

# Return of Organization Exempt From Income Tax

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 20 09

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input checked="" type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>TEMPLE UNIVERSITY</u><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>1805 North Broad Street 11th Floor Wachman Hall R</u><br>City or town, state or country, and ZIP + 4<br><u>Philadelphia, PA 19122</u> | <b>D</b> Employer identification number<br><u>23 1365971</u>                                                                       |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                  | <b>E</b> Telephone number<br>( <u>215</u> ) <u>204-7366</u>                                                                        |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                  | <b>G</b> Gross receipts \$ <u>1,449,866,000</u>                                                                                    |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                  | <b>F</b> Name and address of principal officer: <u>Ann Weaver Hart - President</u><br><u>same as above, Philadelphia, PA 19122</u> |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                    | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                    |
| <b>J</b> Website: ▶ <u>www.temple.edu</u>                                                                                                                                                                                                                                                                 | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)                                                                                                                                                                  |                                                                                                                                    |
| <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                       | <b>L</b> Year of formation: <u>1884</u>                                                                                                                                                                                                                                                                          | <b>M</b> State of legal domicile: <u>PA</u>                                                                                        |
| <b>H(c)</b> Group exemption number ▶                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    |

**Part I Summary**

|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                      |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|
| <b>Activities &amp; Governance</b>                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>Temple University is a national center of excellence in teaching and research with an international presence. Our talented faculty and broad curriculum of nearly 300 academic programs provide superior educational opportunities for academically talented and highly motivated students, without regard to their status or station in life.</u> |                          |                      |
|                                                                                     | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.                                                                                                                                                                                                                                                                                               |                          |                      |
|                                                                                     | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                 | <b>3</b>                 | <b>36</b>            |
|                                                                                     | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                     | <b>4</b>                 | <b>32</b>            |
|                                                                                     | <b>5</b> Total number of employees (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                       | <b>5</b>                 | <b>12,471</b>        |
|                                                                                     | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                | <b>6</b>                 | <b>35</b>            |
|                                                                                     | <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)                                                                                                                                                                                                                                                                                                                                                       | <b>7a</b>                | <b>175,000</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>0</b>                 |                      |
| <b>Revenue</b>                                                                      | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                     | <b>Prior Year</b>        | <b>Current Year</b>  |
|                                                                                     | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                      | <b>442,355,000</b>       | <b>385,750,000</b>   |
|                                                                                     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                    | <b>717,276,000</b>       | <b>768,612,000</b>   |
|                                                                                     | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                         | <b>37,347,000</b>        | <b>48,605,000</b>    |
|                                                                                     | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                 | <b>1,213,246,000</b>     | <b>1,209,236,000</b> |
| <b>Expenses</b>                                                                     | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                                                                                                                 | <b>76,246,000</b>        | <b>82,409,000</b>    |
|                                                                                     | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                    | <b>0</b>                 | <b>0</b>             |
|                                                                                     | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                                                                | <b>665,542,000</b>       | <b>705,225,000</b>   |
|                                                                                     | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                   | <b>0</b>                 | <b>0</b>             |
|                                                                                     | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>12,255,000</u>                                                                                                                                                                                                                                                                                                                                                     |                          |                      |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)              | <b>312,511,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>345,381,000</b>       |                      |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <b>1,054,299,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1,133,015,000</b>     |                      |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>158,947,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>76,221,000</b>        |                      |
| <b>Net Assets or Fund Balances</b>                                                  | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Beginning of Year</b> | <b>End of Year</b>   |
|                                                                                     | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                              | <b>2,126,155,000</b>     | <b>2,144,993,000</b> |
|                                                                                     | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                       | <b>929,464,000</b>       | <b>909,248,000</b>   |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1,196,691,000</b>     | <b>1,235,745,000</b> |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Anthony E Wagner, Senior VP, CFO and Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:  
**Temple University is a national center of excellence in teaching and research with an international presence. Our talented faculty and broad curriculum of nearly 300 academic programs provide superior educational opportunities for academically talented and highly motivated students, without regard to their status or station in life.**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 583,237,000 including grants of \$ 10,851,000 ) (Revenue \$ 577,005,000 )  
**Instruction - As a comprehensive state related research university, our 37,000 students can choose from 8 campuses and 320 academic degree programs including: 2 associate degree programs (Horticulture and General Studies), 134 bachelors programs on-credit courses, 121 masters programs, 56 doctoral programs and First-professional degree programs in dentistry, law, medicine, pharmacy, and podiatric medicine.**

4b (Code: ) (Expenses \$ 92,726,000 including grants of \$ 850,000 ) (Revenue \$ 0 )  
**Research - The Carnegie Foundation has designated Temple as Research University/High Research Activity, including it among the top universities in the nation with comprehensive curricula and nationally recognized research programs. Temple receives research funding from federal, state, and local government sources, as well as foundations and other private sources. Federal funding comes largely from the National Institutes of Health, with additional support from the Departments of Defense, Education, Agriculture, Energy, and Justice. State funding comes from a number of Departments, including Aging, Education, Health, Community and Economic Development, and Public Welfare. Research awards received by Temple between fiscal years 2006 and 2007 have increased more than 6 percent and research expenditures have increased by 40 percent since fiscal 2001. More than 70 faculty members each have at least \$1 million in external research funding. Over the last six years Temple has allocated ~ \$3.3 million of internal funds to provide research incentive grants to support over thirty junior faculty investigators, and over twenty established investigators developing new research areas, and interdisciplinary research across the University.**

4c (Code: ) (Expenses \$ 132,717,000 including grants of \$ 774,000 ) (Revenue \$ 120,925,000 )  
**Patient Care - Temple University has approximately 400 full-time and part-time faculty members of the Temple University School of Medicine. These 400 physicians practice in 17 academic departments and include virtually every subspecialty in modern medicine. Temple University brings together the physician expertise necessary for the full range of tertiary and quaternary services in modern medicine. Temple has a long standing reputation for extraordinary capabilities in a wide range of subspecialty areas. Increasingly, the University is projecting its physician practices out into the community. At present, we have over a dozen outreach sites in various suburban locations. Additionally, the University provides care without charge or for amounts less than its established rates, to patients who meet certain criteria under the University's charity care policy. Some patients qualify for charity care based on federal poverty guidelines or their financial condition being such that requiring payment would impose a hardship on the patient. The estimated costs incurred to provide charity care during the year were \$27,557,000.**

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**  
(Expenses \$ 187,071,000 including grants of \$ 69,934,000 ) (Revenue \$ 70,221,000 )

