

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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:

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. WE ARE A UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION & TEXTILES, HEALTH, SCIENCE AND SOCIAL SCIENCE INFUSED WITH THE LIBERAL ARTS.

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 \$ 135,374,892 including grants of \$ 58,528,041) (Revenue \$ 136,124,107)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► 135,374,892

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
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 Yes	
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	No

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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	Yes	
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		No
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		
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	232	
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)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,292			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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	27	
	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	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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?		

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:
▶RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344

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 ☒

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

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)								1,345,222	7,567,102	4,040,965

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 ► 64

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
THOMAS JEFFERSON UNIVERSITY, 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107	CORPORATE SERVICES	15,760,472
PARKHURST DINING SERVICES, 285 EAST WATERFRONT DRIVE SUITE 20 HOMESTEAD, PA 15120	DINING/CATERING	4,978,169
THE ARTHUR JACKSON COMPANY, 7025 WEST CHESTER PIKE UPPER DARBY, PA 19082	MAINTENANCE	2,569,850
INTECH CONSTRUCTION INC., 3020 MARKET STREET PHILADELPHIA, PA 19104	CONSTRUCTION	2,346,013
W H MEYERS CONSTRUCTION CO., 5219 NORTH LAWRENCE STREET PHILADELPHIA, PA 19120	CONSTRUCTION	1,980,170

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 ► 33

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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	10,447									
	d Related organizations		1d										
	e Government grants (contributions)		1e	1,297,381									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	2,667,977									
	g Noncash contributions included in lines 1a - 1f: \$		1g	410,681									
	h Total. Add lines 1a-1f		3,975,805										
Program Service Revenue	2a TUITION & EDUCATION		Business Code	611300		121,459,205		121,459,205					
	b PROGRAM SERVICE RELATED REVENUE		611300		14,642,382		14,570,833		71,549				
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		136,101,587										
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					1,928,245				22,520		1,905,725
4 Income from investment of tax-exempt bond proceeds					0								
5 Royalties					0								
		(i) Real	(ii) Personal										
6a Gross rents		6a											
b Less: rental expenses		6b											
c Rental income or (loss)		6c	0		0								
d Net rental income or (loss)					0								
		(i) Securities	(ii) Other										
7a Gross amount from sales of assets other than inventory		7a	698,689										
b Less: cost or other basis and sales expenses		7b											
c Gain or (loss)		7c	698,689										
d Net gain or (loss)					698,689						698,689		
8a Gross income from fundraising events (not including \$ 10,447 of contributions reported on line 1c). See Part IV, line 18		8a	4,989										
b Less: direct expenses		8b	4,989										
c Net income or (loss) from fundraising events													
9a Gross income from gaming activities. See Part IV, line 19		9a	0										
b Less: direct expenses		9b	0										
c Net income or (loss) from gaming activities					0								
10a Gross sales of inventory, less returns and allowances		10a	0										
b Less: cost of goods sold		10b	0										
c Net income or (loss) from sales of inventory					0								
Miscellaneous Revenue			Business Code										
11a PARKING			541800		59,316						59,316		
b													
c													
d All other revenue													
e Total. Add lines 11a-11d					59,316								
12 Total revenue. See instructions					142,763,642		136,030,038		94,069		2,663,730		

