

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering prevention, and compassionate care.</u>		
	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)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,551
	6 Total number of volunteers (estimate if necessary)	6	415
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,504,195	11,441,315
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	412,397,840	402,134,018
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,237,583	1,694,035
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	877,368	158,743
		419,016,986	415,428,111
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	58,171,205	31,871,639
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	125,484,088	125,714,441
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,126,786		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	232,940,240	279,746,861
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	416,595,533	437,332,941
	19 Revenue less expenses. Subtract line 18 from line 12	2,421,453	-21,904,830
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	184,642,472	209,044,246
	21 Total liabilities (Part X, line 26)	134,456,793	181,493,147
	22 Net assets or fund balances. Subtract line 21 from line 20	50,185,679	27,551,099

Sign Here	*****		2021-05-11	
	Signature of officer		Date	
	Ray Lynch Chief Financial Officer Type or print name and title			

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.	

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:

To prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering prevention, and compassionate care.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 314,420,474 including grants of \$ 31,871,639) (Revenue \$ 402,134,018)
See Additional Data	

4b	(Code:) (Expenses \$ 36,875,649 including grants of \$) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 14,467,259 including grants of \$) (Revenue \$)
See Additional Data	

4d	Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)	

4e	Total program service expenses ▶	365,763,382
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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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	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	1a	118
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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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	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶Ray Lynch 333 Cottman Ave Philadelphia, PA 19111 (215) 728-2694

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,966,436	3,455,527	491,087

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 **▶ 217**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
The Institute For Cancer Research 3509 N Broad Street Philadelphia, PA 19140	Professional Service	9,044,208
FCCC Medical Group Inc 3509 N Broad Street Philadelphia, PA 19140	Professional Service	8,859,118
Temple University Health System 2450 W Hunting Park Avenue Philadelphia, PA 19040	Professional Service	7,973,058
Harmelin Media Inc 525 Righters Ferry Road Bala Cynwyd, PA 19004	Professional Service	3,105,428
Society Hill Anesthesia Consultants 301 S 8th Street Suite 2L Philadelphia, PA 19106	Professional Service	885,383

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 **▶ 20**

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	186,393									
	d Related organizations		1d	694,123									
	e Government grants (contributions)		1e	8,171,174									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	2,389,625									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f ▶		11,441,315										
Program Service Revenue	2a Net Patient Service Revenue		Business Code	622110		398,137,457	398,137,457						
	b Government Plan Revenue		622110		2,235,694	2,235,694							
	c TUH BMT Revenue		622110		1,730,357	1,730,357							
	d Jeanes Revenue		622110		138,176	138,176							
	e Patient TV & Gift Shop Revenue		622110		117,576	117,576							
	f All other program service revenue.				-225,242	-225,242							
	g Total. Add lines 2a-2f. ▶		402,134,018										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					1,439,645			1,439,645				
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
	6a Gross rents	6a	(i) Real	(ii) Personal									
			123,237										
	b Less: rental expenses	6b	0										
	c Rental income or (loss)	6c	123,237										
	d Net rental income or (loss) ▶					123,237			123,237				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other									
			16,668,124	302,185									
	b Less: cost or other basis and sales expenses	7b	16,365,919	350,000									
	c Gain or (loss)	7c	302,205	-47,815									
	d Net gain or (loss) ▶					254,390			254,390				
	8a Gross income from fundraising events (not including \$ 186,393 of contributions reported on line 1c). See Part IV, line 18			8a	180,863								
	b Less: direct expenses			8b	145,357								
c Net income or (loss) from fundraising events ▶					35,506							35,506	
9a Gross income from gaming activities. See Part IV, line 19			9a										
b Less: direct expenses			9b										
c Net income or (loss) from gaming activities ▶													
10a Gross sales of inventory, less returns and allowances			10a										
b Less: cost of goods sold			10b										
c Net income or (loss) from sales of inventory ▶													
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶													
12 Total revenue. See instructions ▶					415,428,111	402,134,018	0	1,852,778					

Form 990 (2019)

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	31,871,639	31,871,639		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	443,592		443,592	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	99,347,553	83,689,016	15,658,537	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	19,440,166	16,641,644	2,798,522	
10 Payroll taxes	6,483,130	5,440,237	1,042,893	
11 Fees for services (non-employees):				
a Management	1,436,925		1,436,925	
b Legal	57,351	220	57,131	
c Accounting				
d Lobbying	17,821		17,821	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,105,875	56,654,523	7,324,581	1,126,771
12 Advertising and promotion	3,161,631	217,552	2,944,079	
13 Office expenses	4,543,308	2,795,432	1,747,861	15
14 Information technology	3,335,852	1,370,329	1,965,523	
15 Royalties				
16 Occupancy	9,056,243		9,056,243	
17 Travel	216,383	120,947	95,436	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,688	36,736	4,952	
20 Interest	4,081,081		4,081,081	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,574,601	43,861	4,530,740	
23 Insurance	2,944,948	267,565	2,677,383	
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 Drugs	145,458,142	145,402,002	56,140	
b Medical/Surgical & Admi	19,515,568	19,515,568		
c Asset Impairment	13,000,000		13,000,000	
d Equipment Rentals	2,672,274	1,468,564	1,203,710	
e All other expenses	527,170	227,547	299,623	
25 Total functional expenses. Add lines 1 through 24e	437,332,941	365,763,382	70,442,773	1,126,786
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance 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		36,747,172	1	88,853,312	
	2	Savings and temporary cash investments		370,514	2	2,800,978	
	3	Pledges and grants receivable, net		1,970,484	3	2,341,787	
	4	Accounts receivable, net		41,976,289	4	41,917,256	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		8,700,569	8	4,263,418	
	9	Prepaid expenses and deferred charges		1,715,880	9	2,415,656	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	73,421,280			
	b	Less: accumulated depreciation	10b	43,340,361	32,985,140	10c	30,080,919
	11	Investments—publicly traded securities		23,756,517	11	15,807,282	
	12	Investments—other securities. See Part IV, line 11		3,770,312	12	3,821,095	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		13,169,226	14	123,115	
	15	Other assets. See Part IV, line 11		19,480,369	15	16,619,428	
16	Total assets. Add lines 1 through 15 (must equal line 34)		184,642,472	16	209,044,246		
Liabilities	17	Accounts payable and accrued expenses		45,290,025	17	42,854,871	
	18	Grants payable			18	393,665	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		12,019,772	23	10,900,061	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		77,146,996	25	127,344,550	
	26	Total liabilities. Add lines 17 through 25		134,456,793	26	181,493,147	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		33,512,240	27	11,244,443	
	28	Net assets with donor restrictions		16,673,439	28	16,306,656	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		50,185,679	32	27,551,099	
33	Total liabilities and net assets/fund balances		184,642,472	33	209,044,246		