4e **Total program service expenses** ▶ \$ 995,751,000 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** *(continued)*

|           |                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                                                                                                                                                                                                                                                |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | ✓  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                     | ✓   |    |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                       | ✓   |    |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                  | ✓   |    |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | ✓   |    |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                        |     | ✓  |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                      |     | ✓  |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                                                      |     | ✓  |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                                                                                         | ✓   |    |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                   | ✓   |    |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                           | ✓   |    |
| <b>37</b> | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                                             |     | ✓  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |                                                                                                                                                                                                                                                                                                      | Yes        | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .                                                                                                                                                   |            |    |
|            | <b>1a</b> 9497                                                                                                                                                                                                                                                                                       |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                                                                                                                                                            |            |    |
|            | <b>1b</b> 0                                                                                                                                                                                                                                                                                          |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                                   | ✓          |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                                                                              |            |    |
|            | <b>2a</b> 12471                                                                                                                                                                                                                                                                                      |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)                                               | ✓          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                                       | ✓          |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . . . . .                                                                                                                                                                                    | ✓          |    |
| <b>4a</b>  | 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>b</b>   | If "Yes," enter the name of the foreign country: ▶ <u>See Schedule O, Statement 2</u> . . . . .<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                 |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                                                                      |            | ✓  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                                                                           |            | ✓  |
| <b>c</b>   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .                                                                                                                                       |            |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                                                                                                                                               |            | ✓  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                                              |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                                 |            |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .                                                                                                                                                                            |            | ✓  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                                            |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                                       |            | ✓  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                                          |            |    |
|            | <b>7d</b>                                                                                                                                                                                                                                                                                            |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                                          |            | ✓  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                                                               |            | ✓  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                                                                                                 |            |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .                                                                                                                                                                      |            |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |            |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                         |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                                    |            |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                                     |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                                       |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                                                   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                                                                | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                                      |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                                                                  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                                                               | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                                                                          |            |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                                                                      | <b>12b</b> |    |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

|                                                                                                                                                                                 |                                                                                                                                                                                                                               | Yes       | No                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. |                                                                                                                                                                                                                               |           |                                     |
| <b>1a</b>                                                                                                                                                                       | Enter the number of voting members of the governing body . . . . .                                                                                                                                                            | <b>1a</b> | <b>36</b>                           |
| <b>b</b>                                                                                                                                                                        | Enter the number of voting members that are independent . . . . .                                                                                                                                                             | <b>1b</b> | <b>32</b>                           |
| <b>2</b>                                                                                                                                                                        | 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? . . . . .                                               | <b>2</b>  | <input checked="" type="checkbox"/> |
| <b>3</b>                                                                                                                                                                        | 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? . . . . . | <b>3</b>  | <input checked="" type="checkbox"/> |
| <b>4</b>                                                                                                                                                                        | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               | <b>4</b>  | <input checked="" type="checkbox"/> |
| <b>5</b>                                                                                                                                                                        | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             | <b>5</b>  | <input checked="" type="checkbox"/> |
| <b>6</b>                                                                                                                                                                        | Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | <b>6</b>  | <input checked="" type="checkbox"/> |
| <b>7a</b>                                                                                                                                                                       | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                         | <b>7a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                                                                        | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | <b>7b</b> | <input checked="" type="checkbox"/> |
| <b>8</b>                                                                                                                                                                        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                             |           |                                     |
| <b>a</b>                                                                                                                                                                        | The governing body? . . . . .                                                                                                                                                                                                 | <b>8a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                                                                        | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | <b>8b</b> | <input checked="" type="checkbox"/> |
| <b>9a</b>                                                                                                                                                                       | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                 | <b>9a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                                                                        | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  | <b>9b</b> |                                     |
| <b>10</b>                                                                                                                                                                       | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .       | <b>10</b> | <input checked="" type="checkbox"/> |
| <b>11</b>                                                                                                                                                                       | Is there any officer, director or 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 . . . . .      | <b>11</b> | <input checked="" type="checkbox"/> |

**Section B. Policies**

|            |                                                                                                                                                                                                                                                                                                          | Yes        | No                                  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                       | <b>12a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | <b>12b</b> | <input checked="" type="checkbox"/> |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | <b>12c</b> | <input checked="" type="checkbox"/> |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                     | <b>13</b>  | <input checked="" type="checkbox"/> |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                | <b>14</b>  | <input checked="" type="checkbox"/> |
| <b>15</b>  | 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:                                                                                     |            |                                     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official? . . . . .                                                                                                                                                                                                                        | <b>15a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>   | Other officers or key employees of the organization? . . . . .<br>Describe the process in Schedule O. (see instructions)                                                                                                                                                                                 | <b>15b</b> | <input checked="" type="checkbox"/> |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                          | <b>16a</b> | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> | <input checked="" type="checkbox"/> |

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ Controller, (215)204-7366** . . . . .  
**1805 North Broad Street, Wachman Hall Room 1108, Philadelphia, PA 19122-6094**

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title                                  | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                        |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Frank Baldino Jr<br>Trustee                            | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Joan H Ballots<br>Trustee                              | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Leonard Barrack<br>Trustee                             | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Jon A Boscia<br>Trustee                                | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| William H Cosby Jr<br>Trustee                          | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Theodore Z Davis<br>Trustee                            | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Nelson A Diaz<br>Trustee                               | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Ronald R Donatucci<br>Trustee (Commonwealth Appointee) | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Judith A Felgoise<br>Trustee                           | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Richard J Fox<br>Trustee                               | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Lewis F Gould Jr<br>Trustee (Commonwealth Appointee)   | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Lon R Greenberg<br>Trustee                             | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Lacy H Hunt<br>Trustee                                 | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Lewis Katz<br>Trustee                                  | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Adrian R King Jr<br>Trustee (Commonwealth Appointee)   | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Susanna E Lachs<br>Trustee                             | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| Patrick V Larkin<br>Trustee (Commonwealth Appointee)   | 1.00                          | ✓                                      |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Solomon C Luo<br>Trustee                                   | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Joseph W Marshall III<br>Trustee (Commonwealth Appointee)  | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 3,661,000                                                                 | 56,000                                                                                        |
| Theodore A McKee<br>Trustee                                | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Christopher W McNichol<br>Trustee (Commonwealth Appointee) | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| J William Mills<br>Trustee (Commonwealth Appointee)        | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Mitchell L Morgan<br>Trustee                               | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Harry J Mullaney III<br>Trustee (Commonwealth Appointee)   | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Patrick J O'Connor<br>Trustee (Commonwealth Appointee)     | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Daniel H Polett<br>Trustee                                 | 4.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Scott Mazo<br>Trustee (Commonwealth Appointee)             | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Milton L Rock<br>Trustee                                   | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Robert A Rovner<br>Trustee (Commonwealth Appointee)        | 1.00                          | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Continued On Schedule J2                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Total</b>                                            |                               |                                        |                       |         |              |                              |        | <b>9,187,000</b>                                                     | <b>3,661,000</b>                                                          | <b>879,000</b>                                                                                |

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1104**

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

**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.

| (A)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------|--------------------------------|---------------------|
| Sodexo Inc and Affiliates, PO Box 352, Buffalo, NY 14240              | Food Management Svcs           | 20,249,000          |
| McCrae SM Electric, 625 Convention Ave, Philadelphia, PA 19104        | Construction                   | 11,074,000          |
| Philadelphia D and M Inc, 500 Davis Drive, Plymouth Meeting, PA 19462 | Construction                   | 10,432,000          |
| Fastrack Construction, 175 Commerce Drive, Fort Washington, PA 19034  | Construction                   | 9,157,000           |
| Fluidics Inc, 801 W Lancaster Avenue, Bryn Mawr, PA 19010             | Construction                   | 9,110,000           |