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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,425,321	56,425,321		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,102,720	2,102,720		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,500	4,500		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	42,128,426	35,477,447	6,392,723	258,256
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,422,303	2,419,713	2,590	0
9 Other employee benefits	5,715,966	5,253,270	448,849	13,847
10 Payroll taxes	2,506,966	1,367,698	1,084,384	54,884
11 Fees for services (non-employees):				
a Management	0			
b Legal	561,850	180,552	381,298	
c Accounting	42,410		42,410	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	66	66		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,023,288	11,160,045	3,839,844	23,399
12 Advertising and promotion	963,312	636,383	326,166	763
13 Office expenses	2,071,657	1,524,815	526,469	20,373
14 Information technology	1,691,046	531,709	1,148,495	10,842
15 Royalties	0			
16 Occupancy	3,739,029	3,511,374	212,841	14,814
17 Travel	607,890	577,911	26,148	3,831
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	211,700	196,017	15,346	337
20 Interest	3,051,442	3,043,306	8,136	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,609,884	6,608,047	1,837	
23 Insurance	517,525	517,483	42	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	2,005,921	2,005,921	0	0
b EDUCATION EXPENSES	1,040,605	1,040,605	0	0
c REPAIRS & MAINTENANCE	723,616	85,556	638,055	5
d DUES & SUBSCRIPTIONS	648,457	488,124	158,838	1,495
e All other expenses	319,464	216,309	93,667	9,488
25 Total functional expenses. Add lines 1 through 24e	151,135,364	135,374,892	15,348,138	412,334
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		3,697,913	1	1,571,887	
	2	Savings and temporary cash investments		5,202,364	2	209,345	
	3	Pledges and grants receivable, net		16,351,691	3	16,757,078	
	4	Accounts receivable, net		3,797,684	4	884,981	
	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		0	5	0	
	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)		0	6	0	
	7	Notes and loans receivable, net		624,575	7	485,750	
	8	Inventories for sale or use		1,066,194	8	1,482,956	
	9	Prepaid expenses and deferred charges		151,811	9	276,538	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	143,945,302			
	b	Less: accumulated depreciation	10b	15,351,801	104,764,347	10c	128,593,501
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		68,250,984	13	44,124,165	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		40,622,745	15	37,553,653	
16	Total assets. Add lines 1 through 15 (must equal line 34)		244,530,308	16	231,939,854		
Liabilities	17	Accounts payable and accrued expenses		12,667,231	17	9,154,353	
	18	Grants payable		0	18	0	
	19	Deferred revenue		2,890,081	19	2,657,696	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	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		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		3,027,302	23	2,511,802	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		99,379,007	25	98,714,764	
	26	Total liabilities. Add lines 17 through 25		117,963,621	26	113,038,615	
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		80,556,300	27	71,068,560	
	28	Net assets with donor restrictions		46,010,387	28	47,832,679	
	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		126,566,687	32	118,901,239	
33	Total liabilities and net assets/fund balances		244,530,308	33	231,939,854		

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	142,763,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	151,135,364
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,371,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,566,687
5	Net unrealized gains (losses) on investments	5	606,274
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	100,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	118,901,239

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	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-1352294
Name: PHILADELPHIA UNIVERSITY

Form 990 (2019)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING AN EXPERIENTIAL EDUCATION AND PROVIDING MORE THAN 20 LABORATORIES AND STUDIOS FOR HANDS-ON EXPERIENCE IN ARCHITECTURE AND INTERIOR DESIGN, ENGINEERING, TEXTILE DESIGN, FASHION DESIGN, GRAPHIC DESIGN, INDUSTRIAL DESIGN, PHYSICIAN ASSISTANT STUDIES AND OTHER ALLIED HEALTH FIELDS, AS WELL AS FACULTY ACCESS TO THE MOST SOPHISTICATED TECHNOLOGY AVAILABLE. FOR ADDITIONAL INFORMATION, PLEASE REFER TO THE ORGANIZATIONS STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDED IN SCHEDULE O.

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			
STEPHEN K KLASKO MD MBA PRESIDENT	60.0 0.0			X				0	4,379,689	3,042,542
PETER L DEANGELIS JR EVP, CFO & CAO	60.0 0.0			X				0	1,527,313	627,664
STEPHEN SPINELLI JR PHD FORMER OFFICER	0.0 0.0						X	0	600,000	0
GEOFFREY CROMARTY EdD SECRETARY - SVP, OPERATIONS	55.0 0.0			X				0	429,317	58,798
MATT D BAKER FORMER OFFICER	55.0 0.0						X	0	429,985	52,483
RONALD G KANDER PHD EXECUTIVE DEAN	55.0 0.0					X		314,779	0	124,627
BARBARA KLINKHAMMER EXEC DEAN, COLLEGE OF ARCHIT	55.0 0.0					X		347,502	0	34,264
MICHAEL DRYER DEAN, COLLEGE OF HEALTH PROF	55.0 0.0					X		344,180	0	29,285
PATRICIA BALDRIDGE SVP MARKETING & COMMUNICATION	55.0 0.0					X		330,630	0	28,878
HENRY HUMPHREYS DEAN OF STUDENTS	55.0 0.0					X		3,631	200,798	42,424

