasonable relative to the circumstances in making judgments and estimates. Actual results could differ from these estimates.

#### 1. Summary of Significant Accounting Policies, continued:

#### **Financial Statement Presentation**

TJUH accounts for its net assets by classifying them into three categories according to externally-imposed restrictions. The three net asset categories are as follows

- Unrestricted Net Assets are available for the support of operations and are not externally restricted, although their use may be limited by other factors such as by contract or board designation
- Temporarily Restricted Net Assets include gifts for which donor-imposed restrictions have not been met and trust activity and pledges receivable for which the ultimate purpose of the proceeds is not permanently restricted
- Permanently Restricted Net Assets include gifts, trusts, and pledges which require that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions

#### **Income Taxes**

TJUH and certain of its subsidiaries are not-for-profit corporations and have been recognized as taxexempt pursuant to Section 501(c) (3) of the Internal Revenue Code

#### Cash and Cash Equivalents

Cash and cash equivalents consist of cash and short-term investments in highly liquid debt instruments with an original maturity of three months or less. Cash and cash equivalents are carried at cost which approximates market value.

#### **Charitable Medical Care Provided**

TJUH provides medically necessary services to all patients regardless of their ability to pay Some patients qualify for charity care based on policies established by TJUH and are therefore not responsible for payment for all or a part of their healthcare services. These policies allow for the provision of free or discounted care in circumstances where requiring payment would impose financial hardship on the patient. Charges for services rendered to patients who meet TJUH's guidelines for charity care are not separately recorded in the accompanying consolidated financial statements.

TJUH maintains records to identify and monitor the level of charity care provided. These records include the amount of charges foregone for services and supplies furnished. Such amounts have been excluded from net patient service revenue. Management estimates that the cost of charity care provided by TJUH was \$11,013,809 and \$11,170,827 for the years ended June 30, 2013 and June 30, 2012, respectively. These amounts do not include the provision for bad debts of \$61,574,013 and \$42,256,818 in 2013 and 2012, respectively, which are reflected as deductions in net patient service revenue. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue.

#### 1. Summary of Significant Accounting Policies, continued:

#### **Other Uncompensated Community Services (unaudited)**

Services are provided to patients in the community who are insured under the Pennsylvania Medical Assistance Program The cost of providing services to eligible welfare recipients who participate in this program exceeded reimbursement by \$68,203,000 and \$62,979,935 in 2013 and 2012, respectively

In furtherance of its exempt purpose to benefit the community. TJUH provides education and training for medical residents, nurses and other healthcare professionals. Amounts expended for these services exceeded reimbursement by \$25,063,472 and \$25,790,984 in 2013 and 2012, respectively

TJUH also provides various community services such as the provision of subsidized emergency services, telemedicine services for stroke patients at community hospitals, education for diabetes and heart disease, screenings for stroke and cancer risk, cancer support groups, senior health education, nutritional counseling for obesity, maternal and childbirth education, and youth participation in various work-ready or career preparation programs. Many of these services target areas of health disparity and include working with schools, grassroots organizations and other partners. The net amounts expended for the foregoing services were \$31,188,255 and \$28,279,793 in 2013 and 2012, respectively

#### **Net Patient Service Revenue**

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

Revenue from the Medicare and Medicaid fee-for-service programs accounted for approximately 20 44% and 2 98%, respectively, and 20 95% and 2 85%, respectively of net patient service revenue in 2013 and 2012, respectively Most payments to TJUH from the Medicare and Pennsylvania Medicaid programs for inpatient hospital services are made on a prospective basis. Under these programs, payments are made at a pre-determined specific rate for each discharge based on a patient's diagnosis Additional payments are made to TJUH as a teaching and disproportionate share hospital. as well as for cases that have an extremely long length-of-stay or unusually high costs. Laws governing the Medicare and Medicaid programs are complex and subject to interpretation. Services billed to the Medicare program are subject to external review for both medical necessity and billing compliance Medicare cost reports for all years before 2009 have been audited and final settled The 2009, 2010 and 2011 Medicare cost reports have been audited but there has not been a final settlement as of June 30, 2013 attributed to delays in Medicare program finalizing disproportionate share factors. No significant adjustments are expected. In addition, TJUH received funds from the Philadelphia Hospital Assessment program and the Medical Assistance Modernization Act-Quality Care Assessment program in the amount of \$71,979,260 in 2013 and the Philadelphia Hospital Assessment program, the Medical Assistance Modernization Act-Quality Care Assessment program and the Medicare Wage Index Group Appeal in the amount of \$79,204,891 in 2012. respectively TJUH paid taxes in respect to these programs amounting to \$56,246,017 and \$53,874,043 in 2013 and 2012, respectively, and are recorded in other operating expenses. Both programs were designed to provide supplemental funding for licensed acute care hospitals with the Philadelphia Hospital Assessment program specifically designated for hospital emergency services

#### 1. Summary of Significant Accounting Policies, continued:

TJUH has also entered into agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to TJUH under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates and capitated rates. Revenue from the most notable of these types of insurers amounted to 25 81% and 9 94%, respectively, and 28 63% and 8 86%, respectively, of TJUH's net patient service revenue in 2013 and 2012, respectively.

#### Accounts Receivable, Allowance for Doubtful Accounts, Provision / Expense for Bad Debt

JHS records an allowance for doubtful accounts and bad debt expense for estimated losses resulting from non-payment for accounts receivable for services from patients. JHS accounts for uncollectible accounts receivable balances from third-party commercial insurers as reductions to net patient service revenue rather than bad debt expense. Management routinely evaluates account collection history, economic conditions, and trends in health care coverage in determining the sufficiency of the allowance for doubtful accounts and provision for bad debts. Accounts receivable are written off against the allowance for doubtful accounts when management determines that recovery is unlikely and collection efforts cease.

The allowance for doubtful accounts increased by the bad debt expense of \$61.574.013 and \$42.256.818 in 2013 and 2012, respectively. The allowance for doubtful accounts decreased due to writeoffs of \$54.884.191 and \$40.874.303 in 2013 and 2012, respectively.

#### Land, Buildings, Equipment and Depreciation

Land, buildings and equipment are stated at cost. Depreciation is calculated utilizing the straight-line method based on the estimated useful lives of the underlying assets. Gains and losses from retirement or disposition of fixed assets are recognized in the consolidated statements of operations and changes in net assets as nonoperating income at the time of disposition. Interest cost incurred on borrowed funds during the construction period of capital assets for projects that last 6 months or longer and whose expenditures are \$5 million or greater, is capitalized as part of property and equipment as a component of the cost of constructing those assets. Repair and maintenance costs are expensed as incurred. During 2013, TJUH recorded \$657,501 of capitalized interest related to prior years. There were no additional interest costs capitalized to construction in progress during 2013.

#### Goodwill

The amount of the intangible asset is \$11.417.619 comprised primarily of assets related to the acquisition of the inpatient ophthalmology program from Wills Eye Hospital and the acute care program from St. Agnes Medical Center. TJUH performed an impairment assessment by comparing the assets fair value to the carrying value of the goodwill at June 30, 2013 and no impairment charge was warranted.

#### Inventory

Predominantly, inventories are valued on a cost basis using the first-in, first-out ("FIFO") method

#### **Investments and Investment Income**

TJUH records investments in marketable securities with readily determinable fair values and investments in debt securities at fair value in the consolidated balance sheets. Fair values for certain private equity and real estate investments ("alternative investments") are estimated by the respective external investment managers if market values are not readily ascertainable. Investments in joint

#### 1. Summary of Significant Accounting Policies, continued:

ventures are accounted for under the equity method

Net realized gains and losses, interest and dividends on unrestricted cash, cash equivalents, short-term investments, and trustee held funds associated with self-insurance and debt obligations are included in operating income. Net realized gains and losses, interest and dividends on long-term investments and changes in unrealized gains or losses on alternative investments and on impaired assets are included in nonoperating income. Changes in unrealized gains or losses on all other long-term investments are shown as a change in net assets, unless other than temporary impairments of investments are recognized, in which case, unrealized losses are recorded in nonoperating income.

