

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O Our mission is to support Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$,886,266,997 including grants of \$ 22,457,275) (Revenue \$ 1,029,311,297) See Schedule O Temple University Hospital was founded in 1892 as "Samantan Hospital," with the mission of caring for patients with limited incomes and ensuring access to medical care in its surrounding neighborhoods As the chief academic teaching hospital of the Lewis Katz School of Medicine of Temple University, Temple University Hospital (TUH) is a 722-bed non-profit acute care hospital that provides a comprehensive range of medical services to its low-income communities, and a broad spectrum of secondary, tertiary, and quaternary care to patients throughout Southeastern Pennsylvania and beyond TUH is accredited as an Adult Level 1 Trauma Center by the Pennsylvania Trauma Systems Foundation In addition to its main campus in North Philadelphia, TUH includes its Episcopal and Northeastern campuses, both of which are in economically distressed areas within three miles of the TUH main and medical school campus As our chief clinical teaching site, TUH is staffed by over 400 physicians of Temple University Physicians, our faculty-based practice plan, as well as physician scientists from our affiliated Fox Chase Cancer Center and our community-based Temple Physicians, Inc Temple physicians represent 17 academic departments including subspecialties in emergency medicine, oncology, gastroenterology, obstetrics, gynecology, orthopedics, neurosurgery, neurology, general and specialty surgery and psychiatry Temple physicians also staff important clinics that address major public health concerns, such as the Comprehensive NeuroAids Center at Temple University, which is dedicated to improving the public health impact of bench-to-clinic research associated with HIV-induced neurological diseases and cognitive disorders Temple's nationally renowned physicians offer state-of-the-art treatment options for patients with complex medical problems, some of whom were previously considered untreatable Using sophisticated technologies and personalized treatments, Temple physicians are working to alter the course of serious disease In over a dozen research centers, our faculty is speeding the transformation of fundamental scientific discoveries into practical therapies that may one day dramatically improve human health The Fox Chase-Temple Bone Marrow Transplant Program, a formal affiliation between Fox Chase Cancer Center and TUH, is an example of this type of transformative medicine Since its inception in 1988, the program has performed over 1,500 transplants, and has participated in countless research studies to promote life-saving treatment modalities In addition to the academic mission, The Temple Center for Population Health, LLC, (TCPH) promotes and supports the population health efforts of TUH and North Philadelphia We align our efforts with the goals of the United States Department of Health and Human Services' three-part aim of achieving better care for patients, better health for our communities, and lower costs through health care system improvement The TCPH mission is to attain a sustainable model of health care delivery through clinical and business integration, community engagement, and academic distinction to promote healthy populations The TCPH includes an extensive network of Patient-Centered Medical Homes (24 in the community-based Temple Physicians Inc practice and 3 in the Temple University Physician practices), chronic disease management programs for high-risk populations utilizing nurse navigators, an extensive inpatient and outpatient community health worker program, peer coaching, and a central access center for appointment scheduling and acute care follow-up The TCPH ambulatory performance improvement platform provides the infrastructure on which outpatient clinics can continue to achieve better care, smarter spending and healthier communities The TCPH collaborates closely with TUH to assure smooth transitions of care, access to community resources and management of value-based purchasing All Temple physicians, whether faculty or community based, care for patients covered by Medicaid in both the inpatient and outpatient setting About 86% of our inpatients are covered by government programs 37% by Medicare and 49% by Medicaid Patients who are dually eligible for both Medicare and Medicaid comprise about 51% of our Medicare inpatient base Approximately 42% of our total inpatient cases include a behavioral health diagnosis Temple University Hospital's Episcopal Campus provides a recovery-oriented behavioral health treatment program, offering a welcoming approach and hope for those whose lives have been affected by mental illness and/or co-occurring disorders It serves adults, age 18 or older, experiencing severe psychiatric symptoms that markedly impair their capacity to function adequately within the community Many diagnosed with psychiatric plus one or more substance/alcohol disorders Almost half have one or both diagnoses of hypertension and/or diabetes Many have multiple co-existing medical illnesses Patients often present with difficult medical issues including severe burns, leg trauma due to suicide attempts, pregnant patients, advanced cancer, and orthopedic injuries TUH also serves as a critical access point for vital public health services Last year we handled more than 139,000 patients in our Emergency Department, 9,700 patients in our Psychiatric Crisis Response Center, 2,400 discharges from our inpatient Behavioral Health unit, 400 victims of gun and stab violence in our Trauma Unit, the highest number in Pennsylvania, and more than 280 patients in our Burn Center We performed 296 transplants We delivered about 2,850 babies, of whom 89% were covered by Medicaid TUH is located in a federally designated Medically Underserved Area Within our service area, about 30% of individuals live below the federal poverty level, about 64% have achieved a high school education level or less, about 47% of individuals identify as Black, 24% as Hispanic, 21% as White, 6% as Asian & Pacific, and 2% as other Temple University Hospital is an indispensable provider of health care in the largest city in America without a public hospital Among Pennsylvania's full-service safety-net providers, Temple University Hospital serves the greatest volume and highest percentage of patients covered by Medicaid Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods and the Southeastern Pennsylvania region Below is a summary of this year's programs and activities that advance the health of people and the quality of life in our communities PROVIDING CRITICAL SOCIAL RESOURCES Temple connected about 13,000 people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge REACHING OUT TO THE COMMUNITY Temple University Hospital reached more than 90,000 people through our numerous outreach and community building programs We provide free health screenings, support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases, providing free immunization for flu in cooperation with the City Health Department, offering education on childbirth, mental health, burn prevention, diabetes care and other topics, and providing many other outreach activities In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods CONNECTING PATIENTS WITH FINANCIAL RESOURCES Temple employs 37 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage This team processes about 6,000 applications annually
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$) COMBATING GUN VIOLENCE Philadelphia leads the nation's 10 largest cities in homicides per capita Three police districts with the highest number of shootings fall within our footprint Temple treats more than 400 victims of penetrating wounds annually To address this epidemic, Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence Cradle to Grave engaged 1,200 teens this year, and engaged more than 10,000 teens since the program began in 2006 Its Turning Point intervention program takes advantage of teachable moments that exist during the post-injury/pre-discharge period for survivors of violence Its Fighting Chance (first aid education for penetrating wounds) and Safe Bet (gun lock) programs together served an additional 1,200 community members INVESTING IN HEALTH PROFESSIONS EDUCATION Temple provides a significant investment in the education and training of the next professional healthcare workforce to benefit the broader community This includes part of the cost of training more than 500 residents and fellows in over 45 teaching programs Our residents and fellows are involved in various efforts that directly impact the community, including our Cradle to Grave program, our HIV clinic, and other community outreach initiatives The exposure that our Residents receive caring for our diverse, low-income community helps Temple address health disparities while developing our nation's future physicians Our investment in health professions also includes part of the cost of operating the Northeastern School of Nursing RN Diploma Program, providing an affordable option for diverse, community members who would not otherwise be able to attend traditional collegiate programs INVESTING IN OUR HOSPITAL WORKFORCE Temple University Hospital's Community Healthcare Workforce Program provided comprehensive training and education to help frontline workers living in the community adapt and build skills to enable them to participate in a changing healthcare workplace About half of the students are union members, and half from the general community, many of whom are laid-off workers and Welfare recipients FOSTERING VOLUNTEERISM Members of Temple University Hospital's Board of Directors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation Similarly, Temple University Hospital's executive team routinely participates in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services In addition, Temple University Hospital through our At Your Service program engages volunteer community members to help advance its healthcare mission Through our chaplaincy, family support, and other programs, our volunteers served more than 57,000 people last year, helping to advance healing through their compassionate services to patients and their families PROMOTING MULTI-CULTURAL SERVICES With an annual investment of about \$1.8 million, Temple University Health System has 327 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department This includes 9 full-time medical interpreters, 2 medical interpreters in leadership roles, 23 active dual-role interpreters, 134 language proficient physicians, 21 RNs, 1 social worker, and 138 other language proficient bi-lingual staff EMERGENCY PREPAREDNESS AND RESEARCH This program helps ensure our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions We work on many levels, both inside and outside the Temple Health System, educating our communities about the importance of personal preparedness Temple's Emergency Preparedness and Research Program is a critical link in the federal, state, and local disaster response plans
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 886,266,997

