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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Temple University - Of the Commonwealth System of Higher Education

Doing business as

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

1805 North Broad Wachman Hall 1108

City or town, state or province, country, and ZIP or foreign postal code

Philadelphia, PA 191226094

F Name and address of principal officer

Richard M Englert - President

1805 North Broad Wachman Hall 1108

Philadelphia, PA 191226094

D Employer identification number

23-1365971

E Telephone number

(215) 204-7366

G Gross receipts \$ 3,062,555,000

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.temple.edu

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1884

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Temple University is a national center of excellence in teaching and research with an international presence. Our talented faculty and broad curriculum of approximately 500 academic programs provide superior educational opportunities for academically talented and highly motivated students, without regard to their status or station in life.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶13,121,000

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

Kenneth Kaiser VP, CFO and Treasurer

Type or print name and title

2019-05-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Temple University is a national center of excellence in teaching and research with an international presence. Our talented faculty and broad curriculum of approximately 500 academic programs provide superior educational opportunities for academically talented and highly motivated students, without regard to their status or station in life.

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 \$ | 772,177,000 | including grants of \$ | 29,931,000) | (Revenue \$ | 994,289,000) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|-------------|------------------------|---------|-------------|---------------|
| 4b | (Code) | (Expenses \$ | 187,774,000 | including grants of \$ | 7,000) | (Revenue \$ | 218,810,000) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|-------------|------------------------|-------------|-------------|-----|
| 4c | (Code) | (Expenses \$ | 162,201,000 | including grants of \$ | 2,754,000) | (Revenue \$ | 0) |
| See Additional Data | | | | | | | |

| | | | | | | |
|-------------------------------------|--------------|-------------|------------------------|---------------|-------------|---------------|
| (Code) | (Expenses \$ | 317,538,000 | including grants of \$ | 153,372,000) | (Revenue \$ | 125,750,000) |
| OTHER PROGRAM SERVICES Listed Below | | | | | | |

| | | | | | | |
|--------------|--|------------------------|---------------|-------------|---------------|--|
| 4d | Other program services (Describe in Schedule O) | | | | | |
| (Expenses \$ | 317,538,000 | including grants of \$ | 153,372,000) | (Revenue \$ | 125,750,000) | |

| | | |
|-----------|---|---------------|
| 4e | Total program service expenses ▶ | 1,439,690,000 |
|-----------|---|---------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 Yes | |
| 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 Yes | |
| 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 | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | No |
| 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 Yes | |
| 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 Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a Yes | |
| 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 Yes | |
| 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 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | 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> | Yes | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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> | Yes | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | No |
| 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | Yes | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | Yes | |
| 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> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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> | 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> | | 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> | | 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 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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. | 3,808 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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. | 19,017 | |
| b | If 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). | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | Yes | |
| b | If "Yes," enter the name of the foreign country: IT, JA, UK, BD 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? | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 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? | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | Yes | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 5 | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders. | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 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. | | |
| 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. | | |
| c | Enter the amount of reserves on hand. | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | |

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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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. | | 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? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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. | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | | No |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | 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? | | No |
| 16b | 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? | | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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.
 ▶ David Marino Controller 1805 North Broad St Philadelphia, PA 191226094 (215) 204-7366

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

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

Form **990** (2017)

[illegible]

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 ▶ 1,905

Section B. Independent Contractors

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Aramark Receivables LLC 1101 market Street Philadelphia, PA 19107 | Food Management Services | 30,964,165 |
| Gilbane Building Company 100 E Penn Square Philadelphia, PA 19107 | Construction | 23,669,351 |
| Allied Barton Security Service LLC Post Office Box 828854 Philadelphia, PA 19182 | Security Services | 12,225,003 |
| E P Guidi Incorporated 1301 S Bethlehem Pike Ambler, PA 19002 | Construction | 10,788,935 |
| Harmelin Media 525 Righters Ferry Road Bala Cynwyd, PA 19004 | Media Services | 4,516,445 |

| | |
|---|--|
| <p>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 ► 55</p> | |
|---|--|

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 | 0 | | | |
| | b Membership dues | 1b | 0 | | | |
| | c Fundraising events | 1c | 0 | | | |
| | d Related organizations | 1d | 50,000 | | | |
| | e Government grants (contributions) | 1e | 285,624,000 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 95,459,000 | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 4,295,000 | | | |
| | h Total. Add lines 1a-1f ▶ | | 381,133,000 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a Tuition and Fees | 611310 | 983,317,000 | 983,317,000 | 0 | 0 |
| | b Sales and Services of Educational Activities | 611310 | 10,972,000 | 10,972,000 | 0 | 0 |
| | c Auxiliary Enterprises | 611310 | 117,833,000 | 117,613,000 | 220,000 | 0 |
| | d Patient Care Activities | 621111 | 218,810,000 | 218,810,000 | 0 | 0 |
| | e Other | 611310 | 8,100,000 | 8,100,000 | 0 | 0 |
| | f All other program service revenue | | 0 | 0 | 0 | 0 |
| | g Total. Add lines 2a-2f ▶ | | 1,339,032,000 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 22,419,000 | 0 | 0 | 22,419,000 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | 796,000 | 0 | 0 | 796,000 |
| | 5 Royalties ▶ | | 699,000 | 0 | 0 | 699,000 |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | | 3,472,000 0 | | | | |
| | b Less rental expenses | 1,680,000 0 | | | | |
| | c Rental income or (loss) | 1,792,000 0 | | | | |
| | d Net rental income or (loss) ▶ | | 1,792,000 | 0 | 0 | 1,792,000 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | 1,315,004,000 0 | | | | |
| | b Less cost or other basis and sales expenses | 1,220,283,000 0 | | | | |
| | c Gain or (loss) | 94,721,000 0 | | | | |
| | d Net gain or (loss) ▶ | | 94,721,000 | 0 | 0 | 94,721,000 |
| | 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a | 0 | | | | |
| | b Less direct expenses b | 0 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | 0 | | 0 | 0 |
| | 9a Gross income from gaming activities See Part IV, line 19 a | 0 | | | | |
| | b Less direct expenses b | 0 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | 0 | 0 | 0 | 0 |
| | 10a Gross sales of inventory, less returns and allowances a | 0 | | | | |
| b Less cost of goods sold b | 0 | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | 0 | 0 | 0 | 0 | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | | | 0 | 0 | 0 | 0 |
| b | | | 0 | 0 | 0 | 0 |
| c | | | 0 | 0 | 0 | 0 |
| d All other revenue | | | 0 | 0 | 0 | 0 |
| e Total. Add lines 11a-11d ▶ | | | 0 | | | |
| 12 Total revenue. See Instructions ▶ | | | 1,840,592,000 | 1,338,812,000 | 220,000 | 120,427,000 |

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. | 11,802,000 | 11,802,000 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 174,262,000 | 174,262,000 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 0 | 0 | | |
| 4 Benefits paid to or for members. | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 8,053,000 | 0 | 7,708,000 | 345,000 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages. | 812,285,000 | 729,701,000 | 74,860,000 | 7,724,000 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 44,325,000 | 37,832,000 | 5,306,000 | 1,187,000 |
| 9 Other employee benefits. | 110,215,000 | 96,646,000 | 13,237,000 | 332,000 |
| 10 Payroll taxes. | 47,350,000 | 41,200,000 | 5,133,000 | 1,017,000 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | 0 | 0 | 0 |
| b Legal. | 5,892,000 | 1,552,000 | 4,340,000 | 0 |
| c Accounting. | 559,000 | 137,000 | 422,000 | 0 |
| d Lobbying. | 334,000 | 334,000 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | 0 |
| f Investment management fees. | 6,144,000 | 2,250,000 | 3,894,000 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion. | 10,199,000 | 5,443,000 | 4,750,000 | 6,000 |
| 13 Office expenses. | 81,368,000 | 78,840,000 | 265,000 | 2,263,000 |
| 14 Information technology. | 36,387,000 | 27,011,000 | 9,219,000 | 157,000 |
| 15 Royalties. | 166,000 | 163,000 | 3,000 | 0 |
| 16 Occupancy. | 57,639,000 | 57,639,000 | 0 | 0 |
| 17 Travel. | 24,082,000 | 22,650,000 | 1,355,000 | 77,000 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 134,000 | 134,000 | 0 | 0 |
| 19 Conferences, conventions, and meetings. | 2,383,000 | 2,370,000 | 0 | 13,000 |
| 20 Interest. | 27,737,000 | 27,544,000 | 193,000 | 0 |
| 21 Payments to affiliates. | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization. | 94,825,000 | 94,825,000 | 0 | 0 |
| 23 Insurance. | 18,760,000 | 9,990,000 | 8,770,000 | 0 |
| 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 Bad Debts - Patient Care. | 15,639,000 | 15,639,000 | 0 | 0 |
| b Bad Debts - Students. | 1,726,000 | 1,726,000 | 0 | 0 |
| c | | | | |
| d | | | | |
| e All other expenses. | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,592,266,000 | 1,439,690,000 | 139,455,000 | 13,121,000 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | 0 | 0 | 0 |