Income on investments of donor-restricted funds, including unrealized gains and losses, is added to or deducted from the appropriate net asset category based on donor restrictions or state law

TJUH followed an endowment spending policy in 2013 and 2012 of 5% of the three-year moving average of the market value of its long-term investment portfolio measured annually at March 31st As a result of this policy, funds released from restricted long-term investments and amounts withdrawn from unrestricted long-term investments amounted to \$1,121,543 and \$2,687,116 respectively, and \$1,124,455 and \$2,682,290, respectively, in 2013 and 2012, respectively. Additionally, funds released from restricted net assets for receipt of external pledges and donor-restricted gifts amounted to \$1,805,826 and \$1,024,797 in 2013 and 2012, respectively

#### **Investment in Assets of Affiliated Foundation**

The Methodist Hospital Foundation (the "Foundation"), a separate corporation not under the control of TJUH, accepts gifts and bequests and engages in fundraising activities for the benefit of Methodist Hospital. The Board of Trustees of the Foundation, at its sole discretion, is authorized to contribute Foundation funds to Methodist Hospital. Underlying investments held by the Foundation with restrictions benefiting only Methodist Hospital amounting to \$7,787,087 and \$7,199,228 at June 30, 2013 and 2012, respectively, are presented in the consolidated balance sheets. Net changes in the fair market value of such assets were recorded as changes in assets held by an affiliated foundation in the consolidated statements of changes in net assets.

While the sole purpose of the Foundation is to support Methodist Hospital, this accounting treatment does not imply that the Foundation's assets or investment income are those of TJUH. The consolidated financial statements do not reflect or establish the legal relationship, agency or otherwise, between the Foundation and TJUH, or any right to assets owned by the Foundation. The by-laws of the Foundation provide that all assets held by it shall not be subject to attachments, execution, or sequestration for any debt, obligation or liability of TJUH or any other person or entity. In particular, the Foundation is not party to or obligated by any debt instrument of TJUH, and assets owned by the Foundation are not subject to the lien of any such debt instrument.

#### **Beneficial Interest in Perpetual Trusts**

Beneficial interest in perpetual trusts represents TJUH's interest in perpetual trusts, which are administered by independent trustees and generally consist of marketable equity securities. Because the trusts are perpetual and the original corpus cannot be violated by spending, they are reported as permanently restricted net assets.

#### 1. Summary of Significant Accounting Policies, continued:

#### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restriction, unless expended for the purchase of long-lived assets, in which case, they are reported as a change in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements

#### Other Revenue

Other revenue is derived from services other than the provision of health care services or coverage to patients or residents. This revenue consists primarily of TJU services income, biomedical services income, retail pharmacy income, rental income, cafeteria income, grant income, and other miscellaneous income.

#### **Excess of Revenues over Expenses**

TJUH's excess of revenues over expenses in the consolidated statements of operations and changes in net assets includes all unrestricted revenues, expenses, gains and losses from continuing operations, contributions of long-lived assets and the costs of related fundraising efforts, and, realized gains and losses on long-term investments and the undistributed earnings thereon, including changes in unrealized gains or losses on alternative investments and on impaired assets. Changes in unrealized gains or losses on all other long-term investments, and the permanent transfers of assets to and from affiliates for other than goods and services are excluded

#### Reclassifications

Certain prior year amounts in the consolidated statements of operations has been reclassified and certain prior year amounts in the consolidated statements of cash flows have been combined to conform to the current year presentation

#### **Subsequent Events**

TJUH has performed an evaluation of subsequent events through October 16, 2013, which is the date the financial statements were issued and none were discovered that needed adjustment to or disclosure in the financial statements

#### 2. Net Assets:

Temporarily and permanently restricted net assets are classified according to donor or time restrictions. Temporarily restricted net assets are restricted for patient care and various healthcare-related expenditures that can be spent in the future subject to certain spending limitations by Pennsylvania statute. Net assets are categorized as follows at June 30, 2013 and 2012.

	2013	2012
Temporarily restricted net assets consist of the following		
Long-term investments	\$19,881,032	\$18,295,358
Special purpose funds	11,254,874	9,922,154
Pledges	890,615	900,468
	\$32,026,521	\$29,117,980
Permanently restricted net assets consist of the following		
Long-term investments	\$7,864,002	\$7.864.002
Assets held by affiliated foundation	2,259,295	2,259,295
Externally held trusts	2,174,524	2,065,846
Total	\$12,297,821	\$12,189,143

## 3. Investments, Assets Whose Use is Limited and Assets Held by Affiliated Foundations Fair Value Measurements:

Assets whose use is limited are presented in the consolidated balance sheets at June 30, 2013 and 2012 and consisted of the following

	2013	2012
Board designated funds for plant replacement		
and expansion	\$75,366,723	\$50,125,000
Board designated funds for self-insurance arrangements	18,442,606	18,837,314
Debt service funds	121,428	98,190
Translational Medicine program funds	300,000	300,000
Women's Board and Medical Staff funds	538,400	366,109
Total	\$94,769,157	\$69,726,613
Less Current portion	(19,257,654)	(19,466,636)
Noncurrent portion	\$75,511,503	\$50,259,977

## 3. Investments, Assets Whose Use is Limited and Assets Held by Affiliated Foundations Fair Value Measurements, continued:

Short term investments were \$236,680,556 and \$209,396,635 at June 30, 2013 and June 30, 2012, respectively, and included amounts set aside for working capital obligations. Long-term investments were \$204,908,451 and \$188,092,841 at June 30, 2013 and June 30, 2012, respectively. For its long-term investment portfolio, TJUH pools funds with TJU and utilizes the unitization method of accounting for investments in pooled funds. TJUH had approximately 31% and 30% of the total shares of the pooled funds at June 30, 2013 and 2012, respectively. Also included in long-term investments were non-pooled investments of \$2,910,880 and \$2,958,445 at June 30, 2013 and June 30, 2012, respectively.

Investment income, realized gains and unrealized losses included in the consolidated statements of operations and changes in net assets are comprised of the following in 2013 and 2012

	2013	2012
Investment income included in operating income		
Interest and dividends	\$2,163,576	\$2,506,430
Net realized gains (losses) on sales of investments	5,338,461	(1,210,016)
Equity in earnings of joint venture	1,346,481	1,264,949
	8,848,518	2,561,363
Investment income included in nonoperating income		
Interest and dividends	1,633,445	1,054,889
Net realized gains on sales of investments	14,009,590	1,296,311
Change in unrealized gains (losses) on alternative investments	2.287.944	(272,612)
Other-than-temporary impairment of assets	(15,193)	(845,051)
	17,915,786	1,233,537
Total	\$26,764,304	\$3,794,900

Unrealized losses on investments amounted to \$7.408.144 (inclusive of gains of \$2,287,944 for alternative investments) and \$4.097.378 (inclusive of losses of \$272.612 for alternative investments) in 2013 and 2012, respectively. Except for unrealized gains and losses on alternative investments, all other unrealized gains and losses are included in the change in net assets.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows

**Level 1-** Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that TJUH has the ability to access at the measurement date.

Level 2 - Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active.

Level 3 - Inputs that are not currently observable

Inputs are used in applying the various valuations techniques and broadly refer to the assumption that market participants use to make valuation decisions. An investments level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment. The categorization of an investment within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to TJUH's perceived risk of that instrument.

#### Level 1

Investments are based on quoted market prices in active markets. Typically, securities traded on the NYSE, AMEX, NASDAQ and other major exchanges will be classified as Level 1. These assets include active listed equities, certain U.S. government obligations, mutual funds and certain money market securities. For investments regularly traded on any recognized securities or commodities exchange, the closing price on such exchange (or, if applicable, as reported on the consolidated transactions reporting system) on the last trading date at the end of the fiscal year is used. In the case of securities regularly traded in the over-the-counter market, the closing bid quotations for long positions and the closing asked quotation for short positions on the trading date ending on or preceding the end of the fiscal year is used. Level 1 liquidity is daily based on quoted market value at time of transaction or at daily Net Asset Value (NAV)

#### Level 2

Investments are trade in markets that are not considered to be active, but are valued based on quoted market prices, dealer quotations or alternative pricing sources supported by observable inputs. They include investment- common trust equity and fixed income funds, corporate grade bonds, high yield bonds and certain mortgage products. These assets are valued based on quoted market prices in active markets or dealer quotations and are categorized as Level 2. Level 2. Inquidity is daily based on quoted market value at time of transaction or at daily NAV.

#### Level 3

Investments have significant unobservable inputs, as they trade infrequently or not at all. Level 3 instruments include private equity (direct and fund of funds), real assets investments (real estate, natural resources - direct and fund of funds), hedge funds (direct and fund of funds), and beneficial interests in perpetual trusts and charitable lead trusts held by third parties. Within Level 3, the use of the market approach generally consists of using comparable market transactions, while the use of the income approach generally consists of the net present value of estimated of future cash flows, adjusted as appropriate for liquidity, credit, market and/or other risk factors. TJUH uses the "market approach value" valuation technique to value its investments in private equity and real estate ("private investments") and hedge funds. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities to determine the value.