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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 V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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 X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more 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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	289	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	5,640	
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	16	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its 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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► Maricar Collins 2450 W Hunting Park Ave Philadelphia, PA 19129 (215) 707-7855

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

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

[illegible]

Part VII

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

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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,407,093	4,853,986	689,001

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 934			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address		(B) Description of services	(C) Compensation
Temple University 400 Camell Hall 1803 N Broad Stre Philadelphia, PA 19121		Physicians, Purchased Services	89,894,820
Temple University Health System 2450 West Hunting Park Avenue Philadelphia, PA 19129		Purchased Services, Related Organization	46,806,849
Shoemaker Construction One Tower Bndge Suite 365 West Conshohocken, PA 19428		Construction	10,086,302
The Chartis Group 27308 Network Place Chicago, IL 60673		Healthcare Consulting Services	6,928,546
Allied Barton 1617 Washington Street Suite 600 Conshohocken, PA 19428		Purchased Guard Services	5,379,174
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		94

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	584,345				
	d	Related organizations . . .	1d	137,735				
	e	Government grants (contributions)	1e	33,600				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,673,119				
	g	Noncash contributions included in lines 1a-1f \$		37,705				
	h	Total. Add lines 1a-1f			2,428,799			
Program Service Revenue	2a	Patient Service Revenue	Business Code 622110	1,013,055,127	1,013,055,127			
	b	Parking Fees	812930	4,675,276	4,675,276			
	c	Cafetena Sales	722210	3,672,332	3,672,332			
	d	Rent from Tax Exempt Affiliates	531120	3,617,883	3,617,883			
	e	Student Tuition	611600	305,458	305,458			
	f	All other program service revenue		4,148,076	4,148,076			
	g	Total. Add lines 2a-2f			1,029,474,152			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,792,482			3,792,482
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		-308,221			-308,221
8a		Gross income from fundraising events (not including \$ 584,345 of contributions reported on line 1c) See Part IV, line 18	a	162,855				
		b	Less direct expenses	b	245,315			
		c	Net income or (loss) from fundraising events . . .		-82,460			-82,460
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			1,035,304,752	1,029,474,152	0	3,401,801	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	22,457,276	22,457,276		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,734,863		2,734,863	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	340,748,480	322,067,369	18,681,111	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	22,388,057	21,160,918	1,227,139	
9	Other employee benefits.	62,940,411	59,481,613	3,458,798	
10	Payroll taxes.	25,649,473	24,243,569	1,405,904	
11	Fees for services (non-employees):				
a	Management.	5,452,859	233,359	4,635,905	583,595
b	Legal.	617,420	166,754	450,666	
c	Accounting.	206	206		
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	31,107		31,107	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	200,383,943	125,111,887	75,272,056	
12	Advertising and promotion.	3,149,569	122,351	3,027,218	
13	Office expenses.	193,734,530	188,615,159	5,119,371	
14	Information technology.	15,127,213	14,309,739	817,474	
15	Royalties.				
16	Occupancy.	22,474,955	18,673,464	3,801,491	
17	Travel.	883,532	749,245	134,287	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	374,553	351,877	22,676	
20	Interest.	17,952,349	17,867,796	84,553	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	25,850,591	25,582,094	268,497	
23	Insurance.	13,651,511	13,651,511		
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	Tax Assessment.	40,139,235	17,280,271	22,858,964	
b	Equipment Rental and Ma	16,035,151	13,737,839	2,297,312	
c	Other Expenses	5,832,911	402,700	5,430,211	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,038,610,195	886,266,997	151,759,603	583,595
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		31,934,291	1	45,703,582	
	2	Savings and temporary cash investments		165,128,986	2	92,187,594	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		159,656,594	4	223,961,655	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		20,916,407	8	22,610,104	
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	631,867,953			
	b	Less: accumulated depreciation	10b	409,177,353	212,794,272	10c	222,690,600
	11	Investments—publicly traded securities		28,538,742	11	37,141,054	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		98,203,882	15	113,638,732	
16	Total assets. Add lines 1 through 15 (must equal line 34)		717,173,174	16	757,933,321		
Liabilities	17	Accounts payable and accrued expenses		88,604,316	17	125,754,133	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		5,669,792	24	10,850,331	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		415,072,131	25	439,898,186	
	26	Total liabilities. Add lines 17 through 25		509,346,239	26	576,502,650	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		173,724,274	27	148,965,772	
	28	Temporarily restricted net assets		2,725,005	28	2,401,537	
	29	Permanently restricted net assets		31,377,656	29	30,063,362	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		207,826,935	33	181,430,671	
	34	Total liabilities and net assets/fund balances		717,173,174	34	757,933,321	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,035,304,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,038,610,195
3	Revenue less expenses Subtract line 2 from line 1	3	-3,305,443
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,826,935
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,090,821
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	181,430,671