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

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|--------------------------|--------------------------|---------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 279,000 | 1 | 280,000 |
| | 2 | Savings and temporary cash investments | | 121,725,000 | 2 | 159,190,000 |
| | 3 | Pledges and grants receivable, net | | 73,499,000 | 3 | 78,029,000 |
| | 4 | Accounts receivable, net | | 223,420,000 | 4 | 220,006,000 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 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 | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 55,324,000 | 7 | 55,639,000 |
| | 8 | Inventories for sale or use | | 1,207,000 | 8 | 1,094,000 |
| | 9 | Prepaid expenses and deferred charges | | 11,568,000 | 9 | 12,815,000 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,821,326,000 | | | |
| | b | Less: accumulated depreciation | 10b 1,250,956,000 | 1,494,001,000 | 10c | 1,570,370,000 |
| | 11 | Investments—publicly traded securities | | 1,027,923,000 | 11 | 1,171,884,000 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 155,198,000 | 12 | 123,173,000 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 103,970,000 | 15 | 75,942,000 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 3,268,114,000 | 16 | 3,468,422,000 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 381,339,000 | 17 | 341,015,000 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 59,284,000 | 19 | 73,091,000 |
| | 20 | Tax-exempt bond liabilities | | 715,934,000 | 20 | 691,194,000 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 2,993,000 | 21 | 2,129,000 |
| | 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 | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 624,000 | 23 | 550,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 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 | | 0 | 25 | 0 |
| 26 | Total liabilities. Add lines 17 through 25 | | 1,160,174,000 | 26 | 1,107,979,000 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 1,693,711,000 | 27 | 1,902,763,000 |
| | 28 | Temporarily restricted net assets | | 101,910,000 | 28 | 111,522,000 |
| | 29 | Permanently restricted net assets | | 312,319,000 | 29 | 346,158,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 0 | 30 | 0 |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 0 | 31 | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 0 | 32 | 0 |
| | 33 | Total net assets or fund balances | | 2,107,940,000 | 33 | 2,360,443,000 |
| 34 | Total liabilities and net assets/fund balances | | 3,268,114,000 | 34 | 3,468,422,000 | |

Part XI Reconciliation of Net AssetsCheck 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 | 1,840,592,000 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,592,266,000 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 248,326,000 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,107,940,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,177,000 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,360,443,000 |

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: 17005876
Software Version: 2017v2.2
EIN: 23-1365971
Name: Temple University - Of the Commonwealth System of
Higher Education

Form 990 (2017)

Form 990, Part III, Line 4a:

INSTRUCTION - AS A COMPREHENSIVE STATE RELATED RESEARCH UNIVERSITY, OUR 40,000 STUDENTS CAN CHOOSE FROM 9 CAMPUSES AND APPROXIMATELY 500 ACADEMIC DEGREE PROGRAMS INCLUDING ASSOCIATE DEGREE PROGRAMS, BACHELORS PROGRAMS, MASTERS PROGRAMS, DOCTORAL PROGRAMS AND FIRST-PROFESSIONAL DEGREE PROGRAMS IN DENTISTRY, LAW, MEDICINE, PHARMACY, AND PODIATRIC MEDICINE

Form 990, Part III, Line 4b:

PATIENT CARE - TEMPLE UNIVERSITY HAS APPROXIMATELY 500 FULL-TIME AND PART-TIME FACULTY MEMBERS IN THE LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY. TEMPLE PHYSICIANS HAVE A LONG STANDING REPUTATION FOR EXTRAORDINARY CAPABILITIES IN VIRTUALLY EVERY SUBSPECIALTY IN MODERN MEDICINE. TEMPLE UNIVERSITY BRINGS TOGETHER THE PHYSICIAN EXPERTISE NECESSARY FOR THE FULL RANGE OF TERTIARY AND QUATERNARY SERVICES. INCREASINGLY, THE UNIVERSITY IS DEPLOYING ITS PHYSICIANS IN THE COMMUNITY AND THROUGHOUT THE REGION. ADDITIONALLY, THE UNIVERSITY PROVIDES CARE WITHOUT CHARGE OR FOR AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE UNIVERSITY'S CHARITY CARE POLICY. SOME PATIENTS QUALIFY FOR CHARITY CARE BASED ON FEDERAL POVERTY GUIDELINES OR THEIR FINANCIAL CONDITION BEING SUCH THAT REQUIRING PAYMENT WOULD IMPOSE HARDSHIP. DURING THE YEAR, THE ESTIMATED COSTS INCURRED TO PROVIDE CHARITY CARE, NET OF PAYMENTS FROM MEDICAL ASSISTANCE PROGRAMS, WERE \$58,292,000.

Form 990, Part III, Line 4c:

RESEARCH - THE CARNEGIE FOUNDATION HAS DESIGNATED TEMPLE AS A RESEARCH UNIVERSITY-HIGH RESEARCH ACTIVITY, INCLUDING IT AMONG THE TOP UNIVERSITIES IN THE NATION WITH COMPREHENSIVE CURRICULA AND NATIONALLY RECOGNIZED RESEARCH PROGRAMS. TEMPLE RECEIVES RESEARCH FUNDING FROM FEDERAL, STATE, AND LOCAL GOVERNMENT SOURCES, AS WELL AS FOUNDATIONS AND OTHER PRIVATE SOURCES. FEDERAL FUNDING COMES LARGELY FROM THE NATIONAL INSTITUTES OF HEALTH, WITH ADDITIONAL SUPPORT FROM THE DEPARTMENTS OF DEFENSE, EDUCATION, AGRICULTURE, ENERGY, AND JUSTICE. STATE FUNDING COMES FROM A NUMBER OF DEPARTMENTS, INCLUDING AGING, EDUCATION, HEALTH, COMMUNITY AND ECONOMIC DEVELOPMENT, AND PUBLIC WELFARE.

| 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 | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dennis Alter | 6 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | X | | | | | | 0 | 0 | 0 |
| Leonard Barrack | 6 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Stephen G Charles | 2 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Joseph F Coradino | 4 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Paul G Curcillo | 3 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Theodore Z Davis | 7 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Nelson A Diaz | 3 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Ronald R Donatucci | 7 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | X | | | | | | 0 | 0 | 0 |
| Loretta C Duckworth | 6 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Patrick J Eiding | 2 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | 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 | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Judith A Felgoise Trustee | 2 0 | X | | | | | | 0 | 0 | 0 |
| Richard J Fox Trustee | 1 0 | X | | | | | | 0 | 0 | 0 |
| Lewis F Gould Jr Trustee (Commonwealth Appointee) | 7 0 | X | | | | | | 0 | 0 | 0 |
| Lon R Greenberg Trustee | 4 0 | X | | | | | | 0 | 0 | 0 |
| Tamron Hall Trustee | 8 0 | X | | | | | | 0 | 0 | 0 |
| Sandra Harmon-Weiss Trustee | 4 0 | X | | | | | | 0 | 0 | 0 |
| Drew Katz Trustee | 1 0 | X | | | | | | 0 | 0 | 0 |
| Patrick V Larkin Trustee (Commonwealth Appointee) | 7 0 | X | | | | | | 0 | 0 | 0 |
| HF Gerry Lenfest Trustee (Commonwealth Appointee) | 6 0 | X | | | | | | 0 | 0 | 0 |
| Solomon C Luo Trustee | 8 0 9 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|---------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (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 | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joseph W Marshall III | 7 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | X | | | | | | 0 | 0 | 0 |
| Anthony J McIntyre | 4 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Christopher W McNichol | 9 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | X | | | | | | 0 | 0 | 0 |
| J William Mills | 6 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Mitchell L Morgan | 9 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Leon O Moulder Jr | 2 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Patrick J O'Connor | 10 0 | | | | | | | | | |
| Trustee (Chair) | ..... | X | | | | | | 0 | 0 | 0 |
| Bret S Perkins | 4 0 | | | | | | | | | |
| Trustee (Commonwealth Appointee) | ..... | X | | | | | | 0 | 0 | 0 |
| Daniel H Polett | 2 0 | | | | | | | | | |
| Trustee | ..... | X | | | | | | 0 | 0 | 0 |
| Michael H Reed | 3 0 | | | | | | | | | |
| Trustee | ..... | 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 | Insttutcnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JoAnne A Epps EVP & Provost | 50 0 | | | X | | | | 553,391 | 0 | 68,282 |
| Michael B Gebhardt University Counsel | 50 0 | | | X | | | | 455,670 | 0 | 54,569 |
| Kenneth Kaiser VP, CFO & Treasurer | 50 0 | | | X | | | | 483,154 | 0 | 54,569 |
| Larry Kaiser Sr Exec VP - Health Affairs | 20 0 32 0 | | | X | | | | 1,895,887 | 0 | 23,217 |
| Cindy Leavitt VP - Computer Services & CIO | 50 0 | | | X | | | | 272,833 | 0 | 33,959 |
| Gennaro J Leva VP - Planning, Capital Projects | 50 0 | | | X | | | | 335,064 | 0 | 48,569 |
| Michele M Masucci VP - Research Administration | 50 0 | | | X | | | | 373,942 | 0 | 42,299 |
| Anne Nadol VP -Secretary | 50 0 | | | X | | | | 280,897 | 0 | 52,923 |
| Theresa A Powell VP - Student Affairs | 50 0 | | | X | | | | 310,211 | 0 | 42,299 |
| Neil D Theobald President | 46 0 4 0 | | | X | | | | 418,932 | 0 | 44,100 |