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			
ORLANDO C ESPOSITO TRUSTEE	5.0 0.0	X						4,500	0	0
EILEEN VOYNICK CHAIR - TRUSTEE	5.0 0.0	X		X				0	0	0
A LOUIS DENTON TRUSTEE	5.0 0.0	X						0	0	0
GEORGE T DOWNS III TRUSTEE	5.0 0.0	X						0	0	0
DONNA N FERRIER TRUSTEE	5.0 0.0	X						0	0	0
BRYANT M GREENE TRUSTEE	5.0 0.0	X						0	0	0
ESTEFANO ISAIAS SR TRUSTEE	5.0 0.0	X						0	0	0
WILLIAM L JASPER TRUSTEE	5.0 0.0	X						0	0	0
CARSON L KRESSLEY TRUSTEE	5.0 0.0	X						0	0	0
LIONG KENG KWEE TRUSTEE	5.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT C LOCKYER TRUSTEE	5.0 0.0	X						0	0	0
JOHN H MANTAS TRUSTEE	5.0 0.0	X						0	0	0
EDWARD P MARRAM TRUSTEE	5.0 0.0	X						0	0	0
CHRISTOPHER K MCHUGH TRUSTEE	5.0 0.0	X						0	0	0
HANSEL B MINYARD TRUSTEE	5.0 0.0	X						0	0	0
ANDREW J MORRISROE TRUSTEE	5.0 0.0	X						0	0	0
ROBERT L NYDICK JR TRUSTEE	5.0 0.0	X						0	0	0
JOHN OUGHTON III TRUSTEE	5.0 0.0	X						0	0	0
VIRGINIA M PALMIERI TRUSTEE	5.0 0.0	X						0	0	0
HAROLD R RONSON TRUSTEE	5.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR H RUBENSTEIN TRUSTEE	5.0 0.0	X						0	0	0
L TADD SCHWAB TRUSTEE	5.0 0.0	X						0	0	0
ALLEN E SIRKIN TRUSTEE	5.0 0.0	X						0	0	0
ANTHONY J VITULLO JR TRUSTEE	5.0 0.0	X						0	0	0
WILLIAM C WHITMORE JR TRUSTEE	5.0 0.0	X						0	0	0
CHRISTINA WONG TRUSTEE	5.0 0.0	X						0	0	0
CLARENCE WOOTEN TRUSTEE	5.0 0.0	X						0	0	0
ANTHONY J DIELSI TRUSTEE (TERMED 09/2019)	5.0 0.0	X						0	0	0
DAVID R REA TRUSTEE (TERMED 02/2020)	5.0 0.0	X						0	0	0

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

PHILADELPHIA UNIVERSITY

Employer identification number

23-1352294

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						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

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: 23-1352294
Name: PHILADELPHIA UNIVERSITY

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134037081

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number
23-1352294

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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.

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

Yes

No

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)?

Yes

No

9

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

Part III

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

1a

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

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:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$ 3,811,628

2

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

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,894,642	33,136,642	31,492,603	27,738,864	28,166,417
b Contributions		1,493,000	989,550	1,347,296	1,443,736
c Net investment earnings, gains, and losses		760,000	2,068,710	3,760,279	-468,566
d Grants or scholarships		1,495,000	1,414,221	1,353,836	1,303,305
e Other expenditures for facilities and programs					
f Administrative expenses					99,418
g End of year balance	33,894,642	33,894,642	33,136,642	31,492,603	27,738,864

2

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

a

Board designated or quasi-endowment ▶ 32.000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 68.000 %

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

b

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

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

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		13,670,000		13,670,000
b Buildings		106,217,824	10,449,628	95,768,196
c Leasehold improvements		229,091	20,528	208,563
d Equipment		13,658,892	4,368,740	9,290,152
e Other		10,169,495	512,905	9,656,590
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				128,593,501

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) SHORT-TERM INVESTMENTS	6,729,493	F
(2) ASSETS WHOSE USE IS LIMITED	3,474,500	F
(3) LONG-TERM INVESTMENTS	33,920,172	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	44,124,165	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	33,742,025
(2) OTHER ASSETS	3,811,628
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	37,553,653

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	0
(2) OTHER LIABILITIES	2,236,427
(3) TJU OBLIGATED GROUP LIABILITY	96,478,337
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	98,714,764