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2825878

Name: Temple University Hospital Inc

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 any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jane Scaccetti Chair	2 00 4 00	X		X				0	0	0
John W Meacham Vice Chair	2 00 0 00	X		X				0	0	0
George Corson Jr Director	2 00 1 00	X						0	0	0
Dr Solomon C Luo Director	2 00 8 00	X						0	0	0
Samuel M Lehrer Director	2 00 0 00	X						0	0	0
Dr Donald B Parks Director	2 00 2 00	X						0	0	0
Dr Eugene M Smolens Director	2 00 0 00	X						0	0	0
Herbert E Long Jr Director	2 00 0 00	X						0	0	0
Margaret Cobb Director	2 00 0 00	X						0	0	0
Jane Cameron Miller Director	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jerome Kline Director	2 00 0 00	X						0	0	0
Charles Lockyer Jr Director	2 00 5 00	X						0	0	0
Michael Bradshaw Director	2 00 0 00	X						0	0	0
Dr Neil Theobald Director	2 00 48 00	X						0	686,646	53,278
Patnck J O'Connor Director	2 00 2 00	X						0	0	0
Larry Kaiser MD Director	2 00 48 00	X						0	1,806,846	22,185
Verdi DiSesa MD President & CEO	37 00 13 00			X				0	897,627	45,565
John Kastanis Former President & CEO	47 00 3 00			X				730,580	0	22,031
Beth C Koob Secretary	3 00 47 00			X				0	595,072	86,694
Betty McAdams Asst Secretary	2 00 48 00			X				0	109,528	21,321

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 any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gerald Oetzel Treasurer	50 00 0 00			X				363,415	0	48,118
Joseph G Klos Asst Treasurer	1 00 49 00			X				0	290,204	20,661
Herbert P White Asst Treasurer	2 00 48 00			X				0	320,535	35,277
Rose Nolan COO	50 00 0 00			X				417,463	0	24,598
Rebecca Armbruster Former CMO of TUH	25 00 25 00				X			178,154	147,528	33,472
Kathleen Barron Executive Director of TUH/	48 00 2 00				X			359,880	0	22,038
Craig Menta AHD Finance of TUH/EHC	50 00 0 00				X			245,090	0	13,802
Betty Craig Chief Nursing Officer	50 00 0 00				X			342,195	0	37,141
Herbert Cushing Chief Medical Officer	50 00 0 00				X			397,618	0	40,069
Steven Carson VP Clinical Integration	50 00 0 00					X		345,404	0	23,789

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 any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shidong Li Chief Physician	50 00 0 00					X		264,888	0	46,833
Karen Javie COO of THVI	50 00 0 00					X		256,674	0	38,217
Michael Grady Director Finance	50 00 0 00					X		251,776	0	22,479
Xenia Atienza RN-Staff Clinical Nurse	50 00 0 00					X		253,956	0	31,433

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						☐
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						☐
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						☐

Part III Support Schedule for Organizations Described in 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 in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)

Protection of natural habitat

Preservation of open space

Preservation of an historically important land area

Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

YesNo

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	31,377,656	31,333,008	27,258,955	24,828,490	25,627,344
b Contributions			768,426		
c Net investment earnings, gains, and losses	-1,314,294	44,648	3,305,627	2,430,465	-798,854
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,063,362	31,377,656	31,333,008	27,258,955	24,828,490

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		4,615,971		4,615,971
b Buildings		313,029,510	193,469,931	119,559,579
c Leasehold improvements				
d Equipment		276,776,435	214,919,316	61,857,119
e Other		37,446,037	788,106	36,657,931
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				222,690,600

Schedule D (Form 990) 2015

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	The endowment funds will be used for capital purposes, maintenance of the Liacouras Garden, appreciation awards to "Non-Professional" Employees and to cover the cost of unreimbursed care for the prevention and treatment of crippling diseases in children

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Gala (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts	747,200			747,200
	2 Less Contributions	584,345			584,345
	3 Gross income (line 1 minus line 2)	162,855			162,855
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	37,745			37,745
	7 Food and beverages	86,599			86,599
	8 Entertainment	9,390			9,390
	9 Other direct expenses	111,581			111,581
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				245,315
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-82,460