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	415,428,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,332,941
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,904,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,185,679
5	Net unrealized gains (losses) on investments	5	-793,641
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	63,891
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,551,099

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

The mission of the Nursing department is to prevail over cancer by providing patient and family centered, quality, safe, compassionate, expert, holistic, evidence-based nursing care to adult oncology patients and their families.

Form 990, Part III, Line 4c:

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

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			
Lewis Gould Director/Chair	1.00 13.50	X		X				0	0	0
Margot Keith Director/Vice Chair	1.00 4.00	X		X				0	0	0
Michael Young Director (from 5/6/20)	1.00 49.00	X						0	756,309	25,317
Ronald Donatucci Director	1.00 11.50	X						0	0	0
Dr Solomon Luo Director	1.00 15.50	X						0	0	0
Christopher McNichol Director	1.00 18.50	X						0	0	0
Edward Glickman Director	1.00 6.00	X						0	0	0
Thomas Hofmann Director	1.00 4.00	X						0	0	0
David Marshall Director	1.00 4.00	X						0	0	0
Dr John Daly Director	1.00 49.00	X						0	606,855	43,782

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			
Dr Donald Morel Director	1.00 4.00	X						0	0	0
Dr Donna Skerrett Director	1.00 3.00	X						0	0	0
William Federici Director	1.00 4.00	X						0	0	0
Sandra Harmon-Weiss Director	1.00 13.00	X						0	0	0
Robert H LeFever Director (until 2/1/20)	1.00 4.00	X						0	0	0
Leon O Moulder Director	1.00 9.00	X						0	0	0
Dr Richard I Fisher President & CEO	16.00 34.00			X				0	935,000	29,815
Beth Koob Secretary	1.00 49.00			X				0	688,953	83,962
Charna Wright Asst Secretary	1.00 49.00			X				0	80,323	19,561
Carmel Vahey Asst Secretary	46.00 4.00			X				70,200	0	28,405

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			
Judith Bachman COO & Asst Treasurer	1.00 49.00			X				0	388,087	28,138
Ray Lynch Treasurer & CFO	20.00 30.00			X				301,812	0	41,503
Chang Ma Vice Chair Rad Onc	50.00 0.00					X		410,233	0	18,208
Robert Price Assoc Professor	50.00 0.00					X		332,003	0	43,521
Lu Wang Assoc Professor	50.00 0.00					X		254,648	0	41,271
Lili Chen Assoc Professor	50.00 0.00					X		275,894	0	41,429
Kurt Schwinghammer VP, Res & Devel Alliance	50.00 0.00					X		321,646	0	46,175

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

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

The organization is not a private foundation because it is: (For lines 1 through 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	☐ 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352156

Name: The American Oncologic Hospital

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 The American Oncologic Hospital	Employer identification number 23-1352156
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities 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)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		17,821	25,899												
c Total lobbying expenditures (add lines 1a and 1b)		17,821	25,899												
d Other exempt purpose expenditures		437,332,941	601,293,355												
e Total exempt purpose expenditures (add lines 1c and 1d)		437,350,762	601,319,254												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)		250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0	0												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0	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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	24,000	24,000	30,000	30,000	108,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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-a-Affiliated Group Attachment	The American Oncologic Hospital Inc. - EIN 23-1352156 3509 N Broad Street - Philadelphia, PA 19140 Expenses \$17,821 The Institute for Cancer Research - EIN 23-6296135 3509 N Broad Street - Philadelphia, PA 19140 Expenses \$6,421 Fox Chase Cancer Center Medical Group - EIN 45-4540585 3509 N Broad Street - Philadelphia, PA 19140 Expenses \$1,657 Fox Chase Network - EIN 23-2467337 3509 N Broad Street - Philadelphia, PA 19140 Expenses \$0 Within the affiliated group, the American Oncologic Hospital and the Institute for Cancer Research are electing charities under Form 5768. The Fox Chase Cancer Center Medical Group and Fox Chase Network are not electing charities. Schedule C - Part II-A Line 1 Management has direct contact with Legislators, their staff and Government officials to advocate the Hospital's position on key issues affecting the hospital. Frequently, these contacts are made to educate the appropriate representative or official on the implications of specific policy/legislation on the industry in general and/or implications to Fox Chase. At the federal level, during FY 2020 the Hospital advocated for increased Medicare reimbursement under the cancer center rules and advocated for increased research funding for the NIH and NCI. Management also provided input on various issues including health care reform and important issues such as drug shortages legislation. Additionally, to assist the Fox Chase entities in obtaining needed funding for cutting edge technologies and resources used by the scientific and clinical faculty, the hospital affiliate submitted federal grants through the appropriate mechanisms. At the state level, management advocated for the sustained use of Tobacco Funds to support the various cancer programs in the Commonwealth. This funding is central to the programs conducted by Fox Chase in cancer research, prevention, screenings and treatment. Management also met with various state representatives to obtain funding for capital and operating programs under the various appropriations mechanisms to support economic development opportunities.

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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?

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?

(a)

Donor advised funds

(b)

Funds and other accounts

Yes

No

Yes

No

Part II

Conservation Easements.