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 | | | |
| William G Collins Head Coach - Football | 50 0 | | | | | X | | 2,146,640 | 0 | 48,569 |
| Yoshiya Toyoda Surgeon | 50 0 | | | | | X | | 1,428,673 | 0 | 45,409 |
| Francis Dunphy Head Coach - Men's Basketball | 50 0 | | | | | X | | 1,260,931 | 0 | 168,215 |
| Verdi DiSesa COO & Vice Dean Clinical Affairs | 0 0 50 0 | | | | | X | | 1,041,378 | 0 | 43,215 |
| Michael Weaver Surgeon | 50 0 | | | | | X | | 1,034,887 | 0 | 41,815 |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Temple University - Of the Commonwealth System of Higher Education

Employer identification number

23-1365971

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 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)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (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 ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|--|----|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2017. 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 ► <input type="checkbox"/> | |
| b | 33 1/3% support test—2016. 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 ► <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/> | |
| 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 ► <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i> | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 3a | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | 4b | |
| 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)? <i>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.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | 5a | |
| 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? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 8 | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| | 11a | |
| | 11b | |
| | 11c | |

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> | | |
| | 1 | |
| 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> | | |
| | 2 | |

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> | | |
| | 1 | |

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | |
| 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> | | |
| | 2 | |
| 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> | | |
| | 3 | |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> 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> | | |
| | 2a | |
| 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> | | |
| | 2b | |
| 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> | | |
| | 3a | |
| 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> | | |
| | 3b | |

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 (explain in Part VI) **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 <input type="checkbox"/> 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 2017 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-2017 | (iii) Distributable Amount for 2017 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 23-1365971
Name: Temple University - Of the Commonwealth System of
Higher Education

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 |
| |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|--|--|
| Name of the organization Temple University - Of the Commonwealth System of Higher Education | Employer identification number 23-1365971 |
|--|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | (a) | | (b) |
|-----------|--|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | 6,000 |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 334,000 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 340,000 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---|--|
| Schedule C, Part II-B, Line 1 DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I | A PORTION OF THE UNIVERSITY'S REVENUES ARE DERIVED FROM APPROPRIATION LEGISLATION ENACTED BY THE COMMONWEALTH OF PENNSYLVANIA. THE UNIVERSITY RESPONDS TO INFORMATION REQUESTS FROM THE STATE ASSEMBLY, AND ATTEMPTS TO ASSURE THAT THE AMOUNT OF THE COMMONWEALTH APPROPRIATION IS SUFFICIENT TO MEET THE UNIVERSITY'S NEEDS. IN ADDITION, THE UNIVERSITY WILL OCCASIONALLY REQUEST VARIANCES IN LOCAL ORDINANCES IN ORDER TO FACILITATE CAMPUS IMPROVEMENTS AND CAPITAL CONSTRUCTION TO ACCOMPLISH THESE OBJECTIVES. THE UNIVERSITY ENGAGES THE SERVICES OF INDEPENDENT CONTRACTORS WHO PROVIDE INFORMATION TO INFLUENCE FEDERAL, STATE AND LOCAL LEGISLATION AND REGULATIONS ON MATTERS DIRECTLY AFFECTING THE UNIVERSITY'S EXEMPT PURPOSE. |

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|----|--|----|--|----|--|----|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493133023049 | | | | | | | | | |
| <div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> | | <div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div> | | | <div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div> | | | | | | | | |
| Name of the organization Temple University - Of the Commonwealth System of Higher Education | | | | Employer identification number 23-1365971 | | | | | | | | | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | | |
| 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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div> | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| | | <div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table> | | | | 2a | | 2b | | 2c | | 2d | |
| 2a | | | | | | | | | | | | | |
| 2b | | | | | | | | | | | | | |
| 2c | | | | | | | | | | | | | |
| 2d | | | | | | | | | | | | | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | | | | |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | | | | |
| 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 ► \$ 0 | | | | | | | | | | | |
| (ii) | | Assets included in Form 990, Part X ► \$ 4,936,000 | | | | | | | | | | | |
| 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 ► \$ 0 | | | | | | | | | | | |
| b | | Assets included in Form 990, Part X ► \$ 0 | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | | | | | | | | |
| Cat No 52283D | | Schedule D (Form 990) 2017 | | | | | | | | | | | |

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" on Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 627,853,000 | 543,950,000 | 434,799,000 | 405,643,000 | 353,803,000 |
| b Contributions | 48,755,000 | 43,277,000 | 141,323,000 | 44,234,000 | 16,015,000 |
| c Net investment earnings, gains, and losses | 45,994,000 | 64,122,000 | -13,627,000 | -739,000 | 48,897,000 |
| d Grants or scholarships | 24,565,000 | 23,496,000 | 18,545,000 | 14,339,000 | 13,072,000 |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | 0 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 698,037,000 | 627,853,000 | 543,950,000 | 434,799,000 | 405,643,000 |

2

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

a

Board designated or quasi-endowment

39 49 %

b

Permanent endowment

50 04 %

c

Temporarily restricted endowment

10 47 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

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" on 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) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 100,760,000 | | 100,760,000 |
| b Buildings | | 1,798,586,000 | 744,771,000 | 1,053,815,000 |
| c Leasehold improvements | | 34,505,000 | 26,720,000 | 7,785,000 |
| d Equipment | | 740,637,000 | 479,465,000 | 261,172,000 |
| e Other | | 146,838,000 | 0 | 146,838,000 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 1,570,370,000 |

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 0 | |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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| | |
| | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 23-1365971

Name: Temple University - Of the Commonwealth System of
Higher Education

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part III, Line 4 Collections of art - description of collections | Temple University's Blockson Collection is comprised of materials that date from 1581 to the present. It is among the largest collection of items relating to the African Diaspora experience and this is the first catalog by an African-American bibliophile to be published by a major university. The massive volume records approximately 11,000 entries. The University Libraries hold more than one thousand manuscript and archival collections which in aggregate number more than 25 million pieces, including for instance the Philadelphia Jewish Archive and the Philadelphia Evening Bulletin collection of over 5 million photographs as well as literary manuscript collections. The libraries also hold approximately 90,000 rare books. These historical items are used for study and research by our students and faculty. |

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| Schedule D, Part IV, Line 2b Explanation of escrow agreement | Agency funds may be established for outside activities that support or enhance the mission of the University and where there is mutual benefit in the University acting as fiscal agent for the principal. The activities must directly or indirectly provide services or benefits to the University's programs or to its students, staff, patients, or faculty. |

| Supplemental Information | |
|--|---|
| Return Reference | Explanation |
| Schedule D, Part V, Line 4 Intended uses of endowment funds | Temple University's endowment is used to provide funds in support of its mission, such as scholarships and endowed chairs |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>Substantially all of the individual components of the University are nonprofit corporations and have been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. The University's federal Exempt Organization Business Income Tax Returns through 2014 have been examined by the Internal Revenue Service. GAAP requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The University does not believe its financial statements include any uncertain tax positions.</p> |

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-1365971

| Part I | | | YES | NO |
|--------|--|----|-----|----|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | Yes | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II | 3 | Yes | |
| | | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II | 4d | Yes | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | 5a | | No |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | No |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II | 5h | | No |
| | | | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Yes | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II | 6b | Yes | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II | 7 | Yes | |