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

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

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ **Director/officer**

☐ **Employee**

☐ **Independent contractor**

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,186,652		18,186,652	1 750 %
b Medicaid (from Worksheet 3, column a)		187,999	437,848,619	387,501,189	50,347,430	4 850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		187,999	456,035,271	387,501,189	68,534,082	6 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	273	27,211	685,666	150	685,516	0 070 %
f Health professions education (from Worksheet 5)	46		104,791,625	29,468,512	75,323,113	7 250 %
g Subsidized health services (from Worksheet 6)	2	143,175	56,805,927	22,902,149	33,903,778	3 260 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7,557,276		7,557,276	0 730 %
j Total. Other Benefits	321	170,386	169,840,494	52,370,811	117,469,683	11 310 %
k Total. Add lines 7d and 7j	321	358,385	625,875,765	439,872,000	186,003,765	17 910 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support	31	79,402	1,172,552	56,503	1,116,0490 110 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development	1	4,000	760,533	760,533	0 070 %
9	Other					
10	Total	32	83,402	1,933,085	56,503	1,876,5820 180 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

15,516,000

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

144,768,696

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

154,766,902

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-9,998,206

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☐

Cost to charge ratio

☒

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

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

9b

Yes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

4

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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)
Facility Reporting Group

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	5 Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6a	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>http //tuh templehealth org</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	6b	No
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>http //tuh templehealth org</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7 Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	8 Yes	
	10 Yes	
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group				
Name of hospital facility or letter of facility reporting group				
			Yes	No
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☐ Underinsurance discount			
g	☒ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☒ The FAP was widely available on a website (list url) http //tuh templehealth org			
b	☒ The FAP application form was widely available on a website (list url) http //tuh templehealth org			
c	☒ A plain language summary of the FAP was widely available on a website (list url) http //tuh templehealth org			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☒ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

Facility Reporting Group			Yes	No
Name of hospital facility or letter of facility reporting group				
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of 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			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. 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	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 7	As set forth in the Charity Care Policy adopted effective 7/1/2014, it is the policy of Temple University Health System to provide all necessary urgent and emergent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Temple University Health System (TUHS) that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances is in effect to insure maximum collections. All patients have the option to apply for the hospital's Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist TUHS the hospital in qualifying them for financial assistance. TUH Inc 's cost to charge ratio for Part 1, lines 7a through 7d is derived by total expenses divided by the total gross charges.

Form and Line Reference	Explanation
Part I, Line 7g	Temple University Hospital invested nearly \$34 million to subsidize critical health care services needed in our community. This includes support for our outpatient emergency, acute care and psychiatric services, as well as the inpatient psychiatric services on our Episcopal Campus. These physical and mental health services are critical to the health and welfare of our vulnerable communities.

Form and Line Reference	Explanation
Part II, Community Building Activities	Temple University Hospital engages in a number of community building activities throughout the year, serving more than 80,000 people, and indirectly serving tens of thousands more. These activities include the following programs: (1) Temple University Hospital Emergency Preparedness and Research Program: This program helps make sure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We ensure that our staff and facilities are prepared for disasters and other emergencies by working on many levels, both within the hospital and in the communities we serve. The TUH Emergency Preparedness and Research Program is also a critical link in the federal, state and local disaster response plans. Our Emergency Preparedness Department is involved in three local committees, including the North Philadelphia Emergency Healthcare Support Zone, the Regional Hospital Subcommittee, and the Emergency Support Function-8 Work Group. These committees are focused on creation of drills, policy development, and continuing education. (2) Cradle to Grave Anti-Violence: This program helps reduce the financial, emotional, and societal costs of gun violence in the City of Philadelphia. Temple's Cradle to Grave program works with at-risk youth to help break the cycle of gun violence, reaching more than 1,200 people this year. Since the program began in 2006, Cradle to Grave has connected with more than 10,000 middle and high school students, as well as at-risk youth from area alternative schools and the Juvenile Justice Center of Philadelphia. (3) Blood Drives: Temple University Hospital works closely with the American Red Cross to support its mission of providing a safe and reliable blood supply that helps ensure quality outcomes and save lives. This year, Temple helped collect 464 pints of blood from employees and physicians. (4) Philadelphia MOM program: Temple University Hospital assists the Philadelphia Department of Health in providing early interventions for healthy newborns. After identification at Temple University Hospital, city social workers make home visitations through the child's 6th birthday to ensure that they have access to healthcare and educational resources. (5) Temple University Hospital conducts numerous employee engagement activities throughout the year, including collections for new coats and clothing, holiday gifts, food, and school supplies to benefit low income families living in our communities. We are particularly proud of the support that we provide to local public schools, where many families have limited resources to purchase warm weather clothing and school supplies for their young children. (6) Temple Center for Population Health: Serves as an interface with federal, state and local agencies and with community based organizations to collaborate on initiatives to improve the health of our low-income, diverse, medically complex population. Workforce Development: Investment in Community's Healthcare Workforce. The purpose of this program is to build local workforce and improve skills sets needed to deliver quality healthcare. This involves comprehensive training and education to help workers living in our community adapt and improve skills to enable them to participate in a changing healthcare workplace. About half the students are union members and half from the general community, including laid-off workers and Welfare recipients. Community Health Worker Program: Work in partnership with TU Center for Social Policy, District Council 1199c Training and Upgrade Fund and Philadelphia Workforce Development Corporation to develop job skills for unemployed individuals living in our community while achieving the national goals of improving healthcare quality, improving the health of our communities, and reducing the cost of quality care. Part III, Line 2: Bad debt expense is calculated based on the product of monthly gross charges and a rolling six month average of the ratio of bad debt transfers to gross charges. This ratio is derived by dividing the cumulative bad debt transfers with discharge dates between 12 to 18 months prior to each closing month by the corresponding gross charges in the same 12 to 18 month period.

Form and Line Reference	Explanation
Part III, Line 8	Community Benefit as in Charity Care is when estimated cost of providing services is in excess of payments received. In 2016, the cost of providing services to the Medicare population was \$9,998,206 higher than revenue. Medicare allowable cost was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by TUH provides a community benefit because it benefits a charitable class, the elderly.