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: 23-1352294
Name: PHILADELPHIA UNIVERSITY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III; QUESTION 4	THE UNIVERSITY RECEIVED A CONTRIBUTION OF HISTORICAL PAPERS AND MEMORABILIA TO BE EXHIBITED AND USED FOR SCHOLARLY RESEARCH. IN HONOR OF SENATOR ARLEN SPECTER'S DONATION, THE UNIVERSITY OPENED THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE. THE MISSION OF THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE AT PHILADELPHIA UNIVERSITY IS TO FACILITATE AND PROMOTE PUBLIC SERVICE AND CIVIC EDUCATION IN A CROSS-DISCIPLINARY, NONPARTISAN SETTING. IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH, THE CENTER WILL PRESERVE, ORGANIZE, AND PROVIDE ACCESS TO SENATOR SPECTER'S HISTORIC ARCHIVE OF PAPERS, PHOTOGRAPHS, AND POLITICAL DOCUMENTS FOR THE BENEFIT OF RESEARCHERS AND SCHOLARS AND THE PUBLIC. THE HOME OF THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE IS IN THE HISTORIC ROXBORO HOUSE AT PHILADELPHIA UNIVERSITY. BUILT CIRCA 1800, THE HOUSE WAS CONSIDERED A HISTORIC AND IMPORTANT TOUCHSTONE TO BOTH PHILADELPHIA AND AMERICA'S ORIGINS BY SENATOR SPECTER, MAKING IT THE IDEAL LOCATION FOR THE CENTER.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V; QUESTION 4	ENDOWMENT FUNDS ARE USED TO SUPPORT INSTRUCTION AND RESEARCH PROGRAMS SUPPORT PROFESSORSHIP, SUPPORT FINANCIAL AID FOR UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS, SUPPORT THE ACQUISITION OF BOOKS AND OTHER MATERIALS IN THE LIBRARIES, AND SUPPORT THE ON-GOING OPERATIONS OF THE PHYSICAL PLANT. THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEMS PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATIONS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS: TJUS ENDOWMENTS CONSIST OF 1,017 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE UNIVERSITY REPORTS ALL ENDOWMENT INVESTMENTS AT FAIR VALUE. CASH EQUIVALENTS IN ENDOWMENTS ARE TREATED AS INVESTMENTS. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION. SHORTFALLS OF THIS NATURE ARE CLASSIFIED AS A REDUCTION OF DONOR-RESTRICTED NET ASSETS AND WERE \$2.1 MILLION AND \$1.3 MILLION AS OF JUNE 30, 2020 AND 2019, RESPECTIVELY. THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU. THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJUS ENDOWMENT FUNDS. THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS. IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJUS INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS. THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V; QUESTION 4	AR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4.75%; THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
PHILADELPHIA UNIVERSITY

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-1352294

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3 Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I; QUESTION 3	THE ORGANIZATION IS COMMITTED TO PROVIDING EDUCATION & EMPLOYMENT OPPORTUNITIES FOR ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ETHNIC ORIGIN, RELIGION, SEXUAL ORIENTATION, SEX, AGE, HANDICAP OR VETERAN STATUS. THE ORGANIZATION COMPLIES WITH ALL RELEVANT LOCAL ORDINANCES AND STATE AND FEDERAL STATUTES IN THE ADMINISTRATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND IS AN AFFIRMATIVE ACTION EMPLOYER. AN EQUAL OPPORTUNITY EMPLOYMENT POLICY WAS PUBLICIZED IN FY2019-2020 IN THE LOCAL NEWSPAPER, THE PHILADELPHIA INQUIRER.
SCHEDULE E, PART I; QUESTION 6A	THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). BEGINNING IN MARCH 2020, THE SYSTEMS OPERATIONS WERE SIGNIFICANTLY IMPACTED BY THE COVID-19 PANDEMIC. THE SYSTEMS ELECTIVE HEALTHCARE PROCEDURES AND OFFICE VISITS WERE CANCELED AS A RESULT OF GOVERNMENTAL STAY-AT-HOME ORDERS THAT WERE IN EFFECT IN THE REGION INTO JUNE 2020. AS A RESULT OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ("CARES") ACT SIGNED INTO LAW ON MARCH 27, 2020, THE SYSTEM RECEIVED OVER \$300 MILLION IN GOVERNMENT SUPPORT PRIMARILY TO REIMBURSE FOR COVID-19 RELATED EXPENSES AND LOST OPERATING INCOME. THE PORTION OF THE CARES ACT FINANCIAL SUPPORT PROVIDED SPECIFICALLY TO THIS ORGANIZATION IS INCLUDED WITHIN CORE FORM, PART VIII, LINE 1E.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Employer identification number
23-1352294

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			2,102,720
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			2,102,720

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	SA HOUSING	39,160	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SA HOUSING	537,430	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUPPLIES	627,610	WIRE		N/A	N/A

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

3 Enter total number of other organizations or entities ►

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

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I; QUESTION 2	FEDERAL GRANT FUNDS ARE AWARDED IN COMPLIANCE WITH FEDERAL REGULATIONS APPLICABLE TO THE SPECIFIC PROGRAM. INSTITUTIONAL PROCEDURES ALLOW FOR SEPARATION OF AWARDING AND DISBURSING OF FUNDS. STUDENTS WHO RECEIVE SCHOLARSHIPS AND FEDERAL WORK STUDY FUNDS ARE MONITORED EACH SEMESTER FOR ACADEMIC PROGRESS. ANNUAL AUDITS ARE CONDUCTED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO ENSURE COMPLIANCE WITH ALL PROGRAMS.