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

| Return Reference | Explanation |
|---|--|
| Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY | Temple University includes its nondiscriminatory policy as an integral part of classified ads, college bulletins, catalogs, alumni review magazines, and most other major publications |
| Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT | Schedule E, Question 6(a) - Financial aid or assistance from a government agency Temple University receives an annual appropriation from the Commonwealth of Pennsylvania in support of the University's educational and general operations. Additionally, the university receives federal support in the form of PELL grants, Perkins loans and other federal funds, as well as funds from the Commonwealth and various local agencies. These funds are awarded to Temple's students based on need or academic achievement. |
| Schedule E, Part I, Line 6(b) REVOCATION OR SUSPENSION OF GOVERNMENTAL AID OR ASSISTANCE | Financial Aid was temporarily suspended from the HPL program in the Dental, Medical and Pharmacy Schools for the period December 31, 1984 thru June 30, 1985 for failure to meet federally defined default rates. As of July 1, 1985 the University has met the federally defined default rates and the suspension has been lifted. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Employer identification number

23-1365971

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**



- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 3 | 13 | | | 5,005,000 |
| b Total from continuation sheets to Part I | | | | | 0 |
| c Totals (add lines 3a and 3b) | 3 | 13 | | | 5,005,000 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  _____
- 3 Enter total number of other organizations or entities  _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | Temple receives financial statements from its wholly owned subsidiary Temple Educational Support Services (TESS), located in Tokyo, Japan Payments to TESS are in support of the University's educational mission Temple receives financial reports from its campus in Rome and London program All payments are in support of the University's educational mission Temple also has an annual consolidated audit which includes the accounts of all subsidiaries and components |

| Return Reference | Explanation |
|--|---|
| Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS | Temple receives financial statements from its wholly owned subsidiary Temple Educational Support Services (TESS), located in Tokyo, Japan. Payments to TESS are in support of the University's educational mission. Temple receives financial reports from its campus in Rome and London program. All payments are in support of the University's educational mission. Temple also has an annual consolidated audit which includes the accounts of all subsidiaries and components. |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 23-1365971

Name: Temple University - Of the Commonwealth System of
Higher Education

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|---|--|---|---|--------------------------------------|
| East Asia and the Pacific | 1 | 4 | Program Services | INSTRUCTION AT TOKYO, JAPAN CAMPUS | 779,000 |
| Europe (Including Iceland and Greenland) | 2 | 9 | Program Services | INSTRUCTION AT LOCATIONS IN ROME, ITALY AND LONDON, ENGLAND | 4,226,000 |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90

3 Enter total number of other organizations listed in the line 1 table 21

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS AND TUITION REMISSION TO ATTEND TEMPLE UNIVERSITY | 27456 | 174,262,000 | 0 | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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 |
|--|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | Financial Aid Eligibility Requirements * Complete the Free Application for Federal Student Aid (FAFSA) annually and as early as January 1 (Temple's priority deadline is March 1) * Sign statements on the FAFSA stating that * you are not in default on a federal student loan and do not owe money on a federal student grant and * you will use federal student aid only for educational purposes * Comply with Temple University's Satisfactory Academic Progress Standards * Remain in good standing on educational loans and grants per the National Student Loan Database System (NSLDS) * Remain enrolled at least part-time per semester for Federal loans (6 credits as an undergraduate student and 4 5 credits as a graduate student) * Be enrolled in an eligible degree program at Temple University * Be a citizen or eligible non-citizen with a valid Social Security Number * Have a high school diploma or recognized equivalent * Be registered for the Selective Service if you are male and 18-25 years of age * Comply with any and all federal verification requests made by Student Financial Services Research Administration Processing an Award - Negotiation of SubAward (s) If the University receives an award and a portion of the activity is to be sub-contracted to another entity, Sponsored Programs assists the PI in development of a sub-contract which outlines the sub-contractor's role in meeting the requirements of the award Sponsored Programs forwards the sub-contract to the sub-contractor for review and signature Upon return of the executed document, the PI should complete a Financial Impact Statement Sponsored Programs forwards the sub-contract and Financial Impact Statement to University Counsel, where review and appropriate signature(s) and seal (if necessary) are obtained When the University is the recipient of a sub-contract similar procedures are followed |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 23-1365971
Name: Temple University - Of the Commonwealth System of Higher Education

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Academic Development Inst 121 N Kickapoo St Lincoln, IL 62656 | 37-1153267 | 501 (c)(3) | 614,237 | 0 | | | Research subcontract |
| Arc of Luzerne County 380 Bennett St Luzerne, PA 18709 | 23-1634316 | 501 (c)(3) | 3,729 | 0 | | | Research subcontract |

| 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 |
| Arizona State University 699 South Mill Avenue Tempe, AZ 85281 | 86-0196696 | 501 (c)(3) | 33,009 | 0 | | | Research subcontract |
| Association of Public and Land-grant Universities 1307 New York Avenue NW Washington, DC 20005 | 53-0183246 | 501 (c)(3) | 316,288 | 0 | | | Research subcontract |

| 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 |
| Augusta University Research Institute Inc 1120 15th St Augusta, GA 30912 | 58-1418202 | 501 (c)(3) | 12,368 | 0 | | | Research subcontract |
| Bellwether Education Partners Inc 517 Boston Post Rd Unit 171 Sudbury, MA 01776 | 26-1914515 | 501 (c)(3) | 130,176 | 0 | | | Research subcontract |

| 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 |
| Bioqual Incorporated 9600 Medical Center Drive Rockville, MD 20850 | 13-3078199 | N/A | 249,232 | 0 | | | Research subcontract |
| Board Of Regents Of The University Of Wisconsin At Madison 780 Regent Street Madison, WI 53706 | 39-1805963 | 115 | 717,095 | 0 | | | Research subcontract |

| 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 |
| Board Of Trustees Of The University Of Illinois 506 S Wright Street Urbana, IL 61801 | 37-6000511 | 501 (c)(3) | 78,748 | 0 | | | Research subcontract |
| Boston University One Silber Way Boston, MA 02215 | 04-2103547 | 501 (c)(3) | 139,120 | 0 | | | Research subcontract |

| 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 |
| Brigham and Womens Hospital Inc 75 Francis Street Boston, MA 02215 | 04-2312909 | 501 (c)(3) | 15,000 | 0 | | | Research subcontract |
| Bunker Hill Community College 250 Rutherford Ave Boston, MA 02129 | 22-2757389 | 501 (c)(3) | 36,787 | 0 | | | Research subcontract |

| 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 |
| Cal Poly Corporation 1 Grand Ave Advancement Services San Luis Obispo, CA 93407 | 95-1648180 | 501 (c)(3) | 319,671 | 0 | | | Research subcontract |
| Carleton College 1 N College Street Northfield, MN 55057 | 41-0694747 | 501 (c)(3) | 16,844 | 0 | | | Research subcontract |

| 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 |
| Carnegie Mellon University Po Box 371032M Pittsburgh, PA 15250 | 25-0969449 | 501 (c)(3) | 14,487 | 0 | | | Research subcontract |
| Center For Independent Living Of NCPA 210 Market St Suite A Williamsport, PA 17701 | 23-2926556 | 501 (c)(3) | 24,397 | 0 | | | Research subcontract |

| 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 |
| Center for Policy Research 1570 Emerson Street Denver, CO 80218 | 84-0849945 | 501 (c)(3) | 453,365 | 0 | | | Research subcontract |
| Children's Hospital of Philadelphia 34th St and Civic Center Blvd Philadelphia, PA 19104 | 23-1352166 | 501 (c)(3) | 177,903 | 0 | | | Research subcontract |

| 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 |
| Cincinnati Childrens Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229 | 31-0537130 | 501 (c)(3) | 397,439 | 0 | | | Research subcontract |
| Community Living and Support Services Inc 1400 South Braddock Avenue Pittsburgh, PA 15218 | 25-0987252 | 501 (c)(3) | 35,131 | 0 | | | Research subcontract |

| 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 |
| Community Resources For Independence Incorporated 3410 West 12th Street Erie, PA 16505 | 25-1640170 | 501 (c)(3) | 21,016 | 0 | | | Research subcontract |
| Cornell University 377 Pine Tree Road Ithaca, NY 14850 | 15-0532082 | 501 (c)(3) | 2,631 | 0 | | | Research subcontract |

| 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 |
| Drexel University 3141 Chestnut Street Philadelphia, PA 19103 | 23-1352630 | 501 (c)(3) | 453,587 | 0 | | | Research subcontract |
| Duke University Box 90754 Durham, NC 27708 | 56-0532129 | 501 (c)(3) | 136,420 | 0 | | | Research subcontract |

| 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 |
| East Carolina University 220 South Charles Blvd Ste 1100 Greenville, NC 27858 | 56-6093187 | 501 (c)(3) | 65,290 | 0 | | | Research subcontract |
| Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111 | 23-6296135 | 501 (c)(3) | 45,540 | 0 | | | Research subcontract |