With level 3 investments. TJUH estimates the fair value of an investment company at the measurement date using the reported NAV Adjustment is required if TJUH expects to sell the investment at a value other than NAV or if the NAV is not calculated in accordance with

generally accepted accounting principles TJUH uses the NAV to determine the fair value of all underlying investments which (a) do not have readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company

Most private investment funds (private equity, real asset funds) are structured as closed-end, commitment-based investment funds where TJUH commits a specified amount of capital upon inception of the fund (i.e., committed capital) which is then drawn down over a specified period of the fund's life. Such funds generally do not provide redemption options for investors and, subsequent to final closing, do not permit subscriptions by new or existing investors. Accordingly, TJUH generally holds interests in such funds for which there is no active market, although in some situations, a transaction may occur in the "secondary market" where an investor purchases a limited partner's existing interest and remaining commitment. The fund managers may value the underlying investment based on an appraised value, discounted cash flow, industry comparables or some other method. TJUH values these limited partnerships at NAV. These interests, in the absence of a recent and relevant secondary market transaction, are classified as Level 3.

Unlike private investment funds, hedge funds are generally open-end funds as they typically offer subscription and redemption options to investors. The frequency of such subscriptions or redemptions is dictated by such fund's governing documents. The amount of liquidity provided to investors in a particular fund is generally consistent with the liquidity and risk associated with the underlying portfolio (i.e., the more liquid the investments in the portfolio, the greater the liquidity provided to the investors). The fund managers invest in a variety of securities which may not be quoted in an active market. Illiquid investments may be valued based on appraise value, discounted cash flow, industry comparables or some other method.

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

Level 3 liquidity related to private investment funds do not have liquidity or redemption options Liquidity for private investments can be accomplished via a secondary sale transaction. When available, distributions typically take place on a quarterly basis

Level 3 liquidity related to hedge funds is quarterly liquidity with ninety days' notice prior to the quarter's end. Liquidity of individual hedge funds vary based on various factors and may include "gates", "holdbacks" and "side pockets" imposed by the manager of the hedge fund, as well as redemption fees which may also apply. Depending on the redemption options available, it may be possible that the reported NAV represents fair value based on observable data such as ongoing redemption and/or subscription activity. In these cases, the NAV is considered as a Level 2 input Limited partnerships are valued at NAV. However, certain hedge funds may provide the manager with the ability to suspend or postpone redemption (a "gate") or "hold back" from the payment of redemption proceeds a portion of the redemption (e.g. 10%) until the annual audited financial

statements are distributed. In the case of the imposition of a gate, TJUH does not have the ability to validate or verify the NAV through redemptions. Therefore, the interest is generally classified as Level 3.

In the cases of a holdback, TJUH considers the significance of the holdback, its impact on the overall valuation and the associated risk that the holdback amount will not be fully realized based on a prior history of adjustments to the initially reported NAV. If the holdback is significant, then the interest is generally classified as Level 3.

For those private equity, real estate limited partnerships, or hedge-fund of fund transactions where valuations dated on the last business day of the year are available, the valuations will be based on the most recent capital account statement (monthly/quarterly), adjusted for interim cash flow activity (contributions, distributions, fees) Substantially all of TJUH's investments in such funds have been classified within Level 3

The following table presents assets measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2013

	Assets at Fair Value as of June 30, 2013			
	Level 1	Level 2	Level 3	Total
Hedge funds	\$0	\$0	\$35,791,547	\$35,791,547
Cash & cash equivalents	228,382,824	11,548,212	-	239,931,036
Equity securities	2,608	-	-	2,608
Fixed income securities	63,761,335	84,088,643	-	147,849,978
Mutual funds	-	82,667,870	-	82,667,870
External trusts	-	2,174,524	-	2,174,524
Private equity	-	-	16,304,389	16,304,389
Real estate		2,447,140	5,884,572	8,331,712
Total	\$292,146,767	\$182,926,389	\$57,980,508	\$533,053,664

Investments recorded at cost at June 30, 2013 totaled \$3,304,500

A roll forward of those assets as Level 3 within the fair value hierarchy by TJUH is as follows

Description	Hedge Fund	Private Equity	Re al Es tate	Total
Opening balance	\$29,485,468	\$14,426,510	\$5,647,978	\$49,559,956
Acquisitions	3,656,920	36,318,919	632,435	40,608,274
Dispositions	-	(44,289,430)	(663,841)	(44,953,271)
Net realized gain (loss)	-	9,305,740	(516,267)	8,789,473
Net unrealized gain (loss)	2,649,055	542,754	784,267	3,976,076
Closing balance at June 30, 2013	\$35,791,443	\$16,304,493	\$5,884,572	\$57,980,508

The following table presents assets measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2012

	Assets at Fair Value as of June 30, 2012			
	Level 1	Level 2	Level 3	Total
Hedge funds	\$0	\$0	\$29,485,568	\$29,485,568
Cash & cash equivalents	185,790,793	12,208,326	-	197,999,119
Equity securities	22,472,597	-	-	22,472,597
Fixed income securities	-	139,507,736	-	139,507,736
Mutual funds	-	44,958,636	-	44,958,636
External trusts	-	2,065,846	-	2,065,846
Preferred securities	91,430	-	-	91,430
Private equity	-	-	14,426,410	14,426,410
Real estate		7,371,193	5,647,978	13,019,171
Total	\$208,354,820	\$206,111,737	\$49,559,956	\$464,026,513

Investments recorded at cost at June 30, 2012 totaled \$3,189,577

A roll forward of those assets as Level 3 within the fair value hierarchy by TJUH is as follows

		Priv ate		
Description	<b>Hedge Fund</b>	Equity	Real Estate	Total
Opening balance	\$25,216,683	\$13,060,936	\$6,699,612	\$44,977,231
Transfer out	-	(105)	-	(105)
Transfer m	-	97	-	97
Acquisitions	13,950,148	3,600,914	968,522	18,519,584
Dispositions	(9,214,118)	(3,661,917)	(2.428.918)	(15,304,953)
Net realized gain (loss)	886,516	449,435	(445,845)	890,106
Net unrealized gain (loss)	(1,353,761)	977,150	854,607	477,996
Closing balance at June 30, 2012	\$29,485,468	\$14,426,510	\$5,647,978	\$49,559,956

There were no transfers between Levels 1 and 2 during 2013 and 2012

TJUH has made commitments to various private equity and real estate limited partnerships. The total amount of unfunded commitments is \$13,396,746 and \$12,363,180 at June 30, 2013 and June 30, 2012, respectively, which represents 7 5% and 7 6% of the value of TJUH's pooled investments at June 30, 2013 and June 30, 2012, respectively. TJUH expects these funds to be called over the next 3 to 5 years.

TJUH's pooled investments at June 30, 2013 include \$35,791,547 of hedge fund investments. These funds provide for quarterly or annual redemptions and require between 60 and 90 day notice periods. Iimiting TJUH's ability to respond quickly to changes in market conditions.

Investment securities with an aggregate fair value of \$753,479 and \$2,677,653 at June 30, 2013 and June 30, 2012, respectively, were loaned primarily on a short-term basis to various brokers in connection with a securities lending program. These securities are returnable on demand and are collateralized by cash deposits amounting to 103% at June 30, 2013 and June 30, 2012 of the market value of the securities loaned. TJUH receives lending fees and continues to earn interest and dividends on the loaned securities.