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

1

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

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.

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?

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)?

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.

2a

2b

2c

2d

Held at the End of the Year

Yes

No

Yes

No

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.

1b

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:

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:

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

\$

\$

\$

\$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	6,243,362	4,702,244	4,386,805	6,313,210	5,622,749
b	Contributions	1,170,481	2,345,199	989,126	1,178,565	797,540
c	Net investment earnings, gains, and losses	-7,844	72,343	141,821	204,475	100,431
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,932,026	919,764	805,354	3,313,555	206,155
f	Administrative expenses	52,153	-43,340	10,154	4,110	1,355
g	End of year balance	5,526,124	6,243,362	4,702,244	4,386,805	6,313,210

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

67.300 %

c

Temporarily restricted endowment

32.700 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b

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

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	3,393,528		3,393,528
b	Buildings	20,839,585	5,497,500	15,342,085
c	Leasehold improvements	4,050,570	3,172,532	878,038
d	Equipment	40,103,314	33,811,616	6,291,698
e	Other	5,034,283	858,713	4,175,570
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			30,080,919

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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	16,619,428

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) Post Retirement Benefits	1,966,287
(3) Other Liabilities	3,354,008
(4) Workers' Compensation	2,541,957
(5) Intercompany Loan Payable TUHS	66,894,741
(6) Payer Advances (Medicare & HPP)	52,587,557
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	127,344,550

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

Additional Data

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Wells Fargo Collateral	231,184
Board of Associates - Bank Accounts	86,500
Temporarily Restricted Cash - PNC	1,805,712
ACE Bond Collateral	148,798
Permanently Restricted Cash - PNC	3,720,412
Welfare Benefit Trust	211,339
Workers' Compensation	1,518,246
Beneficial Interest in FCCC Foundation	6,207,174
Other Assets	150,415
Bryn Mawr Trust	2,254,509
Charitable Gift Annuity Reserve	285,139

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	The American Oncologic Hospital periodically receives endowment gifts from individuals and other entities that provide a steady stream of income to the respective purpose to which the donor intended. This typically would be to support patient care programs and patient care activities at the hospital.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Seeds of Hope</u> (event type)	<u>Paws for the Cause</u> (event type)	<u>14</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	81,695	144,242	141,319	367,256
	2 Less: Contributions	64,950	116,422	5,021	186,393
	3 Gross income (line 1 minus line 2)	16,745	27,820	136,298	180,863
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		759		759
	6 Rent/facility costs	1,500			1,500
	7 Food and beverages	53			53
	8 Entertainment	300			300
	9 Other direct expenses	6,859	12,719	123,167	142,745
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				145,357
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				35,506

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			148,000		148,000	0.030 %
b Medicaid (from Worksheet 3, column a)			31,106,000	17,703,000	13,403,000	3.060 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			31,254,000	17,703,000	13,551,000	3.090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	211	9,499	1,023,000	296,000	727,000	0.170 %
f Health professions education (from Worksheet 5)	6	660	10,073,000	1,364,000	8,709,000	1.990 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	110	10,000		10,000	0 %
j Total. Other Benefits	222	10,269	11,106,000	1,660,000	9,446,000	2.160 %
k Total. Add lines 7d and 7j	222	10,269	42,360,000	19,363,000	22,997,000	5.250 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements	1		1,800		1,800	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	22	667	57,136	28,528	28,608	0.010 %
9 Other						
10 Total	23	667	58,936	28,528	30,408	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	-1,184,000	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	101,085,000	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	113,179,000	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-12,094,000	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system			
☐ Cost to charge ratio			
☒ Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

3

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	☒ Hospital facility's website (list url): <u>foxchase.org/community/community-health</u>		
b	☐ Other website (list url): _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☒ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.foxchase.org/community/community-health</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

The American Oncologic Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☐ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): https://www.foxchase.org/patients/insurance-financial/financial-assistance-			
b ☒ The FAP application form was widely available on a website (list url): https://www.foxchase.org/patients/insurance-financial/financial-assistance-			
c ☒ A plain language summary of the FAP was widely available on a website (list url): https://www.foxchase.org/patients/insurance-financial/financial-assistance-			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

The American Oncologic Hospital

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☐ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

The American Oncologic Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

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

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Form and Line Reference	Explanation
Part I, Line 3c:	Not applicable. The American Oncologic Hospital does use Federal Poverty Guidelines. The Hospital provides patient care services without charge, or at amounts less than established rates, to patients who meet the criteria of its charity care policy. Criteria for consideration under the charity care policy is based primarily on family income and worth, but also recognizes other circumstances where undue financial hardships exist. The Hospital maintains records to identify and monitor the level of charity care it provides. Because collection of amounts determined to qualify as charity care are not pursued, patient service revenues are reduced by such amounts. The Hospital also provides services and supplies below cost to patients covered by government insurance programs, including the Medicare and Medicaid programs.

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Form and Line Reference	Explanation
Part I, Line 6a:	A community health needs assessment (CHNA) was completed in 2019 with input from primary and secondary data including U.S. Census, Pennsylvania Department of Health vital statistics, Claritas Inc., and tumor registry data from Fox Chase Cancer Center (FCCC). The target area included in the most recent CHNA is the primary service area for the institution and comprises 84 zip codes in Bucks, Montgomery and Philadelphia counties with a total population of 1,939,157. See Part V, Section B for further information.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	As set forth in the Fox Chase Cancer Center Emergency Care, Charity Care and Financial Assistance Policy, it is the policy of Fox Chase Cancer Center to provide all necessary urgent care to patients without regard to their ability to pay for such care. Given this mission and within the guidelines of prudent business management, it is further the policy of Fox Chase Cancer Center that an orderly and controlled system for the write-off of all types of Bad Debt and Charity Care balances is in effect to ensure maximum collections. All patients have the option to apply for the Fox Chase Cancer Center Charity Care Program. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to assist patients who cannot pay and to balance appropriate financial assistance for patients with fiscal responsibility. Patients and their families have a responsibility to assist Fox Chase Cancer Center in qualifying them for financial assistance. Fox Chase Cancer Center's cost to charge ratio for Part 1, lines 7a through 7d is derived by total expenses divided by the total gross charges. The net community benefit expense was \$9,446,000 as reported on line 7j.