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **144**

| <b>Part VIII Statement of Revenue</b>                                                         |                                                                                                                                                           |                                                                    |                                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>                             | <b>1a</b> Federated campaigns . . . . .                                                                                                                   | <b>1a</b>                                                          | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>b</b> Membership dues . . . . .                                                                                                                        | <b>1b</b>                                                          | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>c</b> Fundraising events . . . . .                                                                                                                     | <b>1c</b>                                                          | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>d</b> Related organizations . . . . .                                                                                                                  | <b>1d</b>                                                          | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>e</b> Government grants (contributions).                                                                                                               | <b>1e</b>                                                          | 303,048,000                    |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above                                                                | <b>1f</b>                                                          | 82,702,000                     |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>g</b> Noncash contributions included in lines 1a-1f: \$                                                                                                |                                                                    | 915,000                        |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                                 |                                                                    | 385,750,000                    |                      |                                                    |                                         |                                                                           |   |
| <b>Program Service Revenue</b>                                                                | <b>2a Tuition and Fees</b>                                                                                                                                |                                                                    | <b>Business Code</b><br>611310 | 571,648,000          | 571,648,000                                        | 0                                       | 0                                                                         |   |
|                                                                                               | <b>b Sales and Services of Educational A</b>                                                                                                              |                                                                    | 611310                         | 5,357,000            | 5,357,000                                          | 0                                       | 0                                                                         |   |
|                                                                                               | <b>c Auxiliary Enterprises</b>                                                                                                                            |                                                                    | 812930                         | 70,682,000           | 70,507,000                                         | 175,000                                 | 0                                                                         |   |
|                                                                                               | <b>d Patient Care Activities</b>                                                                                                                          |                                                                    | 621110                         | 120,925,000          | 120,925,000                                        | 0                                       | 0                                                                         |   |
|                                                                                               | <b>e</b> . . . . .                                                                                                                                        |                                                                    |                                |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>f</b> All other program service revenue . . . . .                                                                                                      |                                                                    |                                | 0                    | 0                                                  | 0                                       | 0                                                                         |   |
|                                                                                               | <b>g Total.</b> Add lines 2a-2f . . . . .                                                                                                                 |                                                                    |                                | 768,612,000          |                                                    |                                         |                                                                           |   |
| <b>Other Revenue</b>                                                                          | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                        |                                                                    |                                | 27,588,000           | 0                                                  | 0                                       | 27,588,000                                                                |   |
|                                                                                               | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                                                                                     |                                                                    |                                | 3,544,000            | 0                                                  | 0                                       | 3,544,000                                                                 |   |
|                                                                                               | <b>5</b> Royalties . . . . .                                                                                                                              |                                                                    |                                | 337,000              | 0                                                  | 0                                       | 337,000                                                                   |   |
|                                                                                               | <b>6a</b> Gross Rents . . . . .                                                                                                                           | (i) Real                                                           | (ii) Personal                  | 2,079,000            | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>b</b> Less: rental expenses . . . . .                           |                                | 1,188,000            | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>c</b> Rental income or (loss) . . . . .                         |                                | 891,000              | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>d</b> Net rental income or (loss) . . . . .                     |                                | 891,000              | 0                                                  |                                         |                                                                           |   |
|                                                                                               | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .                                                                             | (i) Securities                                                     | (ii) Other                     | 256,915,000          | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                                | 239,442,000          | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>c</b> Gain or (loss) . . . . .                                  |                                | 17,473,000           | 0                                                  |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>d</b> Net gain or (loss) . . . . .                              |                                | 17,473,000           | 0                                                  |                                         |                                                                           |   |
|                                                                                               | <b>8a</b> Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>                                                           |                                | 0                    |                                                    |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>                       | 0                    |                                                    |                                         |                                                                           |   |
|                                                                                               |                                                                                                                                                           | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                                | 0                    |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                          | <b>a</b>                                                           |                                | 0                    |                                                    |                                         |                                                                           |   |
| <b>b</b> Less: direct expenses . . . . .                                                      |                                                                                                                                                           | <b>b</b>                                                           | 0                              |                      |                                                    |                                         |                                                                           |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                                |                                                                                                                                                           |                                                                    | 0                              | 0                    |                                                    |                                         |                                                                           |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                 | <b>a</b>                                                                                                                                                  |                                                                    | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>b</b> Less: cost of goods sold . . . . .                                                                                                               | <b>b</b>                                                           | 0                              |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>c</b> Net income or (loss) from sales of inventory . . . . .                                                                                           |                                                                    | 0                              |                      |                                                    |                                         |                                                                           | 0 |
| Miscellaneous Revenue                                                                         |                                                                                                                                                           | <b>Business Code</b>                                               |                                |                      |                                                    |                                         |                                                                           |   |
| <b>11a</b> Other revenues . . . . .                                                           | <b>11a</b> Other revenues . . . . .                                                                                                                       |                                                                    | 611310                         | 5,041,000            | 5,041,000                                          | 0                                       | 0                                                                         |   |
|                                                                                               | <b>b</b> . . . . .                                                                                                                                        |                                                                    |                                |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>c</b> . . . . .                                                                                                                                        |                                                                    |                                |                      |                                                    |                                         |                                                                           |   |
|                                                                                               | <b>d</b> All other revenue . . . . .                                                                                                                      |                                                                    |                                | 0                    | 0                                                  | 0                                       | 0                                                                         |   |
|                                                                                               | <b>e Total.</b> Add lines 11a-11d . . . . .                                                                                                               |                                                                    |                                | 5,041,000            |                                                    |                                         |                                                                           |   |
| <b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,<br>9c, 10c, and 11e . . . . . |                                                                                                                                                           |                                                                    | 1,209,236,000                  | 773,478,000          | 175,000                                            | 49,833,000                              |                                                                           |   |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>                                                                                                                                              | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                    | 9,312,000             | 9,312,000                       |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                      | 73,097,000            | 73,097,000                      |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                         | 0                     | 0                               |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                  | 0                     | 0                               |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                         | 3,834,000             | 0                               | 3,518,000                              | 316,000                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                    | 270,000               | 0                               | 270,000                                | 0                           |
| 7 Other salaries and wages                                                                                                                                                                                                         | 550,713,000           | 485,734,000                     | 60,044,000                             | 4,935,000                   |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                    | 29,864,000            | 25,970,000                      | 3,560,000                              | 334,000                     |
| 9 Other employee benefits                                                                                                                                                                                                          | 87,781,000            | 76,301,000                      | 10,498,000                             | 982,000                     |
| 10 Payroll taxes                                                                                                                                                                                                                   | 32,763,000            | 28,893,000                      | 3,560,000                              | 310,000                     |
| 11 Fees for services (non-employees):                                                                                                                                                                                              |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                       | 0                     | 0                               | 0                                      | 0                           |
| b Legal                                                                                                                                                                                                                            | 2,179,000             | 337,000                         | 1,842,000                              | 0                           |
| c Accounting                                                                                                                                                                                                                       | 528,000               | 87,000                          | 441,000                                | 0                           |
| d Lobbying                                                                                                                                                                                                                         | 333,000               | 333,000                         | 0                                      | 0                           |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                          | 0                     |                                 |                                        | 0                           |