Form and Line Reference	Explanation
Part III, Line 9b	Temple University Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for charity care. If a patient does not qualify for charity care or qualifies for only a charity care discount, the normal billing process of four (4) statements over a span of at least 120 days will occur. If no patient response is received, a write-off request form will be completed by the collection specialist and submitted for proper signature authority for agency referral. Once approved, the account will be transferred to the Bad Debt Financial Class logged. The account will be forwarded to the collection agency for additional collection effort. Collection vendors are required to include in their collection notifications notice that TUH provides free and/or reduced price care to persons who qualify, that TUH provides assistance in applying for and obtaining government funded insurance, and that patients can contact TUH's Financial Services Department for assistance.

Form and Line Reference	Explanation
Part VI, Line 2	In addition to the formal community needs assessment described in Part V Section B, Temple University Hospital further assesses community health needs using comprehensive sets of internal and external data sources. Externally, we rely largely on health data compiled by federal, state, city and community based health organizations, including the following *United States Center for Disease Control - (sample reports or data sets) *Pennsylvania Department of Health - (sample reports or data sets)*Pennsylvania Health Care Cost Containment Council (PHC4) - (sample reports or data sets) *Philadelphia Department of Public Health, including the Philadelphia Vital Statistics Report, the Philadelphia Vital Statistics Report by Census Tract and Zip Code Report, the annual Health Center Service Area Report, the Maternal and Child Family Health Data Watch, the Report on Selected Maternal & Child Health Indicators for the City of Philadelphia, 1995-2005 and the Taking Philadelphia's Temperature report *Delaware Valley Healthcare Council - (sample reports or data sets) *Centers for Medicare and Medicaid Services (CMS) Medpar data *Maternity Care Coalition - Childbirth at a Crossroads report * Vizient (University Healthcare Consortium)) Clinical Database*Current literature on evolving health care delivery issues and care delivery models Internally, we rely on the following sources *Collaboration of Medical School and Hospital leadership*Consensus discussion with key clinical providers and community service organizations*Performance Improvement, Risk Management and Patient Safety outcomes *Historic, service line specific utilization data*Organizational community risk assessments (Infection Control, Environment of Care, Emergency Management, Fire Safety Management, Disaster Response)*In addition to data sources, we also work closely with local government offices and not-for-profit community based health and social services organizations and actively participate in local, regional and state level workgroups to address specific needs of vulnerable populations As the primary safety net hospital serving Philadelphia and its surrounding counties, Temple University Hospital (TUH) maintains strong relationships with area community Health Centers, including the City of Philadelphia Department of Human Services, including its Health Centers and many Federally Qualified Health Centers (FQHCs) These partnerships enable TUH to coordinate care delivery in both the inpatient and outpatient settings In Woman's Health TUH collaborates with three FQHCs, Esperanza Community Health Center, Maria Del Ios Santos Health Center, and Greater Philadelphia Health Action to provide Obstetrical Care Through this partnership community physicians are integrated with the Temple faculty and community practices to provide a full range of obstetrical services for their patients In addition, TUH participates with the City of Philadelphia MOM Program This early intervention program consists of frequent phone calls and home visits to encourage mothers to have their babies immunized on schedule and to participate in needed developmental and educational services The program seeks to fill the gap between children's need for services and mothers' ability to assure their children's participation in those services Temple University Hospital also works closely with our community partners to provide for adult health services The physicians of Esperanza Community Health Center maintain staff privileges and provide continuity of care for their patients at TUH The group participates in the Temple University Internal Medicine Residency Programs Maria Delos Santos Health Center and Greater Philadelphia Health Action provide outpatient services and refer patients to TUH for inpatient care The Hospital also maintains a close relationship with City of Philadelphia Health Department and its District Health Centers TUH works closely with the city to provide for aftercare following hospitalization and often expedites needed specialty care and diagnostic evaluations

Form and Line Reference	Explanation
Part VI, Line 3	37 Financial Counselors assigned to Temple University Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP *Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application process Medicaid applications are submitted by TUH on the patient's behalf and tracked until final determination *Patients who do not qualify for government-funded programs are screened for Temple University Health System's Charity Care program to determine their eligibility for free or reduced cost care *Temple's Charity Care discounting policy is not restricted to Emergency Department patients, but is available to inpatients and outpatients as well *Patients who contact the Hospital's Business Office concerning bills they have received that they cannot afford to pay are also screened for Charity Care eligibility *The Financial Counseling Staff at Temple University Hospital also offers assistance in obtaining supplemental coverage as well as prescription drug benefits *Patients are informed of Temple's Financial Services, and direction on how to access these services, through the following means *Posters in plain view at inpatient, outpatient and emergency registration areas and billing offices, *Patient discharge summaries, billing invoices and vendor collection notices, and *Hospital website