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Form and Line Reference	Explanation
Part II, Community Building Activities:	Fox Chase Cancer Center engages in numerous community building activities throughout the year. One environmental improvement was the addition of a medicine disposal unit in the FCCC pharmacy. Also, FCCC trained 21 community members about clinical trials. However, most of the Community Building Activities focus on workforce development. They include partnerships with local colleges and universities, school based programs on health care careers, health career mentoring, and community programs that drive entry into health careers. Some examples of these programs are listed below. WORKFORCE DEVELOPMENT(1) TRIP Initiative Program: The Teen Research Internship Program (TRIP) is a rigorous lab-based course for high school students who are motivated to explore their interests in science, technology, engineering, art, and math (STEAM). The mission of the TRIP Initiative is to foster an enthusiasm for science by offering students a chance to do hypothesis-driven research and hands-on learning in a lab. The TRIP Initiative course is offered during the school year at William Tennent High School in Warminster and during the summer at Temple University in Philadelphia.(2) FCCC Career Series: This annual series is aimed at educating high school and undergraduate students who are spending their summer at Fox Chase about many of the career paths employed here at the Center. Each session will feature two speakers, who will talk about their careers and touch on what skills are necessary to be successful in their fields from medical oncology to genetic counseling, postdoctoral research, and more.(3) STEM Scholar Experience: FCCC STEM scholars visit the Cancer Center and the Franklin Institute. During the visit to FCCC, the Cancer Center's trainees engage students in hands-on activities in their labs and network over lunch. During the visit to Franklin Institute, FCCC staff and trainees teach students about careers in science and medicine and educate students about vaccines, immunity and global health. More than 95% of the students that participate are underrepresented minorities from inner city Philadelphia schools. (4) University of Delaware-FCCC summer fellowship: The program is a continuing partnership between FCCC and the University of Delaware (UD), with the goal of providing UD students exposure to the diverse array of careers in science, medicine, and health care-related fields. Trainees selected for this opportunity will gain an appreciation for the relationship between basic and applied research, as well as for how research directly impacts the cancer patient during and after treatment. The program has two temporally distinct components. The first component is intended for students enrolled in the UD's colleges and programs, and entails a one-day visit to FCCC including a tour of the Center and a meeting with graduate students and postdocs over lunch to discuss careers. The second component is comprised of a 10 week, full-time immersion into a research lab (or business office, clinical trial office, intellectual property office - depending upon interest and availability). All students will participate in a journal club, career development seminars, and a community outreach event. Participants in this program are UD undergraduates from low socioeconomic status, underrepresented minorities, or first in college backgrounds.(5) Roxborough High School Partnership: FCCC has worked with both staff and students at this school. FCCC works with staff to strengthen the content of the school's biotechnology programs by providing direction on the curriculum, facilities, technology and equipment. FCCC staff also work to engage biotechnology students in hands-on activities, provide mentoring experiences to the Cancer Center's trainees. The population for this program is inner city high school students and more than 95% of participants are underrepresented minorities.(6) William Tennent High School Challenge: In this ongoing program, FCCC staff meet with high school students and serve as consultants to the students. (7) North Montgomery Technical Career Center (NMTCC) Occupational Advisory Committee (OAC): Fox Chase staff worked to strengthen the technical programs of the Career Center by providing direction on the curriculum, facilities, technology and equipment. (8) Genetics Student Mentorship: Two undergraduate students received student mentorship in the genetics department. (9) Immersion Science Program: This program trains high school students in cancer research. Approximately 60% of the students are from the School District of Philadelphia (Title 1, 100% free lunch), more than 70% are female and more than 60% are minorities. Immersion Science Program is a free educational program that reduced cultural barriers to health, advances knowledge through education, and is focused on cancer research of benefit to the public.

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Form and Line Reference	Explanation
Part III, Line 2:	Effective July, 1, 2018, the Health System adopted a new revenue recognition accounting standard that resulted in significant changes to the methodology for reporting bad debt expense. Under the previous standard, estimates for amounts not expected to be collected based on historical experience were recorded within net patient service revenue and then recognized as bad debt expense. Under the new standard, estimates for unrealizable amounts are recognized as implicit price concessions that are a direct reduction to net patient service revenues. As a result, the amount of bad debt expense reported in the Health System's financial statements has been greatly reduced, despite the fact that overall collection rates have not changed.

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Form and Line Reference	Explanation
Part III, Line 4:	There is no footnote specific to bad debt at this time. This expense is related to services rendered for which payment is anticipated and credit is extended. These patients do not meet the established Charity Care policy and may therefore have the ability to pay. The cost method is determined based on the patient's liability for services rendered and is a community benefit because it is a cost of providing health care to the general public.

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Form and Line Reference	Explanation
Part III, Line 8:	In 2020, the cost of providing services to the Medicare population was \$12,094,000 (Part III, Line 7) higher than revenue. Medicare allowable cost (Part III, Line 6) was based on cost apportionment derived from the Medicare Cost Report. The Medicare shortfall carried by FCCC provides a community benefit because it benefits a charitable class, the elderly.

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

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Form and Line Reference	Explanation
Part VI, Line 2:	The health care needs of the communities served are assessed using primary and secondary data and evidence-based resources such as those provided by the PA Department of Health, Center for Disease Control and Prevention, National Cancer Institute, American Cancer Society, Healthy People 2020, FCCC Tumor registry, PMHC and information provided to us by our community via focus group discussions.