| f Investment management fees                                                                                                                                                                                                       | 864,000               | 223,000                         | 613,000                                | 28,000                      |
| g Other                                                                                                                                                                                                                            | 0                     | 0                               | 0                                      | 0                           |
| 12 Advertising and promotion                                                                                                                                                                                                       | 4,161,000             | 3,177,000                       | 909,000                                | 75,000                      |
| 13 Office expenses                                                                                                                                                                                                                 | 104,208,000           | 99,046,000                      | 252,000                                | 4,910,000                   |
| 14 Information technology                                                                                                                                                                                                          | 23,270,000            | 15,762,000                      | 7,460,000                              | 48,000                      |
| 15 Royalties                                                                                                                                                                                                                       | 323,000               | 289,000                         | 34,000                                 | 0                           |
| 16 Occupancy                                                                                                                                                                                                                       | 61,431,000            | 61,310,000                      | 97,000                                 | 24,000                      |
| 17 Travel                                                                                                                                                                                                                          | 11,911,000            | 11,197,000                      | 592,000                                | 122,000                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                  | 10,000                | 10,000                          | 0                                      | 0                           |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                          | 1,084,000             | 975,000                         | 104,000                                | 5,000                       |
| 20 Interest                                                                                                                                                                                                                        | 20,697,000            | 19,015,000                      | 1,682,000                              | 0                           |
| 21 Payments to affiliates                                                                                                                                                                                                          | 0                     | 0                               | 0                                      | 0                           |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                       | 55,560,000            | 55,560,000                      | 0                                      | 0                           |
| 23 Insurance                                                                                                                                                                                                                       | 9,874,000             | 1,570,000                       | 8,303,000                              | 1,000                       |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                           |                       |                                 |                                        |                             |
| a <b>Minimum Pension Liability Adjustment</b>                                                                                                                                                                                      | 16,309,000            | 0                               | 16,309,000                             | 0                           |
| b <b>Bad Debts</b>                                                                                                                                                                                                                 | 18,388,000            | 18,388,000                      | 0                                      | 0                           |
| c <b>Loss on disposal of fixed assets</b>                                                                                                                                                                                          | 1,670,000             | 0                               | 1,670,000                              | 0                           |
| d <b>Other expenses</b>                                                                                                                                                                                                            | 12,581,000            | 9,165,000                       | 3,251,000                              | 165,000                     |
| e                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| f All other expenses                                                                                                                                                                                                               | 0                     | 0                               | 0                                      | 0                           |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f                                                                                                                                                                       | 1,133,015,000         | 995,751,000                     | 125,009,000                            | 12,255,000                  |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                    |                                                                                                                                                  | (A)<br>Beginning of year                                                                                                                                                       |               | (B)<br>End of year |               |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------|
| <b>Assets</b>                      | 1                                                                                                                                                | Cash—non-interest-bearing . . . . .                                                                                                                                            | 112,000       | 1                  | 107,000       |
|                                    | 2                                                                                                                                                | Savings and temporary cash investments . . . . .                                                                                                                               | 182,343,000   | 2                  | 123,369,000   |
|                                    | 3                                                                                                                                                | Pledges and grants receivable, net . . . . .                                                                                                                                   | 53,334,000    | 3                  | 52,410,000    |
|                                    | 4                                                                                                                                                | Accounts receivable, net . . . . .                                                                                                                                             | 120,607,000   | 4                  | 84,701,000    |
|                                    | 5                                                                                                                                                | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .                           | 0             | 5                  | 100,000       |
|                                    | 6                                                                                                                                                | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .     | 0             | 6                  | 0             |
|                                    | 7                                                                                                                                                | Notes and loans receivable, net . . . . .                                                                                                                                      | 50,367,000    | 7                  | 53,234,000    |
|                                    | 8                                                                                                                                                | Inventories for sale or use . . . . .                                                                                                                                          | 1,640,000     | 8                  | 1,620,000     |
|                                    | 9                                                                                                                                                | Prepaid expenses and deferred charges . . . . .                                                                                                                                | 10,274,000    | 9                  | 8,709,000     |
|                                    | 10a                                                                                                                                              | Land, buildings, and equipment: cost basis                                                                                                                                     | 1,658,746,000 |                    |               |
|                                    | b                                                                                                                                                | Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .                                                                                                       | 655,059,000   | 10b                |               |
|                                    |                                                                                                                                                  |                                                                                                                                                                                | 877,446,000   | 10c                | 1,003,687,000 |
|                                    | 11                                                                                                                                               | Investments—publicly traded securities . . . . .                                                                                                                               | 722,459,000   | 11                 | 724,785,000   |
|                                    | 12                                                                                                                                               | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                   | 20,000,000    | 12                 | 17,146,000    |
|                                    | 13                                                                                                                                               | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                    | 0             | 13                 |               |
|                                    | 14                                                                                                                                               | Intangible assets . . . . .                                                                                                                                                    | 0             | 14                 | 0             |
| 15                                 | Other assets. See Part IV, line 11 . . . . .                                                                                                     | 87,573,000                                                                                                                                                                     | 15            | 75,125,000         |               |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                       | 2,126,155,000                                                                                                                                                                  | 16            | 2,144,993,000      |               |
| <b>Liabilities</b>                 | 17                                                                                                                                               | Accounts payable and accrued expenses . . . . .                                                                                                                                | 358,267,000   | 17                 | 348,705,000   |
|                                    | 18                                                                                                                                               | Grants payable . . . . .                                                                                                                                                       | 0             | 18                 | 0             |
|                                    | 19                                                                                                                                               | Deferred revenue . . . . .                                                                                                                                                     | 50,842,000    | 19                 | 50,383,000    |
|                                    | 20                                                                                                                                               | Tax-exempt bond liabilities . . . . .                                                                                                                                          | 507,885,000   | 20                 | 498,716,000   |
|                                    | 21                                                                                                                                               | Escrow account liability. Complete Part IV of Schedule D . . . . .                                                                                                             | 1,987,000     | 21                 | 1,191,000     |
|                                    | 22                                                                                                                                               | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . | 0             | 22                 | 0             |
|                                    | 23                                                                                                                                               | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                       | 10,483,000    | 23                 | 10,253,000    |
|                                    | 24                                                                                                                                               | Unsecured notes and loans payable . . . . .                                                                                                                                    | 0             | 24                 | 0             |
|                                    | 25                                                                                                                                               | Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                     | 0             | 25                 |               |
|                                    | 26                                                                                                                                               | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                    | 929,464,000   | 26                 | 909,248,000   |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                |               |                    |               |
|                                    | 27                                                                                                                                               | Unrestricted net assets . . . . .                                                                                                                                              | 922,573,000   | 27                 | 996,842,000   |
|                                    | 28                                                                                                                                               | Temporarily restricted net assets . . . . .                                                                                                                                    | 99,086,000    | 28                 | 58,201,000    |
|                                    | 29                                                                                                                                               | Permanently restricted net assets . . . . .                                                                                                                                    | 175,032,000   | 29                 | 180,702,000   |
|                                    | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                |               |                    |               |
|                                    | 30                                                                                                                                               | Capital stock or trust principal, or current funds . . . . .                                                                                                                   |               | 30                 |               |
|                                    | 31                                                                                                                                               | Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                     |               | 31                 |               |
|                                    | 32                                                                                                                                               | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                     |               | 32                 |               |
|                                    | 33                                                                                                                                               | <b>Total net assets or fund balances . . . . .</b>                                                                                                                             | 1,196,691,000 | 33                 | 1,235,745,000 |
|                                    | 34                                                                                                                                               | <b>Total liabilities and net assets/fund balances . . . . .</b>                                                                                                                | 2,126,155,000 | 34                 | 2,144,993,000 |