#### 4. Endowment:

TJUH's endowment consists of approximately 122 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

TJUH has interpreted the Pennsylvania State Prudent Management of Institutional Funds Act ("SPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, TJUH classifies as permanently net restricted assets (a) the original value of gifts donated to the permanent endowment. (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund

The remaining portion of the donor-restricted endowment fund, except for beneficial interests in perpetual trusts, that is not classified in permanently restricted net assets is classified as temporarily

restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA

At June 30, 2013, the endowment net asset composition consisted of the following

Unrestricted	Temporarily Restricted	Permanently Restricted	Total
\$67,934,184	\$19,881,032	\$7,864,002	\$95,679,218

Also included in permanently restricted net assets were investments in perpetual trust funds of \$2,174,524 and assets held by an affiliated foundation of \$2,259,295

## 4. Endowment, continued:

Changes in endowment net assets for the year ended June 30, 2013 consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets.				
beginning of year	\$62,803,675	\$18,295,358	\$7,864,002	\$88,963,035
Investment return Investment income	496,190	211,876	_	708,066
Net realized and unrealized	470,170	211.070		700,000
appreciation	6,240,839	2,379,283		8,620,122
Total investment income	6,737,029	2,591,159		9,328,188
Contributions	48,071	126,058	0	174,129
Appropriation of endowment assets for expenditure	(2.687,116)	(1,126,450)	-	(3,813,566)
Other changes Additions/transfers Reclassification	1.099.997 (67.472)	(5,093)	_	1.094.904 (67.472)
	(07,172)			(67,172)
Endowment net assets. end of year	\$67,934,184	\$19,881,032	\$7,864,002	\$95,679,218

At June 30, 2012, the endowment net asset composition by type of fund consisted of the following

Unrestricted	Temporarily Restricted	Permanently Restricted	Total
\$62,803,675	\$18,295,358	\$7,864,002	\$88,963,035

Also included in permanently restricted net assets were investments in perpetual trust funds of \$2,065,846 and assets held by an affiliated foundation of \$2,259,295

## 4. Endowment, continued:

Changes in endowment net assets for the year ended June 30, 2012 consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$66,381,352	\$19,909,004	\$7.871.205	\$94,161,561
Investment return Investment (loss) income Net realized and unrealized	(355)	3.038	-	2,683
depreciation	(2,111,568)	(679,473)		(2,791,041)
Total investment income	(2,111,923)	(676,435)		(2,788,358)
Contributions	143,265	257.712	4,000	404,977
Appropriation of endowment assets for expenditure	(2,682,290)	(1,133,070)	-	(3,815,360)
Other changes Additions/transfers Reclassification	1.076.603	(61.853)	(11,203)	1,014,750 (14,535)
Endowment net assets, end of year	\$62,803,675	\$18,295,358	\$7,864,002	\$88,963,035

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires TJUH to retain as a fund of perpetual duration Shortfalls of this nature, which are reported in unrestricted net assets, were \$5.830 as of June 30, 2013. These shortfalls resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by TJUH's Board of Trustees.

## 5. Medical Resident FICA Refund:

In March 2010, the IRS announced that for periods ending before April 1, 2005, medical residents would be eligible for the student exception of FICA taxes. Institutions that had filed timely FICA refund claims covering periods up through that date are eligible for refunds of both the employer and employee portions of FICA taxes paid, plus statutory interest. As a result of this decision by the IRS, TJUH recorded other revenue of \$14,500,000, along with a corresponding accounts receivable in the year ended June 30, 2010. In the year ended June 30, 2013, TJUH received \$24,860,000, \$10,360,000 was recorded as other revenue and the previously established receivable was fully satisfied.

In addition to the foregoing, TJUH received \$25,414,000 on behalf of the medical residents from the IRS, which, in turn, was refunded to the residents during the year ended June 30, 2013

## 6. Land, Buildings and Equipment:

A summary of land, buildings and equipment at June 30, 2013 and 2012 is as follows

	2013	2012
Land and land improvements	\$16,566,573	\$16,251,573
Buildings and building improvements	573,098,381	560,467,797
Equipment	605,835,412	565,040,331
Leasehold improvements	11,526,093	11,293,827
Work in progress	14,600,449	8,384,972
Subtotal	1,221,626,908	1,161,438,500
Less accumulated depreciation	(688,938,932)	(622,110,745)
Total	_\$532,687,976_	\$539,327,755

Buildings and building improvements, leasehold improvements, and land improvements are depreciated using an average estimated useful life of 20 years. Equipment is depreciated using an average estimated useful life of 8 years. No depreciation expense is taken on land or work in progress. TJUH recorded depreciation expense of \$67,752,171 and \$61,993,584 in 2013 and 2012, respectively.

## 7. Long-Term Obligations:

Long-term obligations at June 30, 2013 and 2012 consisted of the following

	2013	2012
The Hospitals and Higher Education Facilities Authority		
of Philadelphia Series of 2003 Hospital Revenue Bonds (a)	\$785,000	\$985,000
Mortgage Loan - 925 Chestnut Street (b)	-	19,793,656
Operating Line of Credit (c)	-	225,000
Capital Lease Obligations (d)	9,705,407	7,208,949
Subtotal	10,490,407	28,212,605
Less amounts due within one year	(2,556,660)	(2,683,054)
Total	\$7.933.747	\$25,529,551

(a) On June 30, 2003, the Hospitals and Higher Education Facilities Authority of Philadelphia issued the Series of 2003 Hospital Revenue Bonds, maturing on January 1, 2017, in the amount of \$6,500,000 for the "Thomas Jefferson University Hospital Project" The proceeds of the bonds were used to provide funding for the construction and equipping of improvements to the existing facilities of TJUH and its affiliates located in the City of Philadelphia, Pennsylvania, the refinancing of the Methodist Hospital Nursing Center Mortgage and Construction Loan, the Methodist Hospital Term Loan, and the Suthbreit Mortgage Loan, and, the payment of the costs of issuing the bonds

The bonds are remarketed weekly by a bank and traded at a rate of 0 26% at June 30, 2013 Interest rates ranged from 0 15% to 0 33% during 2013 TD Bank is the remarketing agent for the bonds. The bonds may be converted to a long-term rate or to a short-term rate with a different short-term rate period, as elected by TJUH, following which such bonds will bear interest at a variable rate determined by TD Bank.

A reimbursement agreement was entered into with the bank to provide for the issuance of a long-term letter of credit under which TJUH will reimburse the bank for draws upon the letter of credit. The letter of credit provides amounts sufficient to pay the purchase price of any bonds tendered for purchase and not remarketed. The termination date is June 30, 2014

- (b) On December 10, 2009, Bank of America N A provided a mortgage loan to TJUH. The loan proceeds were used to fund the acquisition of the property located at 925 Chestnut Street. Philadelphia, Pennsylvania. The loan bears interest at a rate equal to LIBOR plus 190 basis points with a mortgage-style amortization of 20 years. This loan was refinanced in July, 2012 by the 2012 Series C Bonds issued by JHS as described in Note 7 below.
- (c) The balance outstanding for the line of credit for Riverview was \$0 and \$225,000 as of June 30, 2013 and 2012, respectively

(d) On October 9, 2009, a Master Lease Agreement was entered into between TD Equipment Finance. Inc ("Lessor") and Riverview ("Lessee") for a term of 60 months commencing July 2010 in the amount of \$5,960,718 Lease payments are due on the first day of each month and may be adjusted upward by the Lessor in order to preserve the Lessor's pre-tax yield which is indexed on a one-to-one basis to reflect any increases in the Lessor's cost of funds

In 2010, the operating lease for the Voorhees Ambulatory Facility was recharacterized to a capital lease due to a change in terms of the lease agreement. The Voorhees Ambulatory Facility was capitalized in the amount of \$3.560.794. The original lease was entered into on December 31, 1998. The term of the underlying loan is 25 years which includes rate resets every five years. The rate effective January 1, 2009 and for the ensuing five years is 2.55%.

A Master Lease Agreement was entered into between Philips Healthcare Informatics. Inc ("Lessor") and TJUH ("Lessee") for a term of 84 months commencing March 1, 2013 in the amount of \$4,161,059 Lease payments are due on the first day of each month at a discount rate of 6%

#### **Capital Leases**

The following is a schedule by years of future minimum lease payments as of June 30, 2013

2014	2,356,660
2015	1,682,548
2016	845,282
2017	859,760
2018	935,010
Thereafter	3,026,147
Total	\$9,705,407

The net book value of property and equipment recorded under capital leases was \$11,528,148 and \$8,210,371 at June 30, 2013 and June 30, 2012, respectively, representing the building value of the Voorhees Ambulatory Facility, the PACS equipment and certain equipment at Riverview Accumulated depreciation of the property and equipment recorded under capital leases was \$3,070,352 and \$1,997,546 at June 30, 2013 and June 30, 2012, respectively Depreciation expense on the outstanding obligations under the capital leases was \$1,132,153 and \$907,702 in 2013 and 2012, respectively

Annual maturities of long-term debt for each of the next five years and thereafter are as follows

2014	\$2,556,660
2015	1,887,548
2016	1,055,282
2017	1,029,760
2018	935,009
Thereafter	3,026,148
Total	\$10,490,407

#### **Due to Jefferson Health System**

"Due to Jefferson Health System" represents \$309,128,564, excluding unamortized premium of \$2,192,192, which TJUH has agreed to pay JHS pursuant to a certain Group Debt Allocation Agreement among JHS, TJUH, and MLH, collectively referred to as the "Institutions" This agreement allocates the principal and interest owed in connection with the obligations incurred by JHS under an Amended and Restated Master Trust Indenture, which was originally dated November 1, 1997, (collectively, the "Master Obligations") among the Institutions and certain of their respective members

On April 7, 2005, the Pennsylvania Economic Development Financing Authority issued the Series 2005A Health System Revenue Bonds, maturing on May 15, 2038, in the amount of \$26,720,000. In addition to paying the costs of issuing the bonds, the proceeds of the bonds were used to finance a portion of the costs incurred in the acquisition of the short-term acute care hospital business of St Agnes Medical Center, a portion of the costs incurred in the expansion of emergency care facilities, capital improvements, equipment purchases and other capital expenditures at Methodist Hospital, and, the costs incurred in the acquisition of a 40% interest in the limited liability partnership established by St. Agnes Medical Center (now named St. Agnes Continuing Care Center) to own and operate St. Agnes Continuing Care Center's new long-term acute care hospital.