Additional Data

Software ID:

Software Version:

EIN: 23-1352294

Name: PHILADELPHIA UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	FA/INTL STUDY/COURSES	137,839
East Asia and the Pacific	0	0	Program Services	FA/INTL STUDY/COURSES	75,806

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	FA/INTL STUDY/COURSES	1,473,568
Middle East and North Africa	0	0	Program Services	FA/INTL STUDY/COURSES	94,891

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	FA/INTL STUDY/COURSES	7,469
Russia and the Newly Independent States	0	0	Program Services	FA/INTL STUDY/COURSES	1,156

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	FA/INTL STUDY/COURSES	21,060
South Asia	0	0	Program Services	FA/INTL STUDY/COURSES	239,164

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	FA/INTL STUDY/COURSES	51,767

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Central America and the Caribbean	5	136,013			N/A	N/A
FINANCIAL AID	East Asia and the Pacific	1	10,000			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Europe (Including Iceland and Greenland)	9	273,231			N/A	N/A
FINANCIAL AID	Middle East and North Africa	6	78,640			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	North America	2	5,570			N/A	N/A
FINANCIAL AID	South America	1	21,060			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	South Asia	23	237,222			N/A	N/A
FINANCIAL AID	Sub-Saharan Africa	4	50,460			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL ABROAD	Central America and the Caribbean	2	1,826			N/A	N/A
TRAVEL ABROAD	East Asia and the Pacific	20	26,646			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL ABROAD	Europe (Including Iceland and Greenland)	36	35,297			N/A	N/A
TRAVEL ABROAD	Middle East and North Africa	5	16,251			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL ABROAD	North America	3	1,899			N/A	N/A
TRAVEL ABROAD	Russia and the Newly Independent States	1	1,156			N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL ABROAD	South Asia	2	1,942			N/A	N/A
TRAVEL ABROAD	Sub-Saharan Africa	1	1,307			N/A	N/A

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
		BEEF & BEER (event type)	BASEBALL GOLF (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,086	7,050	1,300	15,436
	2 Less: Contributions	5,186	5,063	198	10,447
	3 Gross income (line 1 minus line 2)	1,900	1,987	1,102	4,989
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,987		1,987
	7 Food and beverages	1,600		1,102	2,702
	8 Entertainment	300			300
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,989
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	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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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
PHILADELPHIA UNIVERSITY

Employer identification number
23-1352294

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)							
(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 Enter total number of other organizations listed in the line 1 table ▶

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) STUDENT GRANTS AND SCHOLARSHIPS	2448	55,866,732		N/A	N/A
(2) FEDERAL WORK STUDY	448	558,589		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I; QUESTION 2	FEDERAL GRANT FUNDS ARE AWARDED IN COMPLIANCE WITH FEDERAL REGULATIONS APPLICABLE TO THE SPECIFIC PROGRAM. INSTITUTIONAL PROCEDURES ALLOW FOR SEPARATION OF AWARDED AND DISBURSING OF FUNDS. STUDENTS WHO RECEIVE SCHOLARSHIPS AND FEDERAL WORK STUDY FUNDS ARE MONITORED EACH SEMESTER FOR ACADEMIC PROGRESS. ANNUAL AUDITS ARE CONDUCTED BY AN EXTERNAL AUDIT FIRM TO ENSURE COMPLIANCE WITH ALL PROGRAM GUIDELINES.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization PHILADELPHIA UNIVERSITY		Employer identification number 23-1352294

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 Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
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 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[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
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2019 FORMS W-2.
SCHEDULE J, PART I; QUESTION 1A	HOUSING IS PROVIDED TO PHILADELPHIA UNIVERSITY'S EXECUTIVE DEAN OF ACADEMICS AS PART OF HIS EMPLOYMENT AGREEMENT. THE ORGANIZATION DEEMS IT NECESSARY THAT THIS INDIVIDUAL LIVE ON CAMPUS IN ORDER TO BE ABLE TO IMMEDIATELY PROVIDE LEADERSHIP TO THE CAMPUS COMMUNITY AT ANY TIME, 24 HOURS A DAY, 7 DAYS A WEEK. THIS AMOUNT IS INCLUDED WITHIN SCHEDULE J, PART II, COLUMN D, NON-TAXABLE BENEFITS, AS THIS ITEM WAS DEEMED TO BE BUSINESS RELATED AND SUBJECT TO THE REQUIREMENTS OF PHILADELPHIA UNIVERSITY AND THE INDIVIDUAL'S RESPECTIVE JOB DUTIES AND RESPONSIBILITIES.
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN SPINELLI, JR., PH.D., \$600,000.
SCHEDULE J, PART I; QUESTION 4B	THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: PETER L. DEANGELIS, JR., \$113,874. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$604,109 AND PETER L. DEANGELIS, JR., \$123,253. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$975,084 AND PETER L. DEANGELIS, JR., \$283,345. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$1,443,631 AND PETER L. DEANGELIS, JR., \$165,000.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II; COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (F) INCLUDE VESTED BENEFITS IN A DEFERRED COMPENSATION PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THIS AMOUNT WAS REPORTED AS DEFERRED COMPENSATION ON PRIOR YEARS' FORMS 990 AND IS NOW BEING REPORTED AGAIN ON THIS YEARS FORM 990. THIS HAS BEEN TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