**Part XI Financial Statements and Reporting**

|    |                                                                                                                                                                                                                                     | Yes                                 | No                                  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other                                                                            |                                     |                                     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| b  | Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                        | <input checked="" type="checkbox"/> |                                     |
| c  | If "Yes" to lines 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? . . . . . | <input checked="" type="checkbox"/> |                                     |
| 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? . . . . .                                                                  | <input checked="" type="checkbox"/> |                                     |
| b  | If "Yes," did the organization undergo the required audit or audits? . . . . .                                                                                                                                                      | <input checked="" type="checkbox"/> |                                     |



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                          | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1-3 . . . . .                                                                                                                                                                                |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                       | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008  | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                                              |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                               |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                                                 |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                           |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                 |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                      | <b>14</b> | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .                                                                                                                                                                                                                                                                                                                                                         | <b>15</b> | % |
| <b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                         |           |   |
| <b>b 33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                      |           |   |
| <b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |   |
| <b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                         |           |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                             |          |          |          |          |          |           |
| <b>2</b> 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 . . . . .       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                        |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1-5 . . . . .                                                                                                                                                           |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                      |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                            |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                       | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                            |           |   |
|------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                    | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                        |           |   |
|------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .                      | <b>18</b> | % |

**19a 33 1/3 % support tests—2008.** 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—2007.** 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 ▶



**Political Campaign and Lobbying Activities**

**2008**

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

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
  - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
  - Section 527 organizations: Complete Part I-A only.

- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

|                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>TEMPLE UNIVERSITY</b> | Employer identification number<br><b>23 1365971</b> |
|--------------------------------------------------|-----------------------------------------------------|

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ -----
- 3 Volunteer hours . . . . . ▶ -----

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

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

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

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

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) Filing organization's totals                       | (b) Affiliated group totals               |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 1e, column (a) or (b) is:</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is:</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table> | <b>If the amount on line 1e, column (a) or (b) is:</b> | <b>The lobbying nontaxable amount is:</b> | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>The lobbying nontaxable amount is:</b>              |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20% of the amount on line 1e.                          |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$100,000 plus 15% of the excess over \$500,000.       |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$175,000 plus 10% of the excess over \$1,000,000.     |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$225,000 plus 5% of the excess over \$1,500,000.      |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1,000,000.                                           |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                                           |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| <b>2a</b> Lobbying non-taxable amount                            |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots non-taxable amount                           |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

|                                                                                                                                                                                                                                        | (a)                                 |                                     | (b)            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------|
|                                                                                                                                                                                                                                        | Yes                                 | No                                  | Amount         |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |                                     |                                     |                |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |                                     | <input checked="" type="checkbox"/> |                |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  | <input checked="" type="checkbox"/> |                                     |                |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |                                     | <input checked="" type="checkbox"/> |                |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |                |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |                |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |                |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   | <input checked="" type="checkbox"/> |                                     | <b>343,000</b> |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |                |
| <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |                |
| <b>j</b> Total lines 1c through 1i                                                                                                                                                                                                     |                                     |                                     | <b>343,000</b> |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |                                     | <input checked="" type="checkbox"/> |                |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |                                     |                                     |                |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |                                     |                                     |                |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |                                     |                                     |                |

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Schedule C, Part II-B, Line 1 - A substantial portion of the University's revenues are derived from appropriation legislation enacted by the Commonwealth of Pennsylvania. The University responds to information requests from the State assembly, and attempts to assure that the amount of the Commonwealth Appropriation is sufficient to meet the University's needs. In addition, the University will occasionally request variances in local ordinances in order to facilitate campus improvements and capital construction. To accomplish these objectives the University engages the services of independent contractors who provide information to influence federal legislation and regulations on matters directly affecting the University's exempt purpose.**

**Supplemental Financial Statements**

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

|                                                             |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <b>Name of the organization</b><br><b>TEMPLE UNIVERSITY</b> | <b>Employer identification number</b><br><b>23   1365971</b> |
|-------------------------------------------------------------|--------------------------------------------------------------|

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

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

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

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

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |
- 2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                | Held at the End of the Year |
|------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements . . . . .                                             | <b>2a</b>                   |
| b Total acreage restricted by conservation easements . . . . .                                 | <b>2b</b>                   |
| c Number of conservation easements on a certified historic structure included in (a) . . . . . | <b>2c</b>                   |
| d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .            | <b>2d</b>                   |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ .....
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ | 198,000   |
| (ii) Assets included in Form 990, Part X . . . . .             | ▶ \$ | 3,616,000 |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

|                                                              |      |   |
|--------------------------------------------------------------|------|---|
| a Revenues included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ | 0 |
| b Assets included in Form 990, Part X . . . . .              | ▶ \$ | 0 |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's 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 XIV.

**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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:

|                                         | Amount |
|-----------------------------------------|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 265,869,000      |                |                    |                      |                     |
| <b>b</b> Contributions                                  | 11,746,000       |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses                  | -26,882,000      |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         | 9,921,000        |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | -280,000         |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        | 0                |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 241,092,000      |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 13.87 %
- b** Permanent endowment ▶ 75.96 %
- c** Term endowment ▶ 10.17 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

|               | Yes                                 | No                                  |
|---------------|-------------------------------------|-------------------------------------|
| <b>3a(i)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3a(ii)</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>3b</b>     | <input type="checkbox"/>            | <input type="checkbox"/>            |

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land                                                                                     | 0                                    | 39,764,000                      |                  | 39,764,000     |
| <b>b</b> Buildings                                                                                 | 0                                    | 922,623,000                     | 374,391,000      | 548,232,000    |
| <b>c</b> Leasehold improvements                                                                    | 0                                    | 28,968,000                      | 12,442,000       | 16,526,000     |
| <b>d</b> Equipment                                                                                 | 0                                    | 449,238,000                     | 268,226,000      | 181,012,000    |
| <b>e</b> Other                                                                                     | 0                                    | 218,153,000                     | 0                | 218,153,000    |
| <b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | 1,003,687,000  |



| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b> |                                                                                  |               |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|
| 1                                                                                           | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1,209,236,000 |
| 2                                                                                           | Total expenses (Form 990, Part IX, column (A), line 25)                          | 1,133,015,000 |
| 3                                                                                           | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 76,221,000    |
| 4                                                                                           | Net unrealized gains (losses) on investments                                     | -37,167,000   |
| 5                                                                                           | Donated services and use of facilities                                           | 0             |
| 6                                                                                           | Investment expenses                                                              | 0             |
| 7                                                                                           | Prior period adjustments                                                         | 0             |
| 8                                                                                           | Other (Describe in Part XIV)                                                     | -88,439,000   |
| 9                                                                                           | Total adjustments (net). Add lines 4-8                                           | -125,606,000  |
| 10                                                                                          | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | -49,385,000   |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |                                                                                   |               |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|
| 1                                                                                                  | Total revenue, gains, and other support per audited financial statements          | 2,077,932,000 |
| 2                                                                                                  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |               |
| a                                                                                                  | Net unrealized gains on investments                                               | -37,167,000   |
| b                                                                                                  | Donated services and use of facilities                                            | 0             |
| c                                                                                                  | Recoveries of prior year grants                                                   | 0             |
| d                                                                                                  | Other (Describe in Part XIV)                                                      | 904,675,000   |
| e                                                                                                  | Add lines 2a through 2d                                                           | 867,508,000   |
| 3                                                                                                  | Subtract line 2e from line 1                                                      | 1,210,424,000 |
| 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                  | 0             |
| b                                                                                                  | Other (Describe in Part XIV)                                                      | -1,188,000    |
| c                                                                                                  | Add lines 4a and 4b                                                               | -1,188,000    |
| 5                                                                                                  | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 1,209,236,000 |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |                                                                                    |               |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------|
| 1                                                                                                     | Total expenses and losses per audited financial statements                         | 2,127,317,000 |
| 2                                                                                                     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |               |
| a                                                                                                     | Donated services and use of facilities                                             | 0             |
| b                                                                                                     | Prior year adjustments                                                             | 0             |
| c                                                                                                     | Losses reported on Form 990, Part IX, line 25                                      | 0             |
| d                                                                                                     | Other (Describe in Part XIV)                                                       | 1,007,591,000 |
| e                                                                                                     | Add lines 2a through 2d                                                            | 1,007,591,000 |
| 3                                                                                                     | Subtract line 2e from line 1                                                       | 1,119,726,000 |
| 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                   | 0             |
| b                                                                                                     | Other (Describe in Part XIV)                                                       | 13,289,000    |
| c                                                                                                     | Add lines 4a and 4b                                                                | 13,289,000    |
| 5                                                                                                     | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 1,133,015,000 |

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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

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

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part V, Line 4 - Temple University's endowment is primarily used to provide scholarships.

Schedule D, Part X - : Substantially all of the individual members of the University are nonprofit corporations and have been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. The University adopted the provisions of FASB Interpretation 48, Accounting for Uncertainty in Income Taxes, (FIN 48) on July 1, 2007. FIN 48 sets forth a recognition threshold and measurement attribute for financial statement recognition of positions taken or expected to be taken in income tax returns. Only tax positions meeting a "more-likely-than-not" threshold of being sustained should be recognized under FIN 48. FIN 48 also provides guidance on derecognizing, classification of interest and penalties and accounting and disclosures for annual and interim financial statements. The impact of adoption was not material to the University's financial position, results of operations, or cash flows.

Schedule D, Part XI, Line 8 - Elimination of Increase/(decrease) in net assets from consolidated entities who file separate forms 990 as follows: Temple University Health System \$102,463,000 and Temple University Law Foundation \$453,000. Adjustment for difference in tax versus book capital additions (\$14,477,000)

Schedule D, Part XII, Line 2d - Elimination of Revenues generated from consolidated entities who file separate forms 990 as follows: Temple University Health System (\$974,952,000) and Temple University Law Foundation \$227,000. Tuition discounting adjustment \$70,050,000

Schedule D, Part XII, Line 4b - Reclassification of Rental expenses reported on Core Form, Part VIII, Line 6b (\$1,188,000)

Schedule D, Part XIII, Line 2d - Elimination of Expenses generated from consolidated entities who file separate forms 990 as follows: Temple University Health System (\$1,077,415,000) and Temple University Law Foundation (\$226,000). Tuition discounting adjustment \$70,050,000.

Schedule D, Part XIII, Line 4b - Reclassification of Rental expenses reported on Core Form, Part VIII, Line 6b (\$1,188,000) and Tax versus Book Capital Additions adjustment \$14,477,000.

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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 | 1365971**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                        | ✓   |    |
| <b>2</b> 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? . . . . .                                                                                                                                                                                                                                                                                                               | ✓   |    |
| <b>3</b> 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<br><u>Temple University includes its nondiscriminatory policy as an integral part of classified ads, college bulletins, catalogs, alumni review magazines, and most other major publications.</u> | ✓   |    |
| <b>4</b> Does the organization maintain the following?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓   |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓   |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  | ✓   |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br>If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)                                                                                                                                                                                                                                                                                                                                                   | ✓   |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>a</b> Students' rights or privileges? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | ✓  |
| <b>b</b> Admissions policies? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | ✓  |
| <b>c</b> Employment of faculty or administrative staff? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | ✓  |
| <b>d</b> Scholarships or other financial assistance? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | ✓  |
| <b>e</b> Educational policies? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | ✓  |
| <b>f</b> Use of facilities? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | ✓  |
| <b>g</b> Athletic programs? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | ✓  |
| <b>h</b> Other extracurricular activities? . . . . .<br>If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)                                                                                                                                                                                                                                                                                                                                                                                                           |     | ✓  |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ✓   |    |
| <b>6b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. <b>Sch O, Stmt 3</b>                                                                                                                                                                                                                                                                                                                                                                | ✓   |    |
| <b>7</b> 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," attach an explanation.                                                                                                                                                                                                                                                                                                                                                 | ✓   |    |













Description of Grants and Other Assistance to Governments and Organizations in the United States

|                                           |                                                                                                      | Amount of cash grant | Amount of non-cash assistance |
|-------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|
| <b>Name and address</b>                   | ALLIANCE LUPUS RESEARCH INC<br>Donor 01<br>28 West 44th Street<br>New York, NY 10013                 | 15,000               |                               |
| <b>EIN</b>                                | 58-2492929                                                                                           |                      |                               |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                            |                      |                               |
| <b>Method of valuation</b>                |                                                                                                      |                      |                               |
| <b>Description of non-cash assistance</b> |                                                                                                      |                      |                               |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                            |                      |                               |
| <b>Name and address</b>                   | THE ATLANTIC PHILANTHROPIES<br>Donor 02<br>75 Varick Street<br>17th floor<br>New York, NY 10036      | 174,395              |                               |
| <b>EIN</b>                                | 99-9999999                                                                                           |                      |                               |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                            |                      |                               |
| <b>Method of valuation</b>                |                                                                                                      |                      |                               |
| <b>Description of non-cash assistance</b> |                                                                                                      |                      |                               |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                            |                      |                               |
| <b>Name and address</b>                   | JESSIE BALL DUPONT FUND<br>Donor 03<br>One Independent Drive<br>Suite 1400<br>Jacksonville, FL 32202 | 19,886               |                               |
| <b>EIN</b>                                | 59-6368632                                                                                           |                      |                               |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                            |                      |                               |
| <b>Method of valuation</b>                |                                                                                                      |                      |                               |
| <b>Description of non-cash assistance</b> |                                                                                                      |                      |                               |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                            |                      |                               |
| <b>Name and address</b>                   | WK KELLOGG FOUNDATION<br>Donor 04<br>One Michigan Ave East<br>Battle Creek, MI 49017                 | 116,167              |                               |
| <b>EIN</b>                                | 38-1359264                                                                                           |                      |                               |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                            |                      |                               |
| <b>Method of valuation</b>                |                                                                                                      |                      |                               |
| <b>Description of non-cash assistance</b> |                                                                                                      |                      |                               |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                            |                      |                               |
| <b>Name and address</b>                   | LOWER MERION SHOOL DISTRICT<br>Donor 05<br>301 East Montgomery Ave<br>Ardmore, PA 19003              | 48,125               |                               |
| <b>EIN</b>                                | 99-9999999                                                                                           |                      |                               |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                            |                      |                               |
| <b>Method of valuation</b>                |                                                                                                      |                      |                               |
| <b>Description of non-cash assistance</b> |                                                                                                      |                      |                               |
| <b>Purpose of grant</b>                   | Support of exempt educational organization                                                           |                      |                               |

## Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

|                                           |                                                                                                          |           |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|
| <b>Name and address</b>                   | MACARTHUR FOUNDATION<br>Donor 06<br>140 South Dearborn Street<br>Chicago, IL 60603                       | 1,207,447 |
| <b>EIN</b>                                | 23-7093598                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-cash assistance</b> |                                                                                                          |           |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                                |           |
| <b>Name and address</b>                   | METLIFE FOUNDATION<br>Donor 07<br>27-01 Queens Plaza North<br>Long Island City, NY 11101                 | 6,504     |
| <b>EIN</b>                                | 13-2878224                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-cash assistance</b> |                                                                                                          |           |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                                |           |
| <b>Name and address</b>                   | THE ROBERT WOOD JOHNSON FOUNDATION<br>Donor 08<br>PO Box 2316<br>Princeton, NJ 08543                     | 52,906    |
| <b>EIN</b>                                | 22-6029397                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-cash assistance</b> |                                                                                                          |           |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                                |           |
| <b>Name and address</b>                   | UNITED WAY OF SOUTHEASTERN PA<br>Donor 09<br>7 Benjamin Franklin Pkwy<br>Philadelphia, PA 19103          | 19,016    |
| <b>EIN</b>                                | 23-1556045                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-cash assistance</b> |                                                                                                          |           |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                                |           |
| <b>Name and address</b>                   | THE WILLIAM PENN FOUNDATION<br>Donor 10<br>Two Logan Square 11th fl<br>Philadelphia, PA 19103            | 52,410    |
| <b>EIN</b>                                | 23-1503488                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-cash assistance</b> |                                                                                                          |           |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                                |           |
| <b>Name and address</b>                   | Children's Hospital of Philadelphia<br>From Donor 01<br>thru Temple University<br>Philadelphia, PA 19103 | 15,000    |
| <b>EIN</b>                                | 99-9999999                                                                                               |           |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                                |           |
| <b>Method of valuation</b>                |                                                                                                          |           |
| <b>Description of non-</b>                |                                                                                                          |           |

## cash assistance

**Purpose of grant** Support of exempt charitable organization

**Name and address** Congreso De Latinos Unidos 20,240  
 From Donor 02  
 thru Temple University  
 Philadelphia, PA 19103

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

**Name and address** Diverse Productions Inc 95,930  
 From Donor 02  
 thru Temple University  
 Philadelphia, PA 19103

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

**Name and address** OMG Center for Collaborative Learning 54,225  
 From Donor 02  
 thru Temple University  
 Philadelphia, PA 19103

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

**Name and address** Diverse Productions Inc 19,886  
 From Donor 03  
 thru Temple University  
 Philadelphia, PA 19103

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

**Name and address** Arizona Commun Foundation 35,000  
 From Donor 04  
 thru Temple University  
 Phoenix, AZ 85003

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

**Name and address** Center for Assessment and Policy 65,167  
 From Donor 04  
 thru Temple University  
 Conshohocken, PA 19103

**EIN** 99-9999999

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address Foundation for Mid South 10,000

From Donor 04  
thru Temple University  
Jackson, MS 39201

EIN 99-9999999

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address Kalamazoo Comm Foundation 10,000

From Donor 04  
thru Temple University  
Kalamazoo, MI 49001

EIN 99-9999999

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address American University 48,125

From Donor 05  
thru Temple University  
Washington, DC 20001

EIN 99-9999999

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address Columbia University 203,328

From Donor 06  
thru Temple University  
New York, NY 10001

EIN 99-9999999

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address ELP Consultants 222,450

From Donor 06  
thru Temple University  
Lawton, OK 73501

EIN 99-9999999

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

Name and address Rand Corporation 84,854

From Donor 06

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

|                                           |                                                                                              |         |
|-------------------------------------------|----------------------------------------------------------------------------------------------|---------|
|                                           | thru Temple University<br>Santa Monica, CA 90401                                             |         |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |
| <b>Name and address</b>                   | University of Massachussetts<br>From Donor 06<br>thru Temple University<br>Amherst, MA 01002 | 259,926 |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |
| <b>Name and address</b>                   | University of Illinois<br>From Donor 06<br>thru Temple University<br>Champaign, IL 61820     | 28,986  |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |
| <b>Name and address</b>                   | Arizona State University<br>From Donor 06<br>thru Temple University<br>Tempe, AZ 85281       | 157,863 |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |
| <b>Name and address</b>                   | Georgetown University<br>From Donor 06<br>thru Temple University<br>Washington, DC 20001     | 14,166  |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |
| <b>Name and address</b>                   | University of California<br>From Donor 06<br>thru Temple University<br>Los Angeles, CA 90001 | 22,030  |
| <b>EIN</b>                                | 99-9999999                                                                                   |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                    |         |
| <b>Method of valuation</b>                |                                                                                              |         |
| <b>Description of non-cash assistance</b> |                                                                                              |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                    |         |

|                                           |                                                                                             |         |
|-------------------------------------------|---------------------------------------------------------------------------------------------|---------|
| <b>Name and address</b>                   | University of Pittsburgh<br>From Donor 06<br>thru Temple University<br>Pittsburgh, PA 19103 | 198,040 |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |
| <b>Description of non-cash assistance</b> |                                                                                             |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                   |         |
| <b>Name and address</b>                   | Drexel University<br>From Donor 06<br>thru Temple University<br>Philadelphia, PA 19103      | 15,804  |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |
| <b>Description of non-cash assistance</b> |                                                                                             |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                   |         |
| <b>Name and address</b>                   | Calif State University<br>From Donor 07<br>thru Temple University<br>Fullerton, CA 90017    | 6,504   |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |
| <b>Description of non-cash assistance</b> |                                                                                             |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                   |         |
| <b>Name and address</b>                   | Food Trust<br>From Donor 08<br>thru Temple University<br>Philadelphia, PA 19103             | 10,400  |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |
| <b>Description of non-cash assistance</b> |                                                                                             |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                   |         |
| <b>Name and address</b>                   | Portland State<br>From Donor 08<br>thru Temple University<br>Portland, OR 97086             | 35,006  |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |
| <b>Description of non-cash assistance</b> |                                                                                             |         |
| <b>Purpose of grant</b>                   | Support of exempt charitable organization                                                   |         |
| <b>Name and address</b>                   | American Planning Assoc<br>From Donor 08<br>thru Temple University<br>Harrisburgh, PA 17101 | 7,500   |
| <b>EIN</b>                                | 99-9999999                                                                                  |         |
| <b>IRC code section</b>                   | 501(c)(3)                                                                                   |         |
| <b>Method of valuation</b>                |                                                                                             |         |