The Series 2005A bonds are remarketed weekly and traded at a rate of 0 12% at June 30, 2013 Interest rates ranged from 0 09% to 0 33% during 2013 UBS Financial Services. Inc ("UBS") is the remarketing agent for the bonds. The bonds may be converted to a daily interest rate, long-term interest rate, bond interest term rate, indexed put rate, or auction rate, as elected by JHS. The bonds also are subject to optional, extraordinary, mandatory, and mandatory sinking fund redemption prior to maturity.

On July 1, 2010, JHS issued \$183,395,000 par amount of Series 2010B Bonds to refinance the Series 1997A and 1997B bonds. The Series 2010B Bonds were issued through the Hospitals and Higher Education Facilities Authority of Philadelphia as of July 1, 2010 to refinance the outstanding portion of the previously issued Series 1997A and 1997B Bonds.

On June 21, 2012, JHS issued \$100,000,000 par amount of Series 2012B Bonds through the Montgomery County Industrial Development Authority. JHS used the 2012B Bond proceeds to refund the Pennsylvania Economic Development Financing Authority's Thomas Jefferson University Hospital Revenue Bonds, Series 2007

On September 14, 2012, JHS issued \$20,000,000 par amount of Series 2012C Bonds through Bank of America JHS used the 2012C Bond proceeds to refund the mortgage loan originally to TJUH. The Series 2012C bonds are remarketed monthly and traded at a rate of 1 10% at June 30, 2013. Interest rates ranged from 1 10% to 1 13% during 2013.

As of June 1, 2012, JHS entered into a Seventh Supplement to the Amended and Restated Master Trust Indenture, which was originally dated November 1, 1997, which provides for, among other things, the issuance from time to time of general unsecured debt obligations of JHS. The Seventh Supplement to the Amended and Restated Master Trust Indenture was entered into in connection with the issuance of the Series A of 2012 and the Series B of 2012. None of the Members of JHS are directly obligated to pay the bondholders the principal or interest on any bonds issued pursuant to the Master Trust Indenture. As of June 30, 2013, the Master Obligations aggregated approximately \$523,000,564.

In addition, JHS entered into an Amended and Restated Contribution Agreement, dated as of June 1, 2012 with certain TJUH entities and certain MLH entities (the "Institutions") whereby the Institutions have agreed to pay, loan or otherwise transfer to JHS such amounts as are necessary to pay the principal of and interest on the Series 2005A, the Series 2010A Bonds, the Series 2010B Bonds, the Series 2012A Bonds, the Series 2012B Bonds and the Series 2012C Bonds

The Contribution Agreement and Group Debt Allocation Agreement are based on the debt as allocated and principal and interest repayment amounts will be subject to change if these funds are reallocated. As part of this Contribution Agreement, the rate of interest and the annual maturities on the loan from JHS are commensurate with the rate of interest (varying from 0.09% to 5.25% during 2013) and annual maturities on the JHS bonds

Annual maturities of TJUH's long-term obligation to JHS for each of the next five years and thereafter are as follows

2014	\$5,823,911
2015	5,987,104
2016	6,164,827
2017	6,383,772
2018	6,357,257
Thereafter	278,411,692
Subtotal	309,128,563
Plus net unamortized premium	2,192,192
Total	\$311,320,755

In order to fix its interest rates JHS entered into various interest rate swap agreements with notional amounts of \$253.070,000 and \$253.770,000 at June 30, 2013 and June 30, 2012 respectively. All of these swap transactions had a forward starting date within 2008. The London InterBank Offered Rate ("LIBOR") British Bankers' Association ("BBA") rates for the one month ranged from 0.19% to 0.25% (average rate of 0.21%) in 2013. The LIBOR BBA rates for the five year ranged from 0.73% to 1.74% (average rate of 0.93%) in 2013.

Expiration Date	JHS Receives	JHS Pays	Notional Amount at June 30, 2013	Notional Amount at June 30, 2012	Balance Sheet Location	Fair Value at June 30, 2013	Fair Value at June 30, 2012
May 1, 2018	68% of United States Dollar Libor BBA (One Month)	3 8570%	\$19,670,000	\$19,770,000	Noncurrent liability	\$2,551,248	\$3,352,840
May 1, 2027	68% of United States Dollar Libor BBA (One Month)	3 919%	\$74,125,000	\$74,300,000	Noncurrent liability	\$14,320,036	\$20,202,095
May 1, 2027	68% of United States Dollar Libor BBA (One Month)	3 980%	\$42,575,000	\$42,700,000	Noncurrent liability	\$8,460,574	\$11,870,986
May 1, 2027	68% of United States Dollar LIBOR BBA (Five Year minus 0 2930%)		\$74,125,000	\$74,300,000	Noncurrent liability	-\$3,138,636	-\$1,999,232
May 1, 2027	68% of United States Dollar LIBOR BBA (Five Year minus 0 325%)	68% of United States Dollar Libor BBA (One Month)	\$42,575,000	\$42,700,000	Noncurrent liability	-\$501.516	-\$307.960

Nonoperating gains of \$11.427.024 and nonoperating losses of \$14.915.969 on the swap agreements were included in the consolidated statements of operations in 2013 and 2012, respectively. Accumulated losses of \$21.691.706 and \$33.118.730 at June 30, 2013 and 2012, respectively, for these transactions are included in other noncurrent liabilities

The following table presents liabilities measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2013

	Lia	Liabilities at Fair Value as of June 30, 2013				
	Level 1	Level 2	Level 3	Total		
Swap contracts	\$0	\$21,691,706	\$0	\$21,691,706		
Total	\$0	\$21,691,706	\$0	\$21,691,706		

The following table presents liabilities measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2012

	Liabilities at Fair Value as of June 30, 2012			
	Level 1	Level 2	Level 3	Total
Swap contracts	\$0	\$33,118,730	\$0	\$33,118,730
Total	\$0	\$33,118,730	\$0	\$33,118,730

## 8. Commitments and Contingencies:

### **Operating Leases**

TJUH has various lease obligations for buildings, equipment and ambulatory facilities. Lease expenses charged to operations were \$22,510,429 and \$20,198,548 in 2013 and 2012, respectively. At June 30, 2013 the estimated minimum future non-cancelable rental lease commitments are as follows.

2014	\$23,103,881
2015	21,949,677
2016	17,101,112
2017	13,799,934
2018	10,880,215
Thereafter	18,983,401
Total	\$105,818,220

Certain of the future minimum lease payments related to the ambulatory facilities leases are contingent upon the interest rates indexed to various standard financial instruments. In addition, certain leases for office space are on a year-to-year basis

### **Line of Credit**

TJUH had available unsecured lines of credit totaling \$15,000,000 and \$15,750,000 as of June 30, 2013 and June 30, 2012, respectively Outstanding amounts were \$0 and \$225,000 as of June 30,

# TJUH System Notes to Consolidated Financial Statements June 30, 2013 and 2012

## 8. Commitments and Contingencies, continued:

2013 and June 30, 2012, respectively. The \$15,000,000 line of credit expires on April 30, 2014 while the \$750,000 line of credit was closed on August 2, 2012.

#### **Letters of Credit**

TJUH had available open letters of credit aggregating \$25,140,000 and \$25,440,000 at June 30, 2013 and June 30, 2012, respectively The letters of credit expire between December 31, 2013 and June 30, 2015

### Litigation

TJUH is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, all such matters are adequately covered by commercial insurance or by accruals, and if not so covered, are without merit or are of such kind, or involve such amounts, as would not have a material adverse effect on the financial position or results of operations of TJUH.