Form and Line Reference	Explanation
Part VI, Line 4	Temple University Hospital's (TUH) service area is consists of the following zip codes 19111, 19120, 19121, 19122, 19124, 19125, 19132, 19133, 19134, 19138, 19140, 19141, 19144, and 19149 The Service Area's population has a disproportionately high percentage of poor and non-college educated compared to the City, State, and Nation A Population and Population GrowthThe TUH Service Area's population 5-year growth rate has been revised down to 1.9%, which is slightly less than the City, but much greater than the State However, the Service Area, City overall, and State lag well behind the Nation's growth rate of 3.5% B Age DistributionThe TUH Service Area's age distribution reveals an overall younger population (0 - 34) than the City, State or Nation, especially the 0 - 17 year olds While the 35 - 64 & 65+ year range is 3 to 4 points lower for TUH and the City compared to the State and Nation C Education LevelIn 2012, the population in the TUH service area consisted of 63.9% with high school education or less, a rate 50% higher than the national average of 42.6% The TUH service area population consists of 36.1% with education beyond high school, approximately 37% less than the national average of 57.4% It appears that the TUH Service Area's education level has shown no improvement in percentage of those who have a level beyond high school, however, there is a micro trend of an increase of those completing high school and a decrease in people with no high school degree D Unemployment and Household IncomeUnemployment Although employment rates are steadily rising, however, in the city of Philadelphia, 6.6% of the total population were unemployed in November 2015, higher than the state unemployment rate of 5.0% and the national unemployment rate of 5.0% Unemployment figures have returned to their prerecession levels and Philadelphia's unemployment rate remains considerably higher than the surrounding counties and also higher than the State or Nation But not reflected in those numbers are the underemployed and those out of the job market which remains stubborn (Source Bureau of Labor Statistics, US Department of Labor, Pennsylvania Department of Labor)Household Income 71% of households in the TUH service area earn less than \$50,000 per year, approximately 45% greater than the national average of 47% 29% of TUH service area households earn over \$50,000 per year, far less than the national average of 51.1% E Population Below Federal Poverty LevelApproximately 29.6% of the population living within Temple University Hospital's service area live at or below the federal poverty level This is greater than the Philadelphia County, Pennsylvania and National averages, respectively, at 21.2%, 9.3% and 11.5% F Race/EthnicityIn TUH's service area, 47.0% of the total population is Black, nearly four times the national level of 12.0% Hispanics are the second largest population in TUH's service area, comprising 24.0% of the population, compared to the national average of 18.0% The percentage of White Non-Hispanic population of 21.0% is lower than the national average of 62.0% G Payer Mix in 2014Approximately 77% of cases in the Temple University Hospital service area were covered by either Medicaid or Medicare 47.0% for Medicaid, and 29.9% for Medicare

Form and Line Reference	Explanation
Part VI, Line 5	Temple University Hospital serves one of our nation's most diverse and economically challenged urban areas, with about 86% of its patients covered by government programs, including 37% covered by Medicare and 49% covered by Medicaid. Temple University Hospital is in a federally designated Urban Renewal Area and is located in a federally designated Medically Underserved Area. Its Episcopal Campus is located in a Federal Empowerment Zone. Temple University Hospital provides substantial charitable care to its community, with nearly \$69 million in charity and unreimbursed care, at cost, provided last year. In addition to this charity care, Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods. In addition to those community-building activities described above, we provide programs and activities that advance the health of people and the quality of life in our vulnerable communities. PROVIDING CRITICAL SOCIAL RESOURCES. Temple connected about 13,000 people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge. REACHING OUT TO THE COMMUNITY. Temple University Hospital reached over 90,000 people through our many community outreach and community building initiatives, providing free health screenings, support groups for patients and families dealing with alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases, providing free immunization for flu in cooperation with the City Health Department, offering education on childbirth, mental health, burn prevention, diabetes care, cancer, smoking cessation, and other topics, and providing many other outreach activities. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods. We are also proud of the AT YOUR SERVICE-VOLUNTEER PROGRAM, has grown in strength to serve about 57,000 patients and family members annually. FOSTERING VOLUNTEERISM. Members of Temple University Hospital's Board of Governors are comprised of dedicated volunteers from diverse backgrounds who offer expertise and govern the organization without compensation. Similarly, members of Temple University Hospital's executive staff routinely participate in not-for-profit community health and social service organizations, as volunteer members of their boards-of-directors, and as participants in their outreach services. In addition, Temple University Hospital engages volunteer community members to help advance its healthcare mission. As noted above, through our chaplaincy, family support, and other programs, our volunteers touch more than 57,000 people annually, helping to advance healing through their compassionate services to patients and their families. CONNECTING PATIENTS WITH FINANCIAL RESOURCES. Temple employs about 37 Financial Counselors dedicated to helping uninsured and under-insured patients obtain medical coverage. This team processes about 6,000 applications annually. PROMOTING MULTI-CULTURAL SERVICES. With an annual investment of about \$1.8 million, Temple University Health System has 327 language-proficient staff, all who have been credentialed through the Linguistic and Cultural Services Department. This includes 9 full-time medical interpreters, 2 medical interpreters in leadership roles, 23 active dual-role interpreters, 134 language proficient physicians, 21 RNs, 1 social worker, and 138 other language proficient bi-lingual staff. KEEPING PATIENTS OUT OF THE EMERGENCY DEPARTMENT. Temple University Hospital's Northeastern Campus includes its unique ReadyCare physician practice. ReadyCare offers expanded hours 365 days per year, and provides care that is specifically designed to meet the needs of the community, and to prevent unnecessary visits to a hospital Emergency Room. REDUCING THE GOVERNMENT BURDEN. Temple maintains strong affiliations with the City of Philadelphia, Federally Qualified Health Centers, and numerous community health organizations to help ensure access to care for our vulnerable population. We are also partnering with the government on numerous innovative programs to improve care delivery and reduce costs.

Form and Line Reference	Explanation
Part VI, Line 6	Temple University Hospital is a member of the Temple University Health System, Inc (TUHS) It is the chief clinical teaching site for the Temple University School of Medicine Consistent with its mission to provide access to the highest quality of health care in both the community and academic setting, Temple University Hospital supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs The missions of other members of the Temple University Health System similarly advance the health systems goals, as follows Jeanes Hospital's mission is to maintain and enhance the quality of life for individuals in the communities it serves, the hospital of the Fox Chase Cancer Center is devoted solely to cancer treatment, research, and prevention, the Temple Health System Transport Team, Inc mission is to provide the highest level of critical care transport services available in the mid-Atlantic region, The Institute for Cancer Research, Fox Chase Cancer Center Medical Group and Fox Chase Network's mission is to prevail over cancer, marshalling heart and mind in bold scientific discovery, pioneering prevention and compassionate care, and, Temple Physicians, Inc , (TPI) mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of the Temple University Health System

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Temple University Hospital Inc 3509 North Broad Street Philadelphia, PA 19140 http://tuh.templehealth.org 200701	X	X		X	X		X			A
2	Temple Univ Hosp Episcopal Hospital 3509 North Broad Street Philadelphia, PA 19125 http://tuh.templehealth.org 200701	X	X		X			X			A
3	Temple Univ Hosp Bone Marrow Jeanes 7600 Central Avenue Philadelphia, PA 19111 http://tuh.templehealth.org 200701	X	X		X						A
4	Northeastern Ambulatory Care Center 2301 East Allegheny Avenue Philadelphia, PA 19134 http://tuh.templehealth.org 200701	X	X		X						A

2015

23-2825878

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	Grants were made only for tax-exempt purposes to related organizations

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth of Higher Education 1109 Wachman Hall 1805 North Broad Street Philadelphia, PA 19122	23-1365971	501(c)(3)	7,557,276				General Support
Temple University Health System 3509 North Broad Street Philadelphia, PA 19140	23-2825881	501(c)(3)	14,900,000				General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Temple University Hospital Inc

Employer identification number
23-2825878

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III **Supplemental Information**

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.