| 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 |
| Fox Chase Chemical Diversity Center Inc 3805 Old Easton Road Doylestown, PA 18902 | 99-9999999 | N/A | 51,955 | 0 | | | Research subcontract |
| Good Shepherd Rehabilitation Hospital 850 S 5th Street Allentown, PA 18103 | 23-1371947 | 501 (c)(3) | 5,690 | 0 | | | Research subcontract |

| 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 |
| Imperial College of Science Technology and Medicine c/o TU Grant Acctg Philadelphia, PA 19122 | 99-9999999 | 501 (c)(3) | 124,191 | 0 | | | Research subcontract |
| Johns Hopkins University Garland Hall Suite 300 Baltimore, MD 21218 | 52-0595110 | 501 (c)(3) | 486,546 | 0 | | | Research subcontract |

| 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 |
| Life And Independence For Today 503 E Arch St St Marys, PA 15857 | 25-1732868 | 501 (c)(3) | 22,673 | 0 | | | Research subcontract |
| Louisiana State University 433 Bolivar Street New Orleans, LA 70112 | 72-6000848 | 501 (c)(3) | 1,082 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Maternity Care Coalition 2000 Hamilton St Philadelphia, PA 19130 | 23-2200410 | 501 (c)(3) | 40,015 | 0 | | | Research subcontract |
| McMaster University c/o TU Grant Acctg Philadelphia, PA 19122 | 23-7213309 | 501 (c)(3) | 44,691 | 0 | | | Research subcontract |

| 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 |
| Medical University of South Carolina 18 Bee St Charleston, SC 29425 | 57-6028985 | 501 (c)(3) | 57,020 | 0 | | | Research subcontract |
| Mental Health Association of Southeastern Penna 3119 Spring Garden Street Philadelphia, PA 19107 | 23-1425035 | 501 (c)(3) | 53,237 | 0 | | | Research subcontract |

| 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 |
| Miriam Hospital 164 Summit Ave Provide, RI 02906 | 05-0258905 | 501 (c)(3) | 278,540 | 0 | | | Research subcontract |
| Monell Chemical Senses Center 3500 Market St Philadelphia, PA 19104 | 23-2020897 | 501 (c)(3) | 179,603 | 0 | | | Research subcontract |

| 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 |
| North Carolina State University NCSU Box 7207 Raleigh, NC 27695 | 56-6049503 | 501 (c)(3) | 49,328 | 0 | | | Research subcontract |
| North Central Organized Regionally 1300 W Lehigh ave Philadelphia, PA 19132 | 23-7399017 | 501 (c)(3) | 47,929 | 0 | | | Research subcontract |

| 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 |
| Northeastern Ohio Universities Colleges Of Medicine And Phar 4209 OH 44 Rootstown, OH 44272 | 34-1131512 | 501 (c)(3) | 46,313 | 0 | | | Research subcontract |
| Northeastern University 360 Huntington Ave Boston, MA 02115 | 04-1679980 | 501 (c)(3) | 41,150 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Northern Illinois University 1425 Lincoln Hwy Dekalb, IL 60115 | 36-6086819 | 115 | 14,037 | 0 | | | Research subcontract |
| Northwestern University 633 Clark Street Evanston, IL 60208 | 36-2167817 | 501 (c)(3) | 325,173 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Nova Southeastern University 3301 College Avenue Fort Lauderdale, FL 33314 | 59-1083502 | 501 (c)(3) | 38,326 | 0 | | | Research subcontract |
| Old Dominion University 4111 Monarch Way Ste 204 Norfolk, VA 23508 | 54-6068198 | 501 (c)(3) | 87,607 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Pace University 1 Pace Plaza New York, NY 10038 | 13-5562314 | 501 (c)(3) | 14,610 | 0 | | | Research subcontract |
| Pennsylvania Assistive Technology Foundation 1004 W 9th Avenue King of Prussia, PA 19406 | 23-2953796 | 501 (c)(3) | 45,600 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Philadelphia College Of c/o TU Grant Acctg Philadelphia, PA 19122 | 99-9999999 | 501 (c)(3) | 11,579 | 0 | | | Research subcontract |
| Planetary Science Institute 1700 E Fort Lowell Rd Tucson, AZ 85719 | 33-0175263 | 501 (c)(3) | 2,999 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Portland State University 1825 SW Broadway Portland, OR 97201 | 93-6001786 | 115 | 43,988 | 0 | | | Research subcontract |
| Providence Center 2557 N 5th St Philadelphia, PA 19133 | 23-2901291 | 501 (c)(3) | 33,046 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Rectors and Visitors of The University Of Virginia PO Box 400195 Charlottesville, VA 22904 | 54-6001796 | 115 | 22,615 | 0 | | | Research subcontract |
| Regents Of The U Of Ca 1111 Franklin Street Oakland, CA 94607 | 94-3067788 | 501 (c)(3) | 87,980 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Regents Of The U Of Ca Irvine 120 Theory Ste 200 Irvine, CA 92617 | 95-2226406 | 501 (c)(3) | 33,796 | 0 | | | Research subcontract |
| Regents Of The University Of California 1111 Franklin Street Oakland, CA 94607 | 94-3067788 | 501 (c)(3) | 53,311 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Regents of The University of California San Francisco 220 Montgomery St San Francisco, CA 94104 | 94-3067788 | 501 (c)(3) | 50,181 | 0 | | | Research subcontract |
| Regents Of the University of Minnesota 1300 S 2nd St Suite 206 Minneapolis, MN 55454 | 41-6007513 | 115 | 402,258 | 0 | | | Research subcontract |

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| Rti International 3040 E Cornwallis Rd Research Triangle Park, NC 27709 | 56-0686338 | 501 (c)(3) | 106,995 | 0 | | | Research subcontract |
| Rutgers The State University Of New Jersey 57 US Rt 1 New Brunswick, NJ 08901 | 22-6001086 | 501 (c)(3) | 38,787 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Rutgers University 57 US Rt 1 New Brunswick, NJ 08901 | 22-6001086 | 501 (c)(3) | 62,446 | 0 | | | Research subcontract |
| Saint Josephs University 5600 City Ave Philadelphia, PA 19131 | 23-1352674 | 501 (c)(3) | 6,277 | 0 | | | Research subcontract |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| Southeast Pa Ahec 2100 Spring Garden St Philadelphia, PA 19130 | 23-2840151 | 501 (c)(3) | 79,078 | 0 | | | Research subcontract |
| Spearca Communications c/o TU Grant Acctg Philadelphia, PA 19122 | 99-9999999 | N/A | 27,843 | 0 | | | Research subcontract |

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| Stanford University 3145 Porter Drive Palo Alto, CA 94304 | 94-1156365 | 501 (c)(3) | 39,878 | 0 | | | Research subcontract |
| State University of Iowa 105 Jessup Rd Iowa City, IA 52242 | 42-6004813 | 115 | 12,454 | 0 | | | Research subcontract |

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| Steppingstone Scholars Inc 1301 Cecil B Moore Ave Philadelphia, PA 19122 | 42-1612131 | 501 (c)(3) | 299,716 | 0 | | | Research subcontract |
| Teachers College Columbia University 525 W 120th St New York, NY 10033 | 13-1624202 | 501 (c)(3) | 12,288 | 0 | | | Research subcontract |

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| Technical Education Research Centers Inc 2067 Massachusetts Ave Cambridge, MA 02138 | 04-6134355 | 501 (c)(3) | 24,105 | 0 | | | Research subcontract |
| Texas Tech University Health Sciences Center PO Box 41081 Lubbock, TX 79409 | 75-6043842 | 501 (c)(3) | 58,790 | 0 | | | Research subcontract |

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| The Mary Imogene Bassett Hospital 1 Atwell Rd Cooperstown, NY 13326 | 13-5596796 | 501 (c)(3) | 2,420 | 0 | | | Research subcontract |
| The University of Texas at Dallas 800 W Campbell Rd Richardson, TX 75080 | 75-1305566 | 115 | 203,052 | 0 | | | Research subcontract |

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| Thomas Jefferson University 111 S 11th St Philadelphia, PA 19107 | 23-2829095 | 501 (c)(3) | 193,969 | 0 | | | Research subcontract |
| Transitional Paths to Independent Living 69 East Beau St Washington, PA 15301 | 25-1622789 | 501 (c)(3) | 19,456 | 0 | | | Research subcontract |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| Trustees of Columbia University 622 West 113th Street New York, NY 10025 | 13-5598093 | 501 (c)(3) | 162,305 | 0 | | | Research subcontract |
| Trustees Of The University Of Pennsylvania 3451 Walnut Street Suite 305 Philadelphia, PA 19104 | 23-1352685 | 501 (c)(3) | 296,570 | 0 | | | Research subcontract |