Additional Data

Software ID:
Software Version:
EIN: 23-1352294
Name: PHILADELPHIA UNIVERSITY

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				
1STEPHEN K KLASKO MD MBA PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,936,937	2,260,000	182,752	3,022,824	19,718	7,422,231	0
1PETER L DEANGELIS JR EVP, CFO & CAO	(i)	0	0	0	0	0	0	0
	(ii)	980,662	360,791	185,860	607,998	19,666	2,154,977	81,298
2STEPHEN SPINELLI JR PHD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	600,000	0	0	600,000	0
3MATT D BAKER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	276,710	123,140	30,135	36,427	16,056	482,468	0
4GEOFFREY CROMARTY EdD SECRETARY - SVP, OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	259,337	120,132	49,848	36,400	22,398	488,115	0
5BARBARA KLINKHAMMER EXEC DEAN, COLLEGE OF ARCHIT	(i)	248,544	60,500	38,458	24,769	9,495	381,766	0
	(ii)	0	0	0	0	0	0	0
6MICHAEL DRYER DEAN, COLLEGE OF HEALTH PROF	(i)	243,289	59,400	41,491	24,319	4,966	373,465	0
	(ii)	0	0	0	0	0	0	0
7PATRICIA BALDRIDGE SVP MARKETING & COMMUNICATION	(i)	220,253	75,049	35,328	22,294	6,584	359,508	0
	(ii)	0	0	0	0	0	0	0
8RONALD G KANDER PHD EXECUTIVE DEAN	(i)	242,338	29,700	42,741	24,319	100,308	439,406	0
	(ii)	0	0	0	0	0	0	0
9HENRY HUMPHREYS DEAN OF STUDENTS	(i)	0	0	3,631	0	0	3,631	0
	(ii)	148,678	15,341	36,779	17,172	25,252	243,222	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHILADELPHIA UNIVERSITY

Employer identification number
23-1352294

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	3	190,126	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► (MEDICAL DEVICES)	X	3	220,555	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

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

31

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

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493134037081
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization PHILADELPHIA UNIVERSITY		Employer identification number 23-1352294	