On November 20, 2009, a class action lawsuit was filed against JHS and the Members by certain hourly employees alleging restitution for unfair business practices, injunctive relief for unfair business practices, failure to pay overtime wages, and penalties associated therewith On September 8, 2011, the Court granted the defendants' motions to dismiss all asserted claims but provided the plaintiffs with thirty days to file a second complaint. Plaintiffs filed a second amended complaint on November 10, 2011. Plaintiffs agreed to withdraw the RICO claim and their claims against individual defendants when they were confronted with a Rule 11 letter related to the RICO claim. On February 10, 2012, they filed a Third Amended Complaint. JHS filed a motion to dismiss the entire Third Amended Complaint. On August 8, 2012, the Court dismissed the Third Amended Complaint with prejudice to plaintiffs' claim under the Fair Labor Standards Act. The Court dismissed the state law claims without prejudice, allowing plaintiffs to file those claims in state court. On September 15, 2012, plaintiffs appealed all orders in this matter. The matter is now in the United States Court of Appeals for the Third Circuit. All briefs have been submitted and TJUH understands that the court has indicated that no oral arguments will be heard.

JHS is unable to determine the cost of defending such a lawsuit or the impact, if any, this action may have on its results of operations

### 9. Related Party Transactions:

### **Thomas Jefferson University**

Services provided by TJU to TJUH include physician and non-physician personnel and other support services necessary to preserve and maintain the tertiary care capacity of TJUH. TJU also provides office and clinical space, as well as administrative, finance, human resources, information technology, maintenance, security, temporary staffing and other ancillary services to TJUH. Expenses charged for these services aggregated \$190,327,720 and \$182,993,313 in 2013 and 2012, respectively. The costs in 2013 and 2012, respectively, include \$1,740,636 and \$12,000,000, respectively to offset a portion of professional liability expense incurred by Jefferson University Physicians ("JUP"), an affiliate of TJU

## 9. Related Party Transactions, continued:

TJUH provides TJU with certain office and clinical space, as well as housekeeping, catering, employee health, information systems, telecommunications, supply chain management, and other support services. Expenses charged to TJU for these services aggregated \$44,130,594 and \$38,196,721 in 2013 and 2012, respectively.

### Jefferson Health System

TJUH has been charged a management fee, internal audit fees and information systems support costs by JHS of \$5,338,645 and \$3,890,384 in 2013 and 2012, respectively TJUH has recorded expense related to the JHS bonds of \$8,441,804 and \$7,763,141 in 2013 and 2012, respectively

TJUH has been charged by MLH for management support services, rent, and clinical lab services Expenses charged for these services aggregated \$1,127,075 and \$1,168,731 in 2013 and 2012, respectively

TJUH provided various services to MLH and Magee for biomedical engineering, physician referral, residency program, laundry, pastoral care, accounting management, home health medical directorship, and equipment rental Expenses charged to affiliates for these services aggregated \$2,636,245 and \$1,917,054 in 2013 and 2012, respectively

#### 10. Pension Plan:

TJUH has a non-contributory defined benefit plan covering full-time employees who were at least age 50 or had 15 years of service as of June 30, 2004 and elected to remain in the defined benefit plan Generally, benefits under the plan are based on the employee's compensation and years of service Contributions to the plan are designed to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA")

Items included in unrestricted net assets represent amounts that have not been recognized in net periodic pension expense. The components recognized in unrestricted net assets as of June 30, 2013 and 2012 include

	2013	2012
Amounts recognized in unrestricted net assets		
Net actuarial loss	\$80,945,203	\$111,346,548
Total	\$80,945,203	\$111,346,548

The following table sets forth the change in the projected benefit obligation and the change in the fair value of plan assets based on the measurement date, as well as the amounts recognized in the accompanying consolidated financial statements at June 30, 2013 and 2012

	2013	2012
Accumulated benefit obligation, end of year	\$305,849,093	\$310,238,246
Change in projected benefit obligation		
Benefit obligation, beginning of year	\$340,207,585	\$291,456,291
Service cost	6,892,132	6,182,187
Interest cost	15,714,356	15,904,584
Actuarial (gain) loss	(21,455,372)	33,487,616
Benefits paid	(7,971,071)	(6,823,093)
Projected benefit obligation, end of year	\$333,387,630	\$340,207,585
Change in plan assets		
Fair value of plan assets, beginning of year	\$214,101,066	\$201,142,944
Actual return on plan assets, net of expenses	18,221,744	5,163,039
Employer contributions	16,888,779	14,618,176
Benefits paid	(7,971,071)	(6,823,093)
Fair value of plan assets, end of year	\$241,240,518	\$214,101,066
Net pension liability, end of year	(\$92,147,112)	(\$126,106,519)
Amounts recognized in the consolidated balance sheets		
consist of		
Noncurrent liabilities	(92,147,112)	(126,106,519)
Total recognized in the consolidated balance sheets	(\$92,147,112)	(\$126,106,519)

The weighted-average assumptions used in measurement of the projected benefit obligation were as follows

	2013	2012
Discount rate	5 15%	4 68%
Rate of compensation increase	3 25%	3 25%

The following table sets forth the periodic benefit cost activity of the Plan at June 30, 2013 and 2012

	2013	2012
Components of net periodic pension cost		
Service cost	\$6,892,132	\$6,182,187
Interest cost	15,714,356	15,904,584
Expected return on plan assets	(16,901,589)	(16,943,403)
Actuarial loss	7,625,818	4,117,385
Net periodic cost	\$13,330,717	\$9,260,753
Other changes in plan assets and benefit obligation recognized in changes to unrestricted net assets		
Net actuarial (gain) loss arising during measurement period	(22,775,527)	45,267,980
Amortization of actuarial loss	(7,625,818)	(4,117,385)
Total recognized in changes to unrestricted net assets	(\$30,401,345)	\$41,150,595

The weighted-average assumptions used in measurement of the periodic pension costs were as follows. The net actuarial loss that will be amortized from unrestricted net assets into net periodic benefit cost for FY 2014 is \$4,765,409.

	2013	2012
Discount rate	4 68%	5 53%
Expected return on plan assets	7 75%	8 25%
Rate of compensation increase	3 25%	3 25%

For its defined benefit pension plan, TJUH pools funds for investment with TJU and utilizes the unitization method of accounting for investments in pooled funds. TJUH had 66% and 65% of the total shares of the pooled funds at June 30, 2013 and 2012, respectively

A summary of the Plan's targeted and actual asset allocations are as follows

	Targeted Range	% of Actual Plan Assets 2013	% of Actual Plan Assets 2012
Cash	0-5%	2%	3%
Global Equity	40-50%	57%	53%
Bonds	35-40%	28%	33%
Real Estate and Other	10-20%	13%	11%
Total		100%	100%

_	Assets at Fair Value as of June 30, 2013			
	Level 1	Level 2	Level 3	Total
Domestic equity	\$0	\$0	\$0	\$0
Global equity	0	136,124,155	0	136,124,155
International equity	0	0	0	0
Real assets	0	0	1,455,709	1,455,709
Private equity/Venture capital	(79,468)	0	1,954,819	1,875,351
Hedge funds	0	0	29,935,484	29,935,484
Fixed income	4,338,224	63,789,922	0	68,128,146
Cash	(834,300)	4,555,973	0	3,721,673
Total	\$3,424,456	\$204,470,050	\$33,346,012	\$241,240,518

_	Assets at Fair Value as of June 30, 2012							
	Level 1	Level 2	Level 3	Total				
Domestic equity	\$26,865,830	\$36,367,211	\$0	\$63,233,041				
Global equity	0	10,863,153	0	10,863,153				
International equity	0	27,611,108	0	27,611,108				
Real assets	0	5,366,579	1,427,841	6,794,420				
Private equity/Venture capital	0	56,496	2,713,466	2,769,962				
Hedge funds	0	0	24,300,488	24,300,488				
Fixed income	0	71,801,243	0	71,801,243				
Cash	(3,227,638)	9,955,289	0	6,727,651				
Total _	\$23,638,192	\$162.021.079	\$28,441,795	\$214,101,066				

The portfolio utilizes a long-term asset allocation strategy that allows management to rebalance the asset allocation back to target levels on a monthly basis. Short-term compliance with the target ranges can be impacted by the severity of market conditions.