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| Tulane University 6823 St Charles Avenue New Orleans, LA 70118 | 72-0423889 | 501 (c)(3) | 12,735 | 0 | | | Research subcontract |
| United Cerebral Palsy Of Central Pennsylvania 55 Utleigh Drive Camp Hill, PA 17011 | 23-1433882 | 501 (c)(3) | 44,034 | 0 | | | Research subcontract |

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| United Cerebral Palsy Of Northeastern Pennsylvania 425 Wyoming Ave Scranton, PA 18503 | 24-0818346 | 501 (c)(3) | 19,044 | 0 | | | Research subcontract |
| United States Geological Survey 12201 Sunrise Valley Drive Reston, VA 20192 | 99-99999999 | N/A | 13,527 | 0 | | | Research subcontract |

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| University Of Arizona 1401 E University Tuscon, AZ 85721 | 86-6004791 | 115 | 24,173 | 0 | | | Research subcontract |
| University of California 2223 Fulton Street Berkeley, CA 94720 | 94-6002123 | 501 (c)(3) | 8,313 | 0 | | | Research subcontract |

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| University Of Chicago 5747 S Ellis Ave No 122 Chicago, IL 60637 | 36-2177139 | 501 (c)(3) | 103,084 | 0 | | | Research subcontract |
| University Of Delaware 220 Hullihen Hall Newark, DE 19716 | 51-6000297 | 501 (c)(3) | 185,014 | 0 | | | Research subcontract |

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| University of Edinburgh 29 East 22 St Apt 125 New York, NY 10010 | 52-1802057 | 501 (c)(3) | 34,065 | 0 | | | Research subcontract |
| University Of Florida W University Ave Gainsville, FL 32601 | 59-6002052 | 115 | 130,828 | 0 | | | Research subcontract |

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| University Of Houston 5000 Gulf Fwy Houston, TX 77204 | 74-6001399 | 115 | 17,638 | 0 | | | Research subcontract |
| University of Maryland 3112 Lee Building College Park, MD 20742 | 52-6002033 | 115 | 32,088 | 0 | | | Research subcontract |

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| University Of Massachusetts 225 Franklin Street Boston, MA 02110 | 04-3167352 | 501 (c)(3) | 8,325 | 0 | | | Research subcontract |
| University Of Michigan 500 S State Street Ann Arbor, MI 48109 | 38-6006309 | 501 (c)(3) | 105,025 | 0 | | | Research subcontract |

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| University Of New England 11 Hills Beach Rd Biddeford, ME 04005 | 01-0211810 | 501 (c)(3) | 219,588 | 0 | | | Research subcontract |
| University Of North Carolina at Greensboro 1400 Spring Garden Street Greensboro, NC 27402 | 56-6001393 | 501 (c)(3) | 26,232 | 0 | | | Research subcontract |

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| University of Pennsylvania 3440 Market Street Philadelphia, PA 19104 | 23-1352685 | 501 (c)(3) | 346,667 | 0 | | | Research subcontract |
| University Of Pittsburgh 4200 Fifth Avenue Pittsburgh, PA 15260 | 25-0965591 | 501 (c)(3) | 27,907 | 0 | | | Research subcontract |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| University Of South Florida 3702 Spectrum Blvd Tampa, FL 33612 | 59-2959590 | 501 (c)(3) | 130,056 | 0 | | | Research subcontract |
| University Of Southern Indiana 8600 University Blvd Evansville, IN 47712 | 23-7042320 | 501 (c)(3) | 24,889 | 0 | | | Research subcontract |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| University of Tennessee 1331 Circle Park Dr Knoxville, TN 37996 | 62-6001636 | 115 | 9,241 | 0 | | | Research subcontract |
| University of the Sciences in Philadelphia 600 S 43rdSt Philadelphia, PA 19104 | 23-1352668 | 501 (c)(3) | 500 | 0 | | | Research subcontract |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| University Of Washington 1410 NE Campus Parkway Seattle, WA 98195 | 91-6001537 | 115 | 99,687 | 0 | | | Research subcontract |
| University Of Wisconsin 111 Highland Ave Madison, WI 53705 | 39-6006492 | 115 | 14,884 | 0 | | | Research subcontract |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| University of Wyoming 1000 E University Ave Laramie, WY 82701 | 83-6000331 | 115 | 60,965 | 0 | | | Research subcontract |
| Vanderbilt University 2501 Vanderbilt Nashville, TN 37235 | 62-0476822 | 501 (c)(3) | 246,923 | 0 | | | Research subcontract |

| 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 |
| Vanderbilt University Medical Center 2501 Vanderbilt Nashville, TN 37235 | 62-0476822 | 501 (c)(3) | 13,580 | 0 | | | Research subcontract |
| Virginia Commonwealth University 821 W Franklin St Richmond, VA 23284 | 54-6001758 | 115 | 563,539 | 0 | | | Research subcontract |

| 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 |
| Vision For Equality Incorporated 718 Arch St Ste 6N Philadelphia, PA 19106 | 23-2891928 | 501 (c)(3) | 1,465 | 0 | | | Research subcontract |
| Washington State University PO Box 645910 Pullman, WA 99164 | 91-6001108 | 501 (c)(3) | 189,446 | 0 | | | Research subcontract |

| 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 |
| Washington University One Brookings Dr Saint Louis, MO 63130 | 43-0653611 | 501 (c)(3) | 26,851 | 0 | | | Research subcontract |
| WestEd 730 Harrison Sreet San Fransisco, CA 94107 | 94-3233542 | N/A | 26,306 | 0 | | | Research subcontract |

| 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 |
| Wistar Institute 3601 Spruce St Philadelphia, PA 19104 | 23-6434390 | 501 (c)(3) | 11,576 | 0 | | | Research subcontract |
| Yale University PO Box 2038 New Haven, CT 06521 | 06-0646973 | 501 (c)(3) | 64,080 | 0 | | | Research subcontract |

| 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 |
| Yeshiva University 500 W 185th St New York, NY 10033 | 13-1624225 | 501 (c)(3) | 6,618 | 0 | | | Research subcontract |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Employer identification number

23-1365971

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> 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 Yes | | | | | | | | | | |
| 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 Yes | | | | | | | | | | |
| 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>No</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 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? | 4c | No | | |
| 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? | 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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III. | a The organization? | 5a | No | b Any related organization? | 5b | No | | | | | |
| a The organization? | 5a | No | | | | | | | | | |
| b Any related organization? | 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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III. | a The organization? | 6a | No | b Any related organization? | 6b | No | | | | | |
| a The organization? | 6a | No | | | | | | | | | |
| b Any related organization? | 6b | No | | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 Yes | | | | | | | | | | |
| 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 | | | | | | | | | | |

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.

See Additional Data Table

[illegible]

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 |
|---|--|
| Schedule J, Part I, Line 1a Travel for companions | The University provides travel reimbursement for certain senior officer's spouses, where a legitimate business purpose exists for the spouse to accompany the officer. |
| Schedule J, Part I, Line 1a Housing allowance or residence for personal use | In accordance with the President's employment agreement, the University provides the President a housing allowance. |
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | The University pays for a social club membership that its President and other University personnel use primarily for business purposes. |
| Schedule J, Part I, Line 1a Personal services | In accordance with the President's employment agreement, the University provides the President a car and driver for University business. |
| Schedule J, Part I, Line 7 Non-fixed payments | Additional payments were paid to Officers who met prior fiscal year organizational goals. |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 23-1365971