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Form and Line Reference	Explanation
Part VI, Line 3:	Financial Counselors assigned to American Oncologic Hospital screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid and CHIP as well as coverage through the Health Insurance Marketplace. In addition, any current or prospective patient may seek information about and/or assistance in applying for Charity Care/Financial Assistance from the Financial Counselors. Patients that meet the qualifications for these programs are assisted by financial counseling staff throughout each step of the application process. Medicaid applications are submitted by AOH on the patient's behalf and tracked until final determination. Patients who do not qualify for government-funded programs are screened for the American Oncologic Hospital Charity Care/ Financial Assistance program to determine their eligibility for free or reduced cost care. Patients who contact the Hospital's Business Office concerning bills they have received that they cannot afford to pay are also screened for Charity Care/Financial Assistance eligibility. The Financial Counseling Staff at American Oncologic Hospital are CMS Certified Application Counselors and provide assistance in obtaining coverage through the Health Insurance Marketplace as well as in assisting patients in obtaining supplemental coverage and prescription drug benefits. Patients are informed of American Oncologic Hospital's Financial Services, and direction on how to access these services, through the following means: Posters in plain view at inpatient, outpatient and emergency registration areas and billing offices; Patient discharge summaries, billing invoices and vendor collection notices; and Hospital website.

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Form and Line Reference	Explanation
Part VI, Line 4:	The 2019-2021 Community Health Needs Assessment (CHNA) focused on 84 zip codes in three counties which represents approximately 50% of the in-patient population we serve. The total population within this region is 1,939,157. Approximately 39% of the populations is 35-64 years old. The majority (58.9%) of persons self-identify as White followed by African American (20%), Hispanics (11.8%) and Asian (7%). The unemployment rate ranges from 3%-5% depending on the county and 57.6% have an education beyond high school. In the service area, 14% of the families have incomes below the federal poverty level and 39.4% of households have incomes under \$50,000. A significantly higher percentage of adults aged 18-64 in Philadelphia County report that they have no health insurance (14%), compared to the statewide percentage of 9% uninsured. Chronic disease (hypertension, asthma, obesity, diabetes and cancer) are major health issues. Additional details are provided in the CHNA - https://www.foxchase.org/community/community-health.

Form and Line Reference	Explanation
Part VI, Line 5:	Fox Chase Cancer Center organized or participated as a key partner in a number of community health improvement activities. These activities are free to the community, subsidized by Fox Chase Cancer Center, and are carried out for the sole purpose of improving community health. Community health improvement services (Part 1, lines 7e) includes several programs, many of them operated by FCCC's Office of Community Outreach (OCO). (1) Community Cancer Screening program: In order to increase access to care, the Community Cancer Screening program provides breast cancer screening and treatment to medically underserved women within our service area. Low-income, uninsured or underinsured women screened on the Fox Chase Cancer Center (FCCC) Mobile Screening Unit (MSU) for breast cancer are covered under funds secured via state contract via the Pennsylvania Healthy Women Program (HWP), a federally funded program of CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Eligible women receive free or low cost mammograms and if diagnosed receive treatment. In the event of a cancer diagnosis or a high-risk finding, OCO will prepare and submit the application on behalf of the patient to the HWP. HWP will forward the application to the appropriate Pennsylvania County Health Department. Once approved the patient receives instructions to enroll in a Medicaid plan. If needed, financial services can provide additional support. Additional funds secured through foundations such as Susan G. Komen enable us to provide screening and diagnostic services to medically underserved women in our service area. Should a woman be diagnosed, she would be transitioned to the HWP. In FY 2020, our Community Cancer Screening program reached a total of 1,581 individuals with breast cancer screening. We provided no-cost mammograms to 303 uninsured women. Four of the women screened were diagnosed with breast cancer. (2) Community Speakers Bureau: OCO also brings cancer education to the community through our Community Speakers Bureau program. Community Health Educators provide free, bilingual (English and Spanish) cancer education programs to community organizations. In FY20, we reached a total of 531 persons with cancer education and information. We addressed a wide array of cancer topics including breast, cervical, colorectal, liver, lung, ovarian, prostate, and skin cancers. All of the programs provide an overview of the cancer, associated risk factors, updated screening guidelines, prevention strategies, and methods to diagnose and treat cancer. Materials used to support the program are written in "plain language" to address literacy issues also identified in the CHNA. An additional 3,273 people were reached through health fairs and other large community events. (3) Tobacco Cessation Program: The CHNA illustrated a need for tobacco cessation, leading OCO to establish a community outreach tobacco cessation program at no cost to participants, to address the lung cancer burden in our region. In FY2020, we held two 5-week sessions and reached 13 people through this program. (4) Employee Screening Program: FCCC also established a worksite wellness program to ensure employees are able to access all age appropriate cancer screenings. FCCC employs approximately 2,400 people and about 53% of employees live in the defined target community for our CHNA. A multi-disciplinary team built an employee portal to facilitate screening registration and provided lunch-and-learn education sessions. The team focused on breast, colorectal, head and neck and lung cancer. Due to the COVID-19 pandemic, head and neck screenings were postponed. Outcomes show an 11% increase in breast cancer screenings over the prior year and a 58% increase in colonoscopies above previous rates. We intend to continue this programmatic initiative in FY21. (5) Resource and Education Center (REC): The REC provided 2,588 patients, families, and community members with access to free cancer information and resources that address the cancer continuum. The REC also provided an additional 363 with education through free seminars and survivorship events. Education sessions usually conducted in person continued to be offered virtually during the stay-at-home orders for COVID-19. (6) Caregiver Network: The Community Health Needs Assessment (CHNA) identified caregiver needs and burnout as a mental health issue in our community. In response to this identified need, we established a Caregiver Network modeled after our Patient to Patient Network, this program is a telephone-based support program that connects trained caregivers to new caregivers. The program launched in February 2020 and fourteen volunteers were trained and continue to be matched with new caregivers. (7) Health Care Support Services: FCCC conducts many programs to increase awareness and access to survivorship-oriented educational resources. These include survivor focused events on several cancer types (the Together Facing Cancer

Form and Line Reference	Explanation
Part VI, Line 5:	er series) in addition to specific events for breast cancer survivors called Unite for Her . Additionally, FCCC offers support groups for various cancer types. Lastly, FCCC conducts research in the community that is focused on how to help community members to understand the role and importance of research. We also are interested in how best to reach people wi th health care information and how to help them become strong partners in their own health care.