Return Reference	Explanation
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Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Dr Neil TheobaldDirector	(i)	0	0	0	0	0	0	0
	(ii)	616,646	70,000	0	35,117	-	739,924	0
1Larry Kaiser MDDirector	(i)	0	0	0	0	0	0	0
	(ii)	1,642,646	160,000	4,200	0	-	1,829,031	0
2Verdi DiSesa MD President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	815,627	82,000	0	29,118	-	943,192	0
3John Kastanis Former President & CEO	(i)	659,453	63,650	7,477	11,925	10,106	752,611	0
	(ii)	0	0	0	0	-	0	0
4Beth C KoobSecretary	(i)	0	0	0	0	0	0	0
	(ii)	471,667	95,447	27,958	49,791	-	681,766	0
5Gerald OetzelTreasurer	(i)	329,515	30,000	3,900	22,524	25,594	411,533	0
	(ii)	0	0	0	0	-	0	0
6Joseph G KlosAsst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	241,859	14,076	34,269	11,012	-	310,865	0
7Herbert P White Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	286,459	16,884	17,192	11,925	-	355,812	0
8Rose NolanCOO	(i)	380,463	37,000	0	13,250	11,348	442,061	0
	(ii)	0	0	0	0	-	0	0
9Rebecca Armbruster Former CMO of TUH	(i)	178,154	0	0	11,925	21,547	211,626	0
	(ii)	147,528	0	0	0	-	147,528	0
10Kathleen Barron Executive Director of TUH/	(i)	317,489	19,200	23,191	11,925	10,113	381,918	0
	(ii)	0	0	0	0	-	0	0
11Craig Menta AHD Finance of TUH/EHC	(i)	202,217	15,000	27,873	9,225	4,577	258,892	0
	(ii)	0	0	0	0	-	0	0
12Betty Craig Chief Nursing Officer	(i)	304,689	30,000	7,506	13,250	23,891	379,336	0
	(ii)	0	0	0	0	-	0	0
13Herbert Cushing Chief Medical Officer	(i)	378,868	18,750	0	11,925	28,144	437,687	0
	(ii)	0	0	0	0	-	0	0
14Steven Carson VP Clinical Integration	(i)	307,679	14,683	23,042	11,925	11,864	369,193	0
	(ii)	0	0	0	0	-	0	0
15Shidong LiChief Physician	(i)	264,888	0	0	22,524	24,309	311,721	0
	(ii)	0	0	0	0	-	0	0
16Karen JavieCOO of THVI	(i)	250,424	6,250	0	11,683	26,534	294,891	0
	(ii)	0	0	0	0	-	0	0
17Michael Grady Director Finance	(i)	251,776	0	0	13,114	9,365	274,255	0
	(ii)	0	0	0	0	-	0	0
18Xenia Atienza RN-Staff Clinical Nurse	(i)	253,956	0	0	8,163	23,270	285,389	0
	(ii)	0	0	0	0	-	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Temple University Hospital Inc	Employer identification number 23-2825878
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 23-2825878

Name: Temple University Hospital Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kathleen Lux	Daughter of Robert Lux, TUHS CFO	77,670	Employment		No
(2) Laurie Parks	Daughter of Donald Parks, Governor	131,583	Employment		No
(3) John Testa	Brother-In-Law of Jane Scacetti, Governor	25,404	Employment		No
(4) Epic	Substantial Contributor	5,291,872	Computer Consulting		No
(5) Boston Scientific	Substantial Contributor	5,415,786	Medical Supplies		No
(6) Medtronic	Substantial Contributor	7,753,500	Medical Supplies		No
(7) Elekta	Substantial Contributor	528,108	Equipment Leasing		No
(8) General Electric Healthcare	Substantial Contributor	1,597,330	Equipment Leasing		No
(9) Ballard Spahr LLP	Substantial Contributor	140,044	Legal Services		No
(10) Biotronik Inc	Substantial Contributor	1,023,090	Medical Supplies		No
(11) The Chartis Group LLC	Substantial Contributor	5,297,694	Consulting Services		No
(12) Keystone Quality Transport	Substantial Contributor	213,429	Medical Supplies		No
(13) Medassets Inc	Substantial Contributor	272,179	Medical Supplies		No
(14) Price Waterhouse Coopers LLC	Substantial Contributor	547,822	Consulting Services		No
(15) Language Services Assoc Inc	Substantial Contributor	436,817	Translation Services		No
(16) Medline Industries Inc	Substantial Contributor	107,013	Medical Supplies		No
(17) Tierney & Partners	Substantial Contributor	106,699	Advertising Agency		No

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,122	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	17	6,307	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Dining/Wine Pairing)	X	8	15,734	FMV
26 Other ► (Trips)	X	8	8,740	FMV
27 Other ► (Tickets)	X	8	3,086	FMV
28 Other ► (Outings/Consults)	X	4	1,550	FMV

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information.