Name: Temple University - Of the Commonwealth System of Higher Education

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 | | | | |
| 1William T Bergman | (i) | 383,938 | 50,000 | 0 | 35,376 | 13,839 | 483,153 | 0 |
| VP - Special Assistant to the President | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1Kevin G Clark | (i) | 559,590 | 40,000 | 7,265 | 29,376 | 19,193 | 655,424 | 0 |
| EVP - COO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2Hai-lung Dai | (i) | 447,268 | 0 | 25,350 | 35,376 | 19,193 | 527,187 | 0 |
| VP - International Affairs | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3James Dicker | (i) | 229,325 | 0 | 0 | 24,687 | 11,224 | 265,236 | 0 |
| VP - Institutional Advancement | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4Richard Englert | (i) | 670,394 | 75,000 | 50,010 | 60,000 | 13,839 | 869,243 | 0 |
| President | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5JoAnne A Epps | (i) | 512,284 | 40,000 | 1,107 | 54,443 | 13,839 | 621,673 | 0 |
| EVP & Provost | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6Michael B Gebhardt | (i) | 407,040 | 30,000 | 18,630 | 35,376 | 19,193 | 510,239 | 0 |
| University Counsel | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7Kenneth Kaiser | (i) | 453,154 | 30,000 | 0 | 35,376 | 19,193 | 537,723 | 0 |
| VP, CFO & Treasurer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8Larry Kaiser | (i) | 1,691,687 | 200,000 | 4,200 | 0 | 23,217 | 1,919,104 | 0 |
| Sr Exec VP - Health Affairs | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9Cindy Leavitt | (i) | 246,678 | 15,000 | 11,155 | 27,036 | 6,923 | 306,792 | 0 |
| VP - Computer Services & CIO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10Gennaro J Leva | (i) | 315,064 | 20,000 | 0 | 29,376 | 19,193 | 383,633 | 0 |
| VP - Planning, Capital Projects | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11Michele M Masucci | (i) | 343,942 | 30,000 | 0 | 35,376 | 6,923 | 416,241 | 0 |
| VP - Research Administration | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12Anne Nadol | (i) | 250,897 | 30,000 | 0 | 34,076 | 18,847 | 333,820 | 0 |
| VP -Secretary | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13Theresa A Powell | (i) | 298,274 | 10,000 | 1,937 | 35,376 | 6,923 | 352,510 | 0 |
| VP - Student Affairs | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14Neil D Theobald | (i) | 345,034 | 0 | 73,898 | 32,876 | 11,224 | 463,032 | 0 |
| President | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15William G Collins | (i) | 360,715 | 150,000 | 1,635,925 | 29,376 | 19,193 | 2,195,209 | 0 |
| Head Coach - Football | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16Yoshiya Toyoda | (i) | 196,089 | 300,000 | 932,584 | 20,894 | 24,515 | 1,474,082 | 0 |
| Surgeon | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17Francis Dunphy | (i) | 577,878 | 50,000 | 633,053 | 154,376 | 13,839 | 1,429,146 | 0 |
| Head Coach - Men's Basketball | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18Verdi DiSesa | (i) | 941,378 | 100,000 | 0 | 29,376 | 13,839 | 1,084,593 | 0 |
| COO & Vice Dean Clinical Affairs | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19Michael Weaver | (i) | 180,687 | 0 | 854,200 | 18,846 | 22,969 | 1,076,702 | 0 |
| Surgeon | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-1365971

Part I

Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A Pennsylvania Higher Education Facilities Authority Series 2012 | 23-2243852 | 70917RAW3 | 10-03-2012 | 225,756,526 | See Schedule K, Part VI | | X | | X | | X |
| B Pennsylvania Higher Education Facilities Authority Series 2010A | 23-2243852 | 70917RA21 | 04-22-2010 | 50,370,429 | See Schedule K, Part VI | | X | | X | | X |
| C Philadelphia Authority for Industrial Development First Series of 2015 and First Series of 2016 | 23-2237287 | 717794AM3 | 07-08-2015 | 291,571,763 | See Schedule K, Part VI | | X | | X | | X |
| D Philadelphia Authority for Industrial Development Second Series 2016 | 22-2237287 | 717794BS9 | 02-18-2016 | 91,258,537 | See Schedule K, Part VI | | X | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | |
|----|--|------|-------------|------|------------|------|-------------|------|------------|
| 1 | Amount of bonds retired | | 22,645,000 | | 36,775,000 | | 23,920,000 | | 0 |
| 2 | Amount of bonds legally defeased | | 0 | | 0 | | 0 | | 0 |
| 3 | Total proceeds of issue | | 226,790,289 | | 50,605,199 | | 293,331,790 | | 91,258,537 |
| 4 | Gross proceeds in reserve funds | | 0 | | 0 | | 0 | | 0 |
| 5 | Capitalized interest from proceeds | | 268,859 | | 531,816 | | 669,013 | | 0 |
| 6 | Proceeds in refunding escrows | | 0 | | 0 | | 0 | | 0 |
| 7 | Issuance costs from proceeds | | 1,116,470 | | 272,681 | | 1,430,000 | | 518,666 |
| 8 | Credit enhancement from proceeds | | 0 | | 0 | | 0 | | 0 |
| 9 | Working capital expenditures from proceeds | | 0 | | 0 | | 0 | | 0 |
| 10 | Capital expenditures from proceeds | | 225,404,960 | | 17,168,504 | | 57,198,452 | | 0 |
| 11 | Other spent proceeds | | 0 | | 32,632,199 | | 197,174,035 | | 90,739,871 |
| 12 | Other unspent proceeds | | 0 | | 0 | | 36,860,291 | | 0 |
| 13 | Year of substantial completion | 2016 | | 2014 | | 2019 | | 2016 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | X | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | X | | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | X | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III

Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | 0 % | | 0 % | |
| 6 Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | 0 % | |
| 7 Does the bond issue meet the private security or payment test? . . . | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | X | | X | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|-----------|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? . . . | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|--|
| Schedule K, Part VI Supplemental information | Part I, Column (f), Purpose of Tax Exempt Bonds A) First Series of 2012 - Design, develop, install and construct various capital project, pay costs for issuing the bonds B) First Series of 2010A - Refunding of a portion of the Authority's outstanding Temple University Revenue Bonds, First Series of 1998, design, develop, install and construct various capital project, pay costs for issuing the bonds C)First Series of 2015 and 2016 - Refunding of portion of the outstanding Temple University Revenue Bonds, First Series of 2006, design, develop, install and construct various capital projects, pay for costs for issuing the bonds D)Second Series of 2016 - Refunding of a portion of the outstanding Temple University Revenue Bonds, First Series of 2006, pay costs for issuing the bonds Part II, Line 3, Column A - Includes investment earnings of \$1,033,763 Part II, Line 3, Column B - Includes investment earnings of \$234,770 Part II, Line 3, Column C - Includes investment earnings of \$1,760,027 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c COLUMN A | Issuer name Pennsylvania Higher Education Facilities Authority, Series 2012 The calculation for computing no rebate due was performed on 04/22/2016 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c COLUMN B | Issuer name Pennsylvania Higher Education Facilities Authority, Series 2010A The calculation for computing no rebate due was performed on 04/22/2016 |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part IV, Line 2c COLUMN C | Issuer name Philadelphia Authority for Industrial Development, First Series of 2015 and First Series of 2016 The calculation for computing no rebate due was performed on 07/01/2018 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c COLUMN D | Issuer name Philadelphia Authority for Industrial Development, Second Series 2016 The calculation for computing no rebate due was performed on 07/01/2018 |

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

2017

Open to Public Inspection

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Employer identification number
23-1365971

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 |
| (1) Substantial Contributor | Substantial Contributor | 166,000 | Document services | | No |
| (2) Substantial Contributor | Substantial Contributor | 322,000 | Parking management services | | No |
| (3) Substantial Contributor | Substantial Contributor | 281,000 | Legal Services | | No |
| (4) Substantial Contributor | Substantial Contributor | 157,000 | Intercollegiate athletics services | | No |
| (5) Substantial Contributor | Substantial Contributor | 4,885,000 | Professional media services | | No |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Employer identification number
23-1365971

Part ITypes 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 . . | X | | 316,000 | Market value |
| 5 Clothing and household goods | X | | 6,000 | Market value |
| 6 Cars and other vehicles . . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | X | 41 | 3,627,000 | Market value |
| 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 | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies . | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts . . . | | | | |
| 25 Other ► (Equipment) | X | 7 | 215,000 | Market value |
| 26 Other ► (Musical instruments) | X | 1 | 64,000 | Market value |
| 27 Other ► (Other) | X | 1 | 50,000 | Market value |
| 28 Other ► () | | | | |

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

295

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?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

No

Yes

No

No

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

Cat No 51227J

Schedule M (Form 990) (2017)

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 |
|---|--|
| Schedule M, Part I EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | BOOKS AND PUBLICATIONS NUMBER OF CONTRIBUTIONS CLOTHING AND HOUSEHOLD NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Temple University - Of the Commonwealth System of Higher Education

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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-1365971