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Form and Line Reference	Explanation
Part VI, Line 6:	American Oncologic Hospital is a part of Fox Chase Cancer Center, which is a member of the Temple University Health System, Inc. (TUHS). Its mission is to prevail over cancer marshaling heart and mind in bold scientific discovery, pioneering prevention, and compassionate care. The other entities that are a part of Fox Chase Cancer Center are the Institute for Cancer Research, Fox Chase Cancer Center Medical Group, and Fox Chase Network, Inc. All of these entities have the same mission as the American Oncologic Hospital. The missions of other members of the Temple University Health System similarly advance the health system's goals, as follows: Temple University Hospital's mission to provide access to the highest quality of health care in both the community and academic setting and it supports Temple University and its Health Sciences Center academic programs by providing the clinical environment and service to support the highest quality teaching and training programs for health care students and professionals, and to support the highest quality research programs; Temple University Health System's mission is to provide access to high quality health care to the community and academic setting; the Temple Health System Transport Team, Inc. mission is to provide the highest level of critical care transport services available in the mid-Atlantic region; the Temple Physicians, Inc. (TPI) mission is to provide the highest quality of clinical care as well as to support the clinical, administrative and corporate activities of Temple University Health System; and the Temple Faculty Practice Plan, Inc. (TFPP) mission is to provide access to the highest quality of clinical care to the patients of North and Northeast Philadelphia and surrounding areas, and to support the clinical, administrative, and corporate activities of Temple University Health System while continuing to support the academic and research mission of Temple University's Lewis Katz School of Medicine.

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	The American Oncologic Hospital 333 Cottman Avenue Philadelphia, PA 19111 012901	X	X		X						A
2	The American Oncologic Hospital 2365 Heritage Center Drive Furlong, PA 18925 012901	X	X		X						A
3	The American Oncologic Hospital 8 Huntingdon Pike Rockledge, PA 19046 012901	X	X		X						A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of:	- Facility 1: The American Oncologic Hospital, - Facility 2: The American Oncologic Hospital, - Facility 3: The American Oncologic Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- The American Oncologic Hospital Part V, Section B, line 5:	Fox Chase Cancer Center (FCCC) completed a community health needs assessment (CHNA) in FY19 with input from primary and secondary data including U.S. Census, Pennsylvania Department of Health Vital Statistics, Claritas Inc., City of Philadelphia Department of Health, and tumor registry data from FCCC. The target area included in the CHNA is the primary service area for the institution and comprises 84 zip codes in Bucks, Montgomery and Philadelphia counties, with a total current population of approximately 1,939,157. In addition to the quantitative data utilized for the CHNA, additional community input was derived from focus groups with individuals living and/or working in the communities in the hospital's service area who could provide input on the needs assessment as community members, public health experts, and as leaders or persons with knowledge of underserved racial/ethnic minorities, low-income residents, and/or the chronically ill. Additionally, a survey was conducted with key informants to gather additional information.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- The American Oncologic Hospital Part V, Section B, line 7d:	The final CHNA was shared externally with partner organizations and is available to the public via the organization's website https://www.foxchase.org/community/community-health . Additional dissemination of its findings has been presented to the Board of Directors, senior leadership, and to multiple entities within FCCC including: American College of Surgeons (ACoS) Commission on Cancer, Cancer Committee, Cancer Prevention and Cancer Control (Behavioral Research team) and staff from the Office of Community Outreach (OCO), the primary education and outreach arm for the institution.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- The American Oncologic Hospital Part V, Section B, line 11:	The CHNA provided a broad overview of the needs of our community, however, as an NCI Compr ehensive Cancer Center, our sole focus is cancer. Within the cancer control realm, we addr ess the entire cancer continuum from prevention to survivorship. An implementation plan wa s developed based on the FY19 CHNA to focus on four priority areas to address the immediat e community's health issues and care needs. The areas include (1) Access to care: mobile s creening and education; (2) Chronic disease: prevention, screening, smoking cessation, and worksite wellness; (3) Mental health: Caregiver resources and support; and (4) Substance use: education on responsible prescribing and use of opioids in the uninformed surgical po pulation. The CHNA was completed in FY19 and an implementation plan was subsequently devel oped and approved by the Board of Directors and is posted on the organization's website ht tps://www.foxchase.org/community/community-health. Teams were tasked with implementing spe cific tasks and/or projects to address the four priority areas and implementation of these tasks began in FY20.Fox Chase Cancer Center (FCCC) is addressing the following unmet need s identified in the FY19 Community Health Needs Assessment (CHNA):Demographic Changes - th e anticipated growth in older populations does not present a challenge for FCCC. According to the 2019 Tumor Registry data, 87% of our patient mix in the service area is between th e ages of 50-99.Language Needs - In preparation for the changing language needs, we have e mbarked on a quality improvement plan for language services. We have established instituti onal policies to address the languages needs of our non-English speaking patients. These s ervices include on-site medical interpreters, language phones, remote video units and ampl ifiers for our hard of hearing patients. Individual languages/dialects that address this n eed are: Spanish, Russian, Mandarin, Cantonese and Vietnamese. Other languages are availab le however; this speaks directly to the most utilized languages according to our Cultural and Linguistic Services (CLS). The other policy relates to the translations of vital patie nt documents and other materials produced by FCCC. These documents are translated by a Tem ple Health contracted and accredited translations vendor. The documents once completed und ergo an internal review by the CLS to ensure accuracy as well as compliance with the Natio nal Standards for Culturally and Linguistically Appropriate Services in Health Care and th e Joint Commission's Roadmap. We have also developed new bilingual cancer education brochu res that were developed and translated by a certified medical interpreter. These include b rochures on skin cancer in Mandarin and liver and cervical cancer in Spanish.Insurance Pla ns - FCCC accepts a variety of medical insurance including Medicare, Medicaid and private insurers. Additional funding from state and foundation grants enables us to offer cancer s creening and treatment for bre