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

Return Reference	Explanation
Part I, Line 32b	Temple University Institutional Advancement department manages the Gala

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
Temple University Hospital Inc

Employer identification number

23-2825878

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	Pursuant to the organization's bylaw s, the Executive Committee consists of no less than seven members of the Board, including the President of Temple University, the Chair, the Vice Chair, and the Chairs of the Standing Committees The Executive Committee is authorized to act for the Board betw een its regular meetings

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole member of the organization is Temple University Health System, Inc. The member has the power to appoint and remove the organization's Board of Governors. The approval of the member is required for any of the following actions by the organization: (a) any dissolution or liquidation, (b) any merger, (c) any amendments to the Articles of Incorporation, (d) any amendments to the Bylaws regarding the member, the number of Governors, quorum or voting requirements, (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organization's real property), or other transfer of the assets of the organization other than transactions occurring in the ordinary course of business, (f) any decision resulting in the organization's ceasing to provide appropriate sites for Temple University School of Medicine for comprehensive tertiary acute care services through the organization, (g) any decision to merge with, acquire, or enter into an affiliation with medical schools or medical school hospitals other than the University's, (h) the deletion of any clinical programs that are needed for the accreditation of Temple University School of Medicine or the Temple University School of Podiatric Medicine, (i) the adoption of the organization's annual capital and operating budgets, (j) the issuance or assumption of any indebtedness in excess of Two Million Five Hundred Thousand Dollars (\$2,500,000), and (k) the execution of any contract providing for the management of the organization.

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board Member is contacted and provided with the web address. A Board Member without internet access is provided a paper copy to review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board Member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer about any questions. In addition to the above process, the Audit Committee is provided a copy and the 990 and 990T are reviewed at a regularly scheduled meeting.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Office of the Secretary provides each director and officer with copies of the conflicts of interest policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board. All employees are subject to a conflicts of interest policy that is monitored by the Office of the Secretary.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	There is a compensation committee that reviews and approves all total compensation of executive/key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Unaudited Internal Financial Statements of the Temple University Health System and certain of its related organizations are distributed and made available to the public at the end of each quarter as per the System's Continuing Disclosure Agreement (Series of 2007 Bond Issue) through the Digital Assurance Corp (DAC), the Municipal Services Reporting Board's EMMA disclosure site and the Health Systems financial web site. The Annual Audited Financial Statements are also released to the public in the same manner. To the extent required by applicable law, the organization makes its governing documents available to the public upon request.

Return Reference	Explanation
Form 990, Part IX, line 11g	Corporate Charge Program service expenses 0 Management and general expenses 46,806,849 Fundraising expenses 0 Total expenses 46,806,849 Healthcare Professional Program service expenses 99,262,456 Management and general expenses 3,026,964 Fundraising expenses 0 Total expenses 102,289,420 Professional Fees Program service expenses 8,804,880 Management and general expenses 13,043,467 Fundraising expenses 0 Total expenses 21,848,347 Purchased Services Program service expenses 17,044,551 Management and general expenses 12,394,776 Fundraising expenses 0 Total expenses 29,439,327

Return Reference	Explanation
Form 990, Part XI, line 9	Net Unrealized Loss on Investments -4,459,011 Other Comprehensive Pension Income -17,362,269 Net Unrealized Gain on Beneficial Interest -1,314,294 Rounding -2 Recognition of Non Cash Contribution 44,755

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

Temple University Hospital Inc

Employer identification number

23-2825878

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TUHS Insurance Company 3509 N Broad Street 9th Floor-TUCMC Philadelphia, PA 19140 98-1203189	Malpractice Insurance	BD	Temple University Health System						No
(2) Fox Chase LTD 3509 N Broad Street 9th Floor-TUCMC Philadelphia, PA 19140 23-2396731	Healthcare	PA	American Oncologic Hospital	C					No

Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

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)

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)

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)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

Yes

Yes

No

No

Yes

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Episcopal Hospital	K	2,105,182	Negotiated Rate
(2)Episcopal Hospital	O	1,424,901	Actual Hours Worked
(3)Episcopal Hospital	Q	633,391	Actual Cost

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 23-2825878

Name: Temple University Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Temple University of the Commonwealth System of Higher Ed 300 Sullivan Hall 1330 W Berks St Philadelphia, PA 19122 23-1365971	Education	PA	501c3	Line 2	N/A		No
Temple University Health System Inc 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19140 23-2825881	Health Care	PA	501c3	Line 11a, I	Temple University of the Commonwealth		No
Temple University Health System Foundation Inc 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19140 23-2916108	Health Care	PA	501c3	Line 11a, I	Temple University Hospital Inc	Yes	
Jeanes Hospital 7600 Central Avenue Philadelphia, PA 19111 23-2826045	Health Care	PA	501c3	Line 3	Temple University Health System Inc		No
Jeanes Hospital Auxiliary 7601 Central Avenue Philadelphia, PA 19111 23-1917776	Health Care	PA	501c3	Line 9	Jeanes Hospital		No
Temple Physicians Inc 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19140 23-2790607	Health Care	PA	501c3	Line 9	Temple University Health System Inc		No
Temple Health System Transport Team Inc 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19140 75-3084023	Health Care	PA	501c3	Line 9	Temple University Health System Inc		No
Episcopal Hospital 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19140 23-1365351	Health Care	PA	501c3	Line 11a, I	Temple University Hospital Inc	Yes	
Temple University Hospital Auxiliary 2450 West Hunting Park Avenue Philadelphia, PA 19129 23-6390560	Health Care	PA	501c3	Line 11c, III-FI			No
American Ongologic Hospital 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19129 23-1352156	Health Care	PA	501c3	Line 3	Temple University Health System Inc		No
Fox Chase Cancer Center Medical Group 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19129 45-4540585	Health Care	PA	501c3	Line 3	American Oncologic Hospital		No
Fox Chase Network Inc 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19129 23-2467337	Health Care	PA	501c3	Line 11b, II	American Oncologic Hospital		No
Institute for Cancer Research 3509 N Broad Street Room 936 c/o TU Philadelphia, PA 19129 23-6296135	Health Care	DE	501c3	Line 4	American Oncologic Hospital		No