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part III, Line 4d QUESTION 4 (D) | AUXILIARY ENTERPRISES - INCLUDES INTERCOLLEGIATE ATHLETICS, STUDENT RESIDENCES, TEMPLE UNIVERSITY PRESS, PARKING LOTS, BOOKSTORES, AND SNACK SHOPS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part III, Line 4d QUESTION 4 (D) | SCHOLARSHIPS & FELLOWSHIPS - INCLUDES GRANTS-IN-AID, TRAINEE STIPENDS, TUITION AND FEE WAIVERS, AND PRIZES TO UNDERGRADUATE STUDENTS FELLOWSHIPS INCLUDE GRANTS-IN-AID AND TRAINEE STIPENDS TO GRADUATE STUDENTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4d QUESTION 4 (D) | PUBLIC SERVICE - INCLUDES EXPENDITURES FOR NON-INSTRUCTIONAL SERVICES BENEFICIAL TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4d Description of other program services | (Expenses \$ 317,538,000 including grants of \$ 153,372,000)(Revenue \$ 125,750,000) OTHER PROGRAM SERVICES Listed Below |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | <p>A The Executive Committee shall consist of the Chair of the Board, the Chairs of the Standing Committees, the Chair of the Board of Directors of Temple University Health System, Inc., the Chair of the Board of Temple Educational Support Services, Ltd., and the Chairs of such ad hoc committees as determined by the Chair of the Board. The Chair of the Board shall appoint a trustee, other than the Chair of the Board, as the Chair of the Executive Committee, who also shall be the Vice-Chair of the Board ex officio, and another trustee as the Vice-Chair of the Executive Committee. The Chair of the Executive Committee shall preside at all Executive Committee meetings, and in the event of the Chair's absence, the Chair of the Board shall act in his or her place. In the absence of the Chair of the Executive Committee and the Chair of the Board, the Vice-Chair of the Executive Committee shall preside. In the event that the Chair of a Standing Committee is unable to attend a meeting of the Executive Committee, the Vice Chair of that Standing Committee shall be permitted to attend with full power and authority as a member of the Executive Committee.</p> <p>B The Executive Committee shall meet at least monthly upon the call of its Chair except for those months in which the Board meets, or otherwise as determined by the Board. Special meetings of the Executive Committee may be called upon 48 hours notice by its Chair, the Chair of the Board or the President, or upon the written request of three members of the Executive Committee to the Secretary.</p> <p>C Six members of the Executive Committee shall constitute a quorum.</p> <p>D The Executive Committee shall be authorized to act on behalf of the Board between meetings of the Board. Except as otherwise provided by these Bylaws, by resolution of the Board, or by the Act, the Executive Committee shall have and may exercise all of the powers and authority of the Board in the management of the Corporation. The Executive Committee shall report its actions at the next meeting of the Board.</p> <p>E The Executive Committee shall not, unless specifically authorized by the Board of Trustees, change the general educational policy of the University, establish a new academic department, school or college, or close an existing academic department, school or college of the University.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | The Commonwealth of Pennsylvania appoints 12 members of Temple University's 36 member Board of Trustees |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | Temple University's form 990 is reviewed by management, University Counsel, outside counsel and the University's audit committee prior to being submitted to the University's Board of Trustees |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>Persons subject to the University's conflict of interest policies submit annual disclosures regarding business, charitable and other relationships. Where a potential conflict is identified in such disclosures, the information is subject to further review. In the case of trustees, these submissions are reviewed by a committee of the Board of Trustees. In the case of a faculty member, these submissions are reviewed by the cognizant Dean and University Counsel. In each case where an identified conflict is confirmed, the reviewing committee or officials require action to eliminate the conflict or establish a management plan to address the conflict.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | The University's Department of Human Resources engages in a review of the job responsibilities of the president, obtains comparability data and performs a market analysis of persons holding similar positions in other public and private universities. The University obtains independent review by a third party contractor regarding reasonableness of compensation of the president. Data is provided to the president and to the Executive Compensation Committee, each composed of individuals independent of the University's officers (president recuses and absents himself from discussion and vote on his own compensation). The outside contractor documents its review and findings, and contemporaneous minutes of the meetings of the Committees are produced and maintained. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | The University's Department of Human Resources engages in a review of the job responsibilities of the officers, deans and senior staff, obtains comparability data and performs a market analysis of persons holding similar positions in other public and private universities. The University obtains independent review by a third party contractor regarding reasonableness of compensation of the officers, deans and senior staff. Data is provided to the president and to the Executive Compensation Committee, each composed of individuals independent of the University's officers. The outside contractor documents its review and findings, and contemporaneous minutes of the meetings of the Committees are produced and maintained. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Required documents available to the public | The University makes its governing documents, conflict of interest policy and financial statements available to the public on its web site http //www temple edu/about/public-inform ation |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VIII, Line 5 Royalties | The University receives royalty income from several sources, primarily from patents and the licensing of intellectual property. The licensed intellectual property typically includes technical knowledge and the University's name and logo, for example, in connection with an affinity credit card program and University-related sports publications and special events. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Temple University - Of the Commonwealth System of Higher Education

Employer identification number
23-1365971

| 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 |
| (1) TEMPLE CENTER FOR POPULATION HEALTH LLC TUHS Corp 2450 Hunting Park Ave Philadelphia, PA 19129 46-4556027 | HEALTH CARE | PA | | | Temple University Health System Inc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 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. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table | | | | | | | |
| (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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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) FOX CHASE LTD TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2396731 | HEALTH CARE | PA | AMERICAN ONCOLOGIC HOSPITAL | C Corporation | | | | Yes | |
| (2) GLOBAL TECHNOLOGY MANAGEMENT CORP 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-3007767 | INACTIVE | PA | NA | C Corporation | 0 | 0 | 100 % | | |
| (3) GOOD SAMARITAN INSURANCE CO LTD PO BOX HM1179 CEDAR HOUSE HAMILTON HM12 BD 98-1203425 | REINSURANCE | BD | NA | | 7,949,000 | 45,194,000 | 100 % | Yes | |
| (4) TEMPLE EDUCATIONAL SUPPORT SERVICES LTD 2-8-12 MINAMI AZABU MINATO-KU TOKYO JA | EDUCATION | JA | TEMPLE UNIVERSITY | | 28,328,000 | 10,705,000 | 100 % | Yes | |
| (5) TUHS INSURANCE CO LTD TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 98-1203189 | REINSURANCE | BD | TEMPLE UNIVERSITY HEALTH SYSTEM INC | | 9,831,000 | 62,908,000 | 100 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |

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?

| | Yes | No |
|--|---------------|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 23-1365971

Name: Temple University - Of the Commonwealth System of Higher Education

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 |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-1352156 | HEALTH CARE | PA | 501(c)(3) | 3 | TEMPLE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-1365351 | HEALTH CARE | PA | 501(c)(3) | Type I | TEMPLE UNIVERSITY HOSPITAL INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 45-4540585 | HEALTH CARE | PA | 501(c)(3) | 3 | AMERICAN ONCOLOGIC HOSPITAL | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2467337 | HEALTH CARE | PA | 501(c)(3) | Type II | AMERICAN ONCOLOGIC HOSPITAL | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-6296135 | HEALTH CARE | DE | 501(c)(3) | 4 | AMERICAN ONCOLOGIC HOSPITAL | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2826045 | HEALTH CARE | PA | 501(c)(3) | 3 | TEMPLE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 75-3084023 | HEALTH CARE | PA | 501(c)(3) | 9 | TEMPLE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2790607 | HEALTH CARE | PA | 501(c)(3) | 9 | TEMPLE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2916108 | HEALTH CARE | PA | 501(c)(3) | Type I | TEMPLE UNIVERSITY HOSPITAL INC | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2825881 | HEALTH CARE | PA | 501(c)(3) | Type I | TEMPLE UNIVERSITY | Yes | |
| TUHS CORP 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129 23-2825878 | HEALTH CARE | PA | 501(c)(3) | 3 | TEMPLE UNIVERSITY HEALTH SYSTEM INC | Yes | |
| 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-2930242 | EDUCATION | PA | 501(c)(3) | 5 | NA | | No |
| 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-6407459 | EDUCATION | PA | 501(c)(3) | Type III-FI | NA | | No |
| 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-1596240 | EDUCATION | PA | 501(c)(3) | Type I | TEMPLE UNIVERSITY | Yes | |
| 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 91-1872296 | REAL ESTATE HOLDING | PA | 501(c)(2) | | TEMPLE UNIVERSITY | Yes | |
| TUHS Corp 2450 Hunting Park Ave Philadelphia, PA 19129 23-2790607 | HEALTH CARE | PA | 501(c)(3) | | Temple University Health System Inc | Yes | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|--|-------------------------------|---|
| Temple University Health System Inc | A | 2,532,000 | FMV |
| Temple University Health System Inc | J | 11,933,000 | FMV |
| Temple University Health System Inc | K | 7,178,000 | FMV |
| Temple University Health System Inc | O | 21,421,000 | FMV |
| Temple University Health System Inc | P | 3,395,000 | FMV |
| Temple University Health System Inc | Q | 136,738,000 | FMV |
| Temple Educational Support Services Ltd | L | 1,800,000 | FMV |
| Good Samaritan Insurance Co Ltd | M | 8,144,000 | FMV |
| Temple University Alumni Association | C | 25,000 | FMV |
| Fox Chase Cancer Center | C | 25,000 | FMV |
| Temple University Law Alumni Association | C | 13,000 | FMV |