The expected long-term rates of return for the Plan's assets are based on the historical return of each of the above categories, weighted based on the target allocations for each class TJUH has changed the expected long term rate of return for FY 2014 to 7 5% from 7 75%

A roll forward of those assets and liabilities as Level 3 within the fair value hierarchy by TJUH is as follows

Description	Hedge Fund	Real Estate	PE/VC	Total
Opening balance	\$24,300,488	\$1,427,841	\$2,713,466	\$28,441,795
Transfer In	-	-	167,536	167,536
Acquisitions	3,155,696	84.529	58,034,519	61,274,744
Dispositions	-	(448,835)	(65,889,734)	(66,338,569)
Realized gain/(loss)	-	(555.985)	7,326,249	6,770,264
Unrealized gain/(loss)	2,479,300	948,159	(397,217)	3,030,242
Closing balance at June 30, 2013	\$29,935,484	\$1,455,709	\$1,954,819	\$33,346,012

Description	Hedge Fund	Real Estate	PE/VC	Total
Opening balance	\$20,414,492	\$1,214,571	\$3,710,188	\$25,339,251
Acquisitions	14,148,739	185,183	(36.279)	14.297.643
Dispositions	(8,315,993)	(157,477)	(943,442)	(9.416.912)
Realized gain/(loss)	465,609	(503,064)	83,271	45,816
Unrealized gain/(loss)	(2.412.359)	688,628	(100,272)	(1,824,003)
Closing balance at June 30, 2012	\$24,300,488	\$1,427,841	\$2,713,466	\$28,441,795

Projected benefit payments for the next ten years are as follows

2014	\$10,281,000
2015	11,683,000
2016	13,180,000
2017	14,840,000
2018	16,485,000
2019 - 2022	106,836,000
Total	\$173,305,000

In aggregate, TJUH projects it will make contributions of approximately \$21~0 million to the plan in 2014

Effective July 1, 2004, TJUH established a defined contribution plan for the following non-union and non-faculty employee groups new employees, employees below the age of 50, and, employees with less than 15 years of service. Employees age 50 and over and employees with 15 or more years of service were given the option to stay in the defined benefit plan or switch to the new defined contribution plan. Employees who moved to the new defined contribution plan no longer accrue benefits in the defined benefit plan. Their previously accumulated benefits will be distributed to them upon retirement or termination. The defined contribution plan formula includes a fixed employer contribution of 4.5% and a matching contribution of 25% of the first 6% of employee contributions. Employer contribution expenses were \$14,508,555 and \$13,843,569 in 2013 and 2012, respectively. An employer contribution of 9% to 13% exists for senior faculty administration based upon age and years of service. Employer contribution expenses for senior faculty administration were \$2,019,884 and \$2,503,500, in 2013 and 2012, respectively. These amounts have been included in the accompanying consolidated statements of operations and changes in net assets

## Participation in Multiemployer Defined Benefit Pension Plan

Through its affiliation with TJU. TJUH is a participating employer in The Pension Fund for Hospital and Health Care Employees – Philadelphia and Vicinity (the "Pension Fund"), a jointly-trusteed multiemployer defined benefit pension plan. The Pension Fund is operated for the benefit of Chapter 1199C of the American Federation of State. County and Municipal Employees (the "Union") Information about the Pension Fund and TJUH's participation is summarized below

The employer identification number for the Pension Fund is 23-2627428

TJUH contributions to the Pension Fund were \$3,966,157 and \$3,607,713 for each of the years ended June 30, 2013 and 2012, respectively—These contributions represent approximately 27% and 25% of contributions to the Pension Fund, respectively

The collective bargaining agreement with 1199C expired on June 30, 2012. A new six-year agreement was approved on July 1, 2012. For the years ended June 30, 2013 and June 30, 2012, TJUH contributed approximately 12 5% and 10 0%, respectively, of covered payroll to the Pension Fund. The contribution increases to 14% for the year beginning July 1, 2013.

For the Plan Years beginning January 1, 2011 and 2012, the Pension Fund was determined to be in critical status (also referred to as red zone status) under the Pension Protection Act of 2006 Accordingly, the Pension Fund is subject to a funding improvement plan

At December 31, 2012, the most recent date for which such information is available, the projected benefit obligation of the Pension Fund exceeded the plan assets by \$214,382,614

# TJUH System Notes to Consolidated Financial Statements June 30, 2013 and 2012

## 11. Professional Liability Claims:

TJUH's professional liability insurance program is administered by JHS. TJUH has accrued professional liability claims of \$115,161,457 and \$114,676,291 at June 30, 2013 and 2012, respectively, of which \$12,955,898 and \$12,022,884 were current. TJUH has recognized professional liability expenses of \$20,851,190 and \$35,093,871 in 2013 and 2012, respectively. The interest rate used to discount malpractice claims was 3% at June 30, 2013 and 2012.

The first ("primary") layer of coverage is claims-made coverage with limits of \$500,000 per medical incident and \$2,500,000 annual aggregate per hospital and \$500,000 per medical incident and \$1,500,000 annual aggregate per physician. The limits for this primary coverage layer are statutorily prescribed in Pennsylvania In addition, a \$1,000,000 per medical incident and \$3,000,000 annual aggregate limit is provided for scheduled dentists, as well as physicians and residents practicing in Delaware and New Jersey At June 30, 2013 and 2012, TJUH non-healthcare provider entities are provided with a shared \$1,000,000 per incident and \$3,000,000 annual aggregate limit of liability JUP non-healthcare provider entities continue to be provided with a shared \$1,000,000 per incident and \$2,000,000 annual aggregate limit of liability. In addition, at June 30, 2013 and 2012, TJUH nonhealthcare provider entities are provided with a shared \$1,000,000 per incident and \$2,000,000 annual aggregate limit of liability TJUH and its subsidiaries obtain primary hospital and physician professional liability, miscellaneous professional liability and general liability coverage through a policyholder-owned, Vermont-domiciled, risk retention group, Mountain Laurel Risk Retention Group. Inc (the "RRG") For professional liability coverage, the RRG is 100% reinsured by a JHSowned. Delaware-domiciled, 501(c) (3) sponsored protected cell insurance company. Five Pointe Professional Liability Insurance Company ("Five Pointe")

The RRG retains the general liability coverage exposure. The RRG provides a \$2,000,000 per incident and \$5,000,000 annual aggregate general liability coverage limit shared by TJUH and the other members of JHS. At June 30, 2013 and 2012, a separate general liability policy with a \$1,000,000 per incident and \$2,000,000 annual aggregate general liability coverage limit is provided to TJUH. The premiums charged for the primary professional and general liability layers of coverage are determined by an independent outside actuary, based on loss and loss adjustment expense experience and other factors, at a 65% confidence level and a 3% discount rate for 2013 and 2012 and include a charge for premium tax and operating expenses.

The second layer of professional liability coverage is provided through Pennsylvania's Medical Care Availability and Reduction of Error Fund (the "MCARE Fund") This second layer, required by statute, consists of coverage with limits of \$500,000 per incident and \$1,500,000 annual aggregate per hospital and per employed physician/resident at June 30, 2013 and 2012. The annual assessments for MCARE Fund coverage are based on the schedule of occurrence rates approved by the Insurance Commissioner of Pennsylvania for the Pennsylvania Professional Liability Joint Underwriting Association multiplied by an annual assessment percentage. This assessment is recognized as an expense in the period incurred. No provision has been made for future MCARE Fund assessments as the unfunded portion of the MCARE Fund liability cannot be reasonably estimated.

Liabilities for TJUH for potential losses in excess of the primary and MCARE layers up to \$5,000,000 each medical incident and \$5,000,000 aggregate retention excess of a \$7,000,000 each and every medical incident retention are based on actuarially-determined estimates, which reflect a

## 11. Professional Liability Claims, continued:

65% confidence level and a 3% discount rate for 2013 and 2012. These estimates are based on historical information along with certain assumptions about future events. Changes in assumptions for such considerations as medical costs and actual experience could cause these estimates to change

During 2013 and 2012. TJUH maintained claims-made excess catastrophic professional liability insurance coverage through Five Pointe in the amount of \$90,000,000 per medical incident and \$90,000,000 annual aggregate after a \$5,000,000 each medical incident and \$5,000,000 aggregate retention excess of a \$7,000,000 each and every medical incident retention (inclusive of the primary and MCARE layers of coverage) During 2013 and 2012. Five Pointe reinsured 100% of this risk to six currently A-rated insurers (ACE, Zurich, Allied World, Berkley, Endurance, and Swiss Re) A separate limit of \$90,000,000 per occurrence and \$90,000,000 aggregate is also maintained to provide liability insurance coverage excess of the primary general, auto, employers and aviation liability coverages