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- The American Oncologic Hospital Part V, Section B, line 11:	ast cancer. Financial counseling and triaging within our network hospitals is available to persons who do not fall within these categories.Access to care: mobile screening and education - There is an unmet need in the service area for screenings, preventive care, and education. Through our community Speakers Bureau, the OCO provides participants with evidence e-based information on risk factors, symptoms, screening guidelines, and treatment options for breast, cervical, colorectal, liver, lung, ovarian, prostate, and skin cancers. In FY 20, OCO reached 531 people through these education sessions and an additional 3,273 people through large events such as health fairs and informational tables. To further complement our education programs, the OCO brings cancer screening to the community via its mobile s creening unit (MSU). Recognized as a best practice to reducing structural barriers, the OC O brings breast cancer screening to the community. In FY20, we reached 1,581 women with br east cancer screenings. Individuals requiring language services were provided with a certi fied medical interpreter at no cost to the patient. Individuals identified with abnormal f indings that require follow-up are supported with navigation services including transporta tion to and from FCCC at no cost to the patient. In addition to the language and transport ation services provided to patients in-need; our community navigator greets MSU patients r equiring follow-up care and remains with them as they receive services. During FY20, our c ommunity navigator worked with 242 patients to assist them with their appointments and nav igate them through their services. Patients diagnosed with cancer are assigned a nurse nav igator to support ongoing needs i.e., scheduling, testing and overall coordination of clin ical care.Chronic disease: prevention, screening, smoking cessation, and worksite wellness - 22% of adults in the service area smoke cigarettes, which is significantly higher than the state rate of 18%. FCCC offers smoking cessation assistance to all patients using toba cco products through the Tobacco Treatment Program. Participants in this program receive c ounseling along with the use of pharmacotherapy (nicotine replacement therapy and/or other medications). In FY20, Fox Chase's Tobacco Treatment program has continued to expand, wit h the assistance of our local partners, to members of the community. The Community Tobacco Treatment Program has been held at both Fox Chase Cancer Center and at community partner sites and includes education and pharmacotherapy counseling. This program is open to commu nity members that are interested in quitting tobacco. To eliminate barriers to participati on and to increase access, the 5-week program is offered at no cost to participants. The p rogram was held two times in FY20 and will be held at least two times each fiscal year mov ing forward.FCCC also established a worksite wellness program to ensure employees are able to access all age-appropriate

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- The American Oncologic Hospital Part V, Section B, line 11:	cancer screenings. FCCC employs approximately 2,400 people and about 53% of employees liv e in the defined target community for our CHNA. Outcomes show an 11% increase in breast ca ncer screenings over the prior year and a 58% increase in colonoscopies above previous rat es.Mental health: Caregiver resources and support - The CHNA identified caregiver needs an d burnout as a mental health issue in our community. In response to this identified need, we established a Caregiver Network modeled after our Patient to Patient Network, this prog ram is a telephone-based support program that connects trained caregivers to new caregiver s. The program launched in February 2020 and 14 volunteers were trained and continue to be matched with new caregivers.Substance use: education on responsible prescribing and use o f opioids in the uninformed surgical population - The goal of the initiative is to ensure compliance to the prescribing guidelines at 90% or higher and decrease the percentage of m edication refills ordered following the initial prescription. FCCC assembled a multidiscip linary Opioid Stewardship Committee that monitored safe use of opioids through patient rec ords as part of their overall treatment plan. The team implemented an opioid assessment pr otocol for all pre-op patients, developed a patient education video to supplement the info rmation given to patients about post-op pain management and safe opioid use. The team deve loped standardized prescribing guidelines for same day surgery cases, short stay 1-2 day i npatient cases and also adopted an opioid disposal program for patients on-campus. Wallet cards were created for providers which listed the recommended prescribing amount and dosag e by procedure. Ongoing monitoring reveals that in opioid-exposed cases, 92% of prescripti ons were in compliance with prescribing guidelines and none of those patients received a s econd prescription in 30 days of post-op. The results of the initiative have been positive and will continue to be monitored.Unmet Needs and Identification Process - The unmet heal thcare needs for this service area were identified and prioritized by comparing the health status, access to care, health behaviors, and utilization of services for residents of th e service area to results for the county and state and the Healthy People 2020 goals for t he nation. In addition, for Household Health Survey measures, tests of significance were c onducted to identify and prioritize unmet needs. Input from the community meeting particip ants was also used to further identify and prioritize unmet needs, local problems with acc ess to care, and populations with special health care needs. As a specialty hospital that focuses on cancer, FCCC does not specifically provide community or patient services that a ddress some chronic conditions, such as obesity.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Community Health Promotion	However, our health educators have incorporated information regarding the importance of maintaining a healthy weight and the negative impact of obesity on cancer along with general information regarding a balanced diet and exercise guidelines via our Community Speakers Bureau.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

The American Oncologic Hospital

Employer identification number

23-1352156

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 3

3 Enter total number of other organizations listed in the line 1 table 0

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)					
(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
Part I, Line 2:	The organization made grants for tax-exempt purposes only to related organizations under common control.

Additional Data

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

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
The Institute For Cancer Research 3509 N Broad Street Philadelphia, PA 19140	23-6296135	501 (c)(3)	28,589,363				Research
Temple University Health System Inc 3509 N Broad Street Philadelphia, PA 19140	23-2825881	501 (c)(3)	2,382,276				Medical services

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 Network Inc 3509 N Broad Street Philadelphia, PA 19140	23-2467337	501 (c)(3)	900,000				Medical services

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
			2019
			Open to Public Inspection
Name of the organization The American Oncologic Hospital		Employer identification number 23-1352156	

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☒ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[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
Part I, Line 1a	First-class or charter travel is provided to executive members and faculty under extenuating circumstances as determined by the applicable CFO. These circumstances typically include health reasons and flight availability. This benefit is not treated as taxable compensation since these exceptions are outlined within the travel policy and documented under the accountable plan rules.