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PHILADELPHIA UNIVERSITY IS A STUDENT - CENTERED INSTITUTION THAT PREPARES GRADUATES FOR SUCCESSFUL CAREERS IN AN EVOLVING GLOBAL MARKETPLACE: - BY BLENDING THE LIBERAL ARTS AND SCIENCES, PROFESSIONAL STUDIES, INTERDISCIPLINARY LEARNING AND COLLABORATIONS IN AND OUT OF THE CLASSROOM, STUDENTS LEARN TO THRIVE IN DIVERSE AND CHALLENGING ENVIRONMENTS. - OUR STUDENTS ARE ENCOURAGED TO FORM SUPPORTIVE RELATIONSHIPS WITH EACH OTHER AS WELL AS FACULTY, STAFF AND ALUMNI IN AN ACADEMICALLY RIGOROUS SETTING THAT IS FOCUSED ON INTELLECTUAL AND PERSONAL GROWTH. - PHILADELPHIA UNIVERSITY IS AN EXPERIENTIAL LEARNING COMMUNITY WHERE INTEGRITY, CREATIVITY, CURIOSITY, ETHICS, RESPONSIBILITY AND THE FREE EXCHANGE OF IDEAS ARE VALUED. MISSION ===== WE IMPROVE LIVES AND PROVIDE STUDENTS WITH EXCEPTIONAL VALUE IN 21ST CENTURY PROFESSIONAL EDUCATION. VISION ===== WE ARE REIMAGINING HEALTH, EDUCATION AND DISCOVERY TO CREATE UNPARALLELED VALUE. WE ARE A COMPREHENSIVE UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR THE 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, FASHION, ENGINEERING, HEALTH, MEDICINE, SCIENCE AND TEXTILES - INFUSED WITH THE LIBERAL ARTS. HISTORY ===== 1884 ---- IN 1884, PHILADELPHIA UNIVERSITY WAS FOUNDED AS THE PHILADELPHIA TEXTILE SCHOOL TO EDUCATE AMERICA'S TEXTILE WORKERS AND MANAGERS. 1941 ---- IN 1941, THE SCHOOL WAS GRANTED THE RIGHT TO AWARD BACCALAUREATE DEGREES AND CHANGED ITS NAME TO THE PHILADELPHIA TEXTILE INSTITUTE ("PTI"). 1949 ---- BY 1949, PTI BEGAN CONDUCTING CLASSES IN THE EAST FALLS SECTION OF PHILADELPHIA. 1961 ---- IN 1961, PTI CHANGED ITS NAME TO PHILADELPHIA COLLEGE OF TEXTILES & SCIENCE. 1999 ---- TO BETTER REFLECT THE INSTITUTION'S BREADTH AND DEPTH, THE COLLEGE APPLIED FOR AND WAS GRANTED UNIVERSITY STATUS BY THE COMMONWEALTH OF PENNSYLVANIA IN 1999. THE BOARD OF TRUSTEES VOTED TO CHANGE THE SCHOOL'S NAME TO PHILADELPHIA UNIVERSITY ON JULY 13, 1999. 2008 ---- IN 2008, PHILADELPHIA UNIVERSITY ADOPTED A BOLD, INNOVATIVE STRATEGIC PLAN AND DIRECTED OUR EFFORTS ON ADVANCING OUR MISSION AND VISION: TO BE THE MODEL FOR PROFESSIONAL UNIVERSITY EDUCATION. THE UNIVERSITY REORGANIZED ITS OFFERINGS INTO THREE COLLEGES AND THREE SCHOOLS. 2012 ---- IN 2012, THE UNIVERSITY LAUNCHED ITS PHILAU ONLINE OFFERING, WHICH FORMALIZED AND EXPANDED ITS REACH IN ONLINE EDUCATION. PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY: TWO LEGACIES JOINED BY ONE VISION ===== UNIFYING TWO RENOWNED LEGACIES OF INNOVATION, EDUCATION, RESEARCH AND PROFESSIONAL EXCELLENCE, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY) HAS MORE THAN THREE COMBINED CENTURIES OF HISTORY. DRIVEN BY THIS NEWLY UNITED AND ROBUST PAST, JEFFERSON DELIVERS UNIQUE AND HIGH-IMPACT PROFESSIONAL EDUCATION TO OUR STUDENTS IN THE AREAS OF ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FA

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SHION, HEALTH, MEDICINE, SCIENCE, TEXTILES AND MORE. THOMAS JEFFERSON UNIVERSITY WAS FOUND ED IN 1824 AS JEFFERSON MEDICAL COLLEGE, AND PHILADELPHIA UNIVERSITY WAS FOUNDED IN 1884 A S THE PHILADELPHIA TEXTILE SCHOOL. BOTH WERE AHEAD OF THEIR TIME AND FOCUSED ON THE IMPORT ANCE OF EXPERIENTIAL LEARNING. THE NEW JEFFERSON WAS ESTABLISHED ON JULY 1, 2017 AS A RESU LT OF THE MERGER OF THESE TWO RENOWNED UNIVERSITIES. JOINED TOGETHER IN 2017 THROUGH A SHA RED AND UNIQUE APPROACH TO EDUCATION, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSO N UNIVERSITY) IS NATIONALLY AND INTERNATIONALLY RECOGNIZED FOR MANY HISTORICAL "FIRSTS" IN CLUDING THE FIRST SURGICAL USE OF ANESTHESIA IN PHILADELPHIA; THE BLENDING OF QUAIL FEATHE RS AND WOOL TO CREATE THE ARMY'S UBIQUITOUS OLIVE DRAB AS AN ALTERNATIVE TO DARK BLUE AND LIGHT-COLORED KHAKI MILITARY UNIFORMS; THE FIRST SUCCESSFUL OPEN-HEART OPERATION USING A H EART-LUNG MACHINE; AND THE FIRST BIFURCATED AORTAL GRAFT DESIGNED BY USING MULTI-BRANCHED SEAMLESS TUBES THAT KNIT FIBERS NEEDED FOR ARTIFICIAL BLOOD VESSELS. TODAY, WE ARE A PROFE SSIONAL UNIVERSITY THAT DEFIES CONVENTION AND DEDICATES ITSELF TO COLLABORATIVE, TRANSDISC IPLINARY AND INTERPROFESSIONAL APPROACHES TO LEARNING THAT OFFER A VIBRANT AND EXPANDABLE PLATFORM FOR EDUCATION. THROUGH THIS UNIQUE MODEL, WE ARE PREPARING OUR STUDENTS FOR CURRE NT AND YET-TO-BE-IMAGINED CAREERS SETTING TOMORROW'S STANDARDS BY BREAKING TODAY'S. TOGETH ER, THESE UNIVERSITIES INCLUDE 10 COLLEGES AND 4 SCHOOLS INCLUDING ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION AND TEXTILES, HEALTH SCIENCE AND SOCIAL SCIENCE PROGRAMS. OV ER 160 UNDERGRADUATE/GRADUATE PROGRAMS ARE OFFERED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM. AS THE PARENT ORGANIZATION OF THE SYSTEM TJU PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THIS ORGANIZATION. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. TJU ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO TJU IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE MEMBER OF THIS ORGANIZATION. TJU HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW. FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED TO THOMAS JEFFERSON UNIVERSITY'S AUDIT, RISK AND COMPLIANCE COMMITTEE AND PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELI

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	MINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARDS EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE. IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990.

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTIONS OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS.

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	IONS AND DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION AND FOR THEIR POSITION WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE; NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	MATT D. BAKER, A FORMER OFFICER OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN THE SYSTEM AS THE SENIOR VICE PROVOST, ACADEMIC AFFAIRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	STEPHEN K. KLASKO, M.D., MBA IS AN OFFICER OF THE ORGANIZATION'S BOARD OF TRUSTEES; AN UNCOMPENSATED POSITION. DR. KLASKO IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651). THOMAS JEFFERSON UNIVERSITY FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO DR. KLASKO'S COMPENSATION IN EXCESS OF \$1M. PETER L. DEANGELIS, JR. IS THE TOP FINANCIAL OFFICIAL OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH ("SYSTEM") AND THEREFORE INCLUDED AS AN OFFICER WITHIN PART VII OF THIS FORM 990. MR. DEANGELIS IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY, HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651). THOMAS JEFFERSON UNIVERSITY DID NOT FILE A 2019 FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS OF \$1M BECAUSE HE WAS NOT A COVERED EMPLOYEE OF THOMAS JEFFERSON UNIVERSITY AND THUS EXEMPT FROM EXCISE TAX AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO THE PRIOR YEAR BALANCES PREVIOUSLY REPORTED TO CONFORM TO THE CURRENT YEAR PRESENTATION. THE RESTATEMENT HAD NO EFFECT ON THE ORGANIZATION'S NET ASSETS.

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Return Reference	Explanation
CORE FORM, PART X; LINE 25	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D; AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A. THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY. ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS: - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095 - TJUH SYSTEM, EIN: 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN: 23-2809585 - ABINGTON HEALTH, EIN: 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN: 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN: 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN: 26-3359979 - JEFFERSON HEALTH - NORTHEAST, EIN: 23-0596940 - JEFFERSON HEALTH - NORTHEAST SYSTEM, EIN: 23-2239131 - PHILADELPHIA UNIVERSITY, EIN: 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439 - MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651.

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Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - RECLASSIFICATION OF NET ASSETS - \$100,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2020 AND JUNE 30, 2019; RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THOMAS JEFFERSON UNIVERSITY'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134037081	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2019
	▶ 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.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization PHILADELPHIA UNIVERSITY				Employer identification number 23-1352294	

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.

See Additional Data Table

(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.

See Additional Data Table

(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

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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

No

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

No

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

1s

No

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

(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
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Additional Data

Software ID:

Software Version:

EIN: 23-1352294

Name: PHILADELPHIA UNIVERSITY

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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS.	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	JHNES		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	JHNES		No

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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	JHNES		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	JHNE		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnerships[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
TJU INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP.					No
WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP.					No
ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS.	PA	NA	C CORP.					No
HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS.	PA	NA	C CORP.					No
JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS.	PA	NA	C CORP.					No
JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS.	PA	NA	C CORP.					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	NA	C CORP.					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	NA	C CORP.					No
JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	NA	C CORP.					No
925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP.					No
SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO.	DE	NA	C CORP.					No
TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP.					No
HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS.	PA	NA	C CORP.					No
KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP.					No
PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS.	NJ	NA	C CORP.					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP.					No
JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS.	NJ	NA	C CORP.					No