The GAAP presentation for insurance claims and associated insurance recoveries for healthcare organizations is required for 2012 and 2013. Under the new guidance, health care entities are required to reflect their "gross" exposure to claims liabilities with a corresponding receivable for insurance recoveries in order to be consistent with other industries. The amount recorded at June 30, 2013 and June 30, 2012 as an other non-current asset and as a portion of non-current accrued professional liability claims is \$89,659,807 and \$103,039,407, respectively

## 12. Workers' Compensation Claims:

Effective July 1, 2002, TJUH began self-insuring its workers' compensation exposures TJUH accrues for its workers' compensation liability based upon actuarial estimates using a discount rate of 3% Accrued workers' compensation liabilities were \$14,654,783 and \$16,806,953 at June 30, 2013 and 2012, respectively These amounts are presented in the accompanying consolidated balance sheets Workers' compensation expense was \$4,824,470 and \$7,447,173 in 2013 and 2012, respectively

## 13. Fair Value of Financial Instruments:

The following methods and assumptions were used by TJUH in estimating fair value disclosures for financial statements

Cash and Cash Equivalents The carrying amount of cash and cash equivalents

**Short-term investments** Short-term investments are carried at fair value and are comprised of instruments with an average duration of 1 to 3 years

**Investments** The fair values for marketable equity, government, and fixed income securities included in long-term investments are based on quoted market prices. Alternative investments, which are not readily marketable, are carried at estimated fair values as provided by the investment managers and are valued at the latest available unaudited net asset value of the investments.

## 13. Fair Value of Financial Instruments, (continued):

**Assets Whose Use Is Limited** Assets whose use is limited are comprised of investments held for self-insurance obligations and debt service requirements and are valued as stated above

**Long-Term Debt Obligations** Management estimates that the fair value of long-term debt is equal to its carrying value

**Assets Held by Affiliated Foundation** Assets held by an affiliated foundation are comprised of investments, which are valued as stated above

**Due to JHS** The fair value of long-term debt is based on quoted market prices or estimated using discounted cash flow analyses based on incremental borrowing rates for similar types of borrowing arrangements

The carrying amounts and fair values of financial instruments at June 30, 2013 and 2012 were as follows

	20	013	20	012	
	Carrying Amount			Fair Value	
Balance sheet assets					
Cash and cash equivalents	\$20,891,724	\$20,891,724	\$8,978,298	\$8,978,298	
Short-term investments	\$236,680,556	\$236,680,556	\$209,521,635	\$209,521,635	
Investments	\$204,908,451	\$204,908,451	\$188,092,841	\$188,092,841	
Assets whose use is limited	\$94,769,157	\$94,769,157	\$69,601,613	\$69,601,613	
Assets held by affiliated foundation	\$7,787,087	\$7,787,087	\$7,199,228	\$7,199,228	
Balance sheet liabilities					
Long-term debt	\$10,490,407	\$10,490,407	\$28,212,605	\$28,212,605	
Due to JHS	\$311,320,755	\$317,290,926	\$296,945,866	\$312,303,207	
Swap	\$21,691,706	\$21,691,706	\$33,118,730	\$33,118,730	

## 14. Recent Accounting Pronouncements:

Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows In October 2012, the FASB issued a new cash flow disclosure requirement related to the disclosure of the classification of sale of proceeds of donated assets. The new guidance requires entities to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if the sale of donated financial assets were without any NFP-imposed limitations for sale and were converted nearly immediately into cash. This standard is effective for TJUH on July 1, 2013. On adoption, TJUH does not expect a material effect on its financial statements.

# TJUH System Notes to Consolidated Financial Statements June 30, 2013 and 2012

## 14. Recent Accounting Pronouncements, (continued):

## Services Received from Personnel of an Affiliate

In April 2013, the FASB issued a new requirement related to the recognition of contribution services received from personnel of an affiliate. The new guidance requires entities to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. This standard is effective for TJUH on July 1, 2014. On adoption, TJUH does not expect a material effect on its financial statements.

Software ID: **Software Version:** 

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) (C)  A verage 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				
	hours for related organizations below dotted line)	Individual trustse or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			organizations
ROBERT S ADELSON ESQ TRUSTEE	3 5 2 5	х								
TODD E ALBERT TRUSTEE	1 5 5	х								
JANICE R BELLACE ESQ TRUSTEE	4 5 3 5	х								
DAVID R BINSWANGER TRUSTEE	1 5 1 5	х								
IRA BRIND ESQ TRUSTEE	6 3 2 75	х								
CARTER R BULLER ESQ TRUSTEE	2 5 2 5	х								
THOMAS COSTELLO TRUSTEE	1 0 1 0	х								
ANTHONY J DIMARINO MD TRUSTEE	1 5 1 0	х								
BRIAN HARRISON TRUSTEE	1 0 1 0	х								
MICHAEL J HELLER TRUSTEE	1 5 1 0	х								
RICHARD W HEVNER SECRETARY/TREASURER	5 3 7 25	х								
HAROLD A HONICKMAN TRUSTEE	1 5 5	х								
HYMAN R KAHN MD TRUSTEE	2 5 5	х								
WILLIAM A LANDMAN CHAIRMAN	4 0 3 0	х								
JOSEPHINE C MANDEVILLE TRUSTEE	2 5 5	х								
DAVID P MCQUAID PRESIDENT & TRUSTEE TJUH, INC	40 0 12 0	х		х				1,152,690	0	208,225
THOMAS B MORRIS ESQ TRUSTEE	1 5 1 0	х								
RONALD J NAPLES TRUSTEE	1 5 1 0	х								
PHILIP NIMOTYN MD TRUSTEE	15 10	х								
ALBERT P PARKER II ESQ TRUSTEE	1 0 1 0	х								
VIJAY M RAO MD TRUSTEE	1 5 1 0	х								
CARO U ROCK TRUSTEE	2 0 2 0	х								
MARK L TYKOCINSKI MD TRUSTEE	1 5 5	х								
ALEX WASILOV TRUSTEE	1 0 1 0	х								
R RICHARD WILLIAMS VICE CHAIRMAN	3 8 2 25	х								

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 (list	Positio more unless an o	than	not one on is er and	box, s bot d a	,		( <b>D</b> )  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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated	Former			related organizations
CHARLES J YEO TRUSTEE	1 5 1 0	х								
RICHARD C GOZON TRUSTEE	5 5	х						0	0	0
NEIL G LUBARSKY SENIOR VP,CFO,ASST TREASURER	40 0 12 0			х				767,236	0	77,669
RONALD P BURD - THRU 6302012 EXEC VP STRATEGY & ORG DEV	40 0 0 0				х			575,167	0	757,661
STEPHEN TRANQUILLO VP CHIEF INFORMATION OFFICER	40 0 0 0				х			423,075	0	54,394
JAMES E ROBINSON SR VP AND CAO-METHODIST HOSP	40 0 3 0				х			367,479	0	52,631
MARY ANN FITZPATRICK S VP PATIENT SERVICES & CNO	40 0 0 0				х			368,169	0	56,763
REBECCA O'SHEA SENIOR VP CLINICAL	40 0 0 0				х			337,628	0	51,248
GEORGE T RIZZUTO VP CLINICAL & SUPPORT SERVICES	40 0 14 0				х			290,154	0	52,272
RICHARD J WEBSTER CHIEF OPERATING OFFICER	40 0 0 0				х			304,223	0	39,421
NANCY RHODES VP REVENUE CYCLE	40 0 0 0				х			263,334	0	45,692
ROBERT BURKHOLDER VP SUPPLY CHAIN MANAGEMENT	40 0 0 0				х			241,778	0	47,496
ANDREW NATHANS VP FINANCIAL OPERATIONS	40 0				х			228,165	0	47,747
SHARON MILLINGHAUSEN VP MED/CARDIAC/SPECIALTY SVCS	40 0 0 0				х			214,006	0	36,960
ELEANOR GATES VP SERVICE EXCELLENCE	40 0 0 0				х			203,283	0	44,192
ROBERT DIECIDUE CHAIRMAN ORAL SURGERY	40 0 0 0					х		581,800	0	56,580
STACEY MEADOWS S VP, GENERAL COUNSEL, ASST SEC	40 0 2 0					х		601,338	0	58,454
DANIEL TAUB VICE CHAIR ORAL SURGERY	40 0 0 0					х		494,403	0	49,384
CARMHIEL BROWN SENIOR VP MARKETING	40 0					х		283,669	0	49,081
HUGH LAVERY SENIOR VP GOV'T EXTERNAL AFFAI	40 0 0 0					х		269,340	0	45,049
THOMAS J LEWIS III FMR PRES, CEO & TRUSTEE TJUH	0 0						х	1,235,957	0	2,239,933