Additional Data

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

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

(A) Name 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				
1Michael Young Director (from 5/6/20)	(i)	0	0	0	0	0	0	0
	(ii)	717,559	38,750	0	12,600	12,717	781,626	0
1Dr John Daly Director	(i)	0	0	0	0	0	0	0
	(ii)	341,750	0	265,105	30,420	13,362	650,637	0
2Dr Richard I Fisher President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	147,000	85,000	703,000	13,130	16,685	964,815	0
3Beth Koob Secretary	(i)	0	0	0	0	0	0	0
	(ii)	496,758	51,881	140,314	52,017	31,945	772,915	0
4Judith Bachman COO & Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	373,047	15,040	0	18,199	9,939	416,225	0
5Ray Lynch Treasurer & CFO	(i)	276,112	25,700	0	12,600	28,903	343,315	0
	(ii)	0	0	0	0	0	0	0
6Chang Ma Vice Chair Rad Onc	(i)	391,233	0	19,000	18,199	9	428,441	0
	(ii)	0	0	0	0	0	0	0
7Robert Price Assoc Professor	(i)	332,003	0	0	18,199	25,322	375,524	0
	(ii)	0	0	0	0	0	0	0
8Lu Wang Assoc Professor	(i)	254,648	0	0	16,713	24,558	295,919	0
	(ii)	0	0	0	0	0	0	0
9Lili Chen Assoc Professor	(i)	275,894	0	0	18,094	23,335	317,323	0
	(ii)	0	0	0	0	0	0	0
10Kurt Schwinghammer VP, Res & Devel Alliance	(i)	309,038	12,608	0	18,200	27,975	367,821	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
The American Oncologic Hospital

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-1352156

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	Pursuant to the organization's bylaws, the Executive Committee consists of no less than five members of the Board, including the Chair, the Vice Chair, and the chairs of the Standing Committees. The Executive Committee is authorized to act for the Board between its regular meetings.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Please refer to the response for question #6

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Please refer to the response for question #6

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Physician Services: Program service expenses 27,941,309. Management and general expenses 0 . Fundraising expenses 0. Total expenses 27,941,309. Corporate Charges: Program service expenses 15,646,491. Management and general expenses 4,892,826. Fundraising expenses 178,317 . Total expenses 20,717,634. Professional Fees: Program service expenses 8,877,990. Management and general expenses 1,161,104. Fundraising expenses 0. Total expenses 10,039,094. Purchased Services: Program service expenses 4,188,733. Management and general expenses 1,270,651. Fundraising expenses 948,454. Total expenses 6,407,838.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Change in Welfare Benefit Trust Change in Post Retirement Liability 63,891.

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The American Oncologic Hospital

Employer identification number
23-1352156

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

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

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

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) TUHS Insurance Company Ltd 3509 N Broad Street Room 936 Philadelphia, PA 19140 98-1203189	Reinsurance	BD	Temple University Health System Inc						No
(2) Fox Chase Ltd 3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2396731	Health Care	PA	American Oncologic Hospital	C			100.000 %	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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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
1330 W Berks St Philadelphia, PA 19122 23-1365971	Education	PA	501c3	Line 2	N/A		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2825881	Health Care	PA	501c3	Line 12a, I	Temple University of the Commonwealth System of Higher Ed		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2825878	Health Care	PA	501c3	Line 3	Temple University Health System		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2826045	Health Care	PA	501c3	Line 3	Temple University Health System		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2790607	Health Care	PA	501c3	Line 10	Temple University Health System		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 75-3084023	Health Care	PA	501c3	Line 10	Temple University Health System		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2916108	Health Care	PA	501c3	Line 12a, I	Temple University Hospital Inc		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-1365351	Health Care	PA	501c3	Line 12a, I	Temple University Hospital Inc		No
7600 Central Avenue Philadelphia, PA 19111 23-1917776	Health Care	PA	501c3	Line 10	Temple University Hospital Inc		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-6296135	Health Care	DE	501c3	Line 4	American Oncologic Hospital	Yes	
3509 N Broad Street Room 936 Philadelphia, PA 19140 45-4540585	Health Care	PA	501c3	Line 3	American Oncologic Hospital	Yes	
3509 N Broad Street Room 936 Philadelphia, PA 19140 23-2467337	Health Care	PA	501c3	Line 12b, II	American Oncologic Hospital	Yes	
333 Cottman Avenue Philadelphia, PA 19111 23-2003072	Health Care	PA	501c3	Line 12d, III-O	N/A		No
3509 N Broad Street Room 936 Philadelphia, PA 19140 83-1002191	Health Care	PA	501c3	Line 3	Temple University Health System		No

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
Institute for Cancer Research	J	3,446,349	agreed upon alloc of exp incurre
Institute for Cancer Research	K	4,441,470	agreed upon alloc of exp incurre
Institute for Cancer Research	L	5,623,828	agreed upon alloc of exp incurre
Institute for Cancer Research	M	9,044,208	agreed upon alloc of exp incurre
Institute for Cancer Research	N	1,978,858	agreed upon alloc of exp incurre
FCCC Medical Group Inc	J	576,053	agreed upon alloc of exp incurre
FCCC Medical Group Inc	L	1,760,300	agreed upon alloc of exp incurre
FCCC Medical Group Inc	M	9,239,943	agreed upon alloc of exp incurre
FCCC Medical Group Inc	N	0	agreed upon alloc of exp incurre
FCCC Network	J	0	agreed upon alloc of exp incurre
Institute for Cancer Research	C	492,675	Actual amount received
Institute for Cancer Research	B	28,589,363	Actual amount received
FCCC Medical Group Inc	M	27,941,309	Actual amount received
FCCC Network	B	900,000	Actual amount received