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

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|                         |                                                                                              |        |
|-------------------------|----------------------------------------------------------------------------------------------|--------|
| <b>Name and address</b> | Diverse Productions Inc<br>From Donor 09<br>thru Temple University<br>Philadelphia, PA 19103 | 19,016 |
|-------------------------|----------------------------------------------------------------------------------------------|--------|

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

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|                         |                                                                                        |        |
|-------------------------|----------------------------------------------------------------------------------------|--------|
| <b>Name and address</b> | Villanova University<br>From Donor 10<br>thru Temple University<br>Villanova, PA 19085 | 52,410 |
|-------------------------|----------------------------------------------------------------------------------------|--------|

**EIN** 99-9999999

**IRC code section** 501(c)(3)

**Method of valuation**

**Description of non-cash assistance**

**Purpose of grant** Support of exempt charitable organization

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**TEMPLE UNIVERSITY**

Employer identification number  
**23 1365971**

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                           |                         |                                 |                                                            |
| William T Bergman    | (i)  | 246,000                                            | 25,000                              | 6,000                               | 29,000                    | 13,000                  | 319,000                         | 149,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Ann Weaver Hart      | (i)  | 512,000                                            | 50,000                              | 0                                   | 55,000                    | 13,000                  | 630,000                         | 296,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Deborah I Harnett    | (i)  | 219,000                                            | 15,000                              | 6,000                               | 30,000                    | 13,000                  | 283,000                         | 128,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Kenneth Lawrence Jr  | (i)  | 75,000                                             | 0                                   | 2,000                               | 12,000                    | 5,000                   | 94,000                          | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Larry F Lemanski     | (i)  | 332,000                                            | 12,000                              | 6,000                               | 30,000                    | 5,000                   | 385,000                         | 193,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| George E Moore       | (i)  | 358,000                                            | 22,000                              | 6,000                               | 48,000                    | 13,000                  | 447,000                         | 203,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Edmond Notebaert     | (i)  | 917,000                                            | 0                                   | 0                                   | 0                         | 0                       | 917,000                         | 0                                                          |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Timothy ORourke      | (i)  | 295,000                                            | 30,000                              | 25,000                              | 50,000                    | 13,000                  | 413,000                         | 180,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Theresa A Powell     | (i)  | 221,000                                            | 7,000                               | 8,000                               | 30,000                    | 5,000                   | 271,000                         | 122,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Lisa Staino Coico    | (i)  | 386,000                                            | 30,000                              | 24,000                              | 30,000                    | 13,000                  | 483,000                         | 239,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Stuart P Sullivan    | (i)  | 320,000                                            | 22,000                              | 6,000                               | 25,000                    | 13,000                  | 386,000                         | 184,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Anthony E Wagner     | (i)  | 320,000                                            | 33,000                              | 46,000                              | 30,000                    | 13,000                  | 442,000                         | 208,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Christopher Loftus   | (i)  | 930,000                                            | 0                                   | 0                                   | 21,000                    | 17,000                  | 968,000                         | 465,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| John M Daly          | (i)  | 697,000                                            | 35,000                              | 6,000                               | 30,000                    | 17,000                  | 785,000                         | 349,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Christopher Jungreis | (i)  | 701,000                                            | 0                                   | 0                                   | 21,000                    | 17,000                  | 739,000                         | 351,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Satoshi Furukawa     | (i)  | 684,000                                            | 0                                   | 0                                   | 24,000                    | 17,000                  | 725,000                         | 342,000                                                    |
|                      | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - With the exception of the President of the University, who also serves as a trustee, the trustees serve on a part-time basis and do not receive compensation. No contributions to any benefit plans are made on their behalf. Schedule J, Part 1, Question 1a: In accordance with the President's employment agreement, the University provides the President a residence for University and personal use, as well as a car and driver for University business. In addition, the University provides for spousal travel when accompanying the President on University business. Senior officers of the University, including the President, are permitted to fly business class on flights of more than 2,000 miles from the origin to the final destination provided that such travel is not supported by tuition, Commonwealth funds or grants or contracts.

Schedule J, Part I, Line 4 - Joseph W. Marshall, III (Commonwealth Appointed Trustee) also served as Chief Executive Officer of Temple University Health System, Inc. (EIN 23-2825881) and received severance payments upon his separation from service. Mr. Marshall receives no compensation, employee benefits or expense allowances in connection with his duties as a trustee.

Schedule J, Part I, Line 7 - Additional payments were paid in July 2008 to Officers who met fiscal 2008 organizational goals. No additional payments were made in fiscal 2009.

## Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information  
regarding compensation.

**Open to Public  
Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 | 1365971**

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

| (A) Name              | (i)  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                       |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                           |                         |                                 |                                                            |
| Francis Dunphy        | (i)  | 667,000                                            | 0                                   | 0                                   | 0                         | 39,000                  | 706,000                         | 334,000                                                    |
|                       | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Joseph W Marshall III | (i)  | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
|                       | (ii) | 1,036,000                                          | 70,000                              | 2,555,000                           | 30,000                    | 26,000                  | 3,717,000                       | 553,000                                                    |
| David W Adamany       | (i)  | 265,000                                            | 0                                   | 0                                   | 30,000                    | 5,000                   | 300,000                         | 0                                                          |
|                       | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Robert J Reinstein    | (i)  | 386,000                                            | 0                                   | 0                                   | 48,000                    | 13,000                  | 447,000                         | 0                                                          |
|                       | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
| Kenneth J Soprano     | (i)  | 234,000                                            | 0                                   | 0                                   | 31,000                    | 5,000                   | 270,000                         | 0                                                          |
|                       | (ii) | 0                                                  | 0                                   | 0                                   | 0                         | 0                       | 0                               | 0                                                          |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (i)  |                                                    |                                     |                                     |                           |                         |                                 |                                                            |
|                       | (ii) |                                                    |                                     |                                     |                           |                         |                                 |                                                            |

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public  
Inspection**

Name of the Organization

**TEMPLE UNIVERSITY**

Employer Identification number

**23 1365971**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title                                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                      |                                                                           |                                                                                               |
| Jane Scaccetti<br>Trustee                                        | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| Anthony J Scirica<br>Trustee                                     | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| Michael J Stack III<br>Trustee (Commonwealth Appointee)          | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| Joseph P Ulrich<br>Trustee                                       | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| James S White<br>Trustee                                         | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| Michael P Williams<br>Trustee (Commonwealth Appointee)           | 1.00                          | ✓                                      |                       |         |              |                              | 0       | 0                                                                    | 0                                                                         |                                                                                               |
| Ann Weaver Hart<br>President and Trustee                         | 50.00                         | ✓                                      |                       | ✓       |              |                              | 562,000 | 0                                                                    | 68,000                                                                    |                                                                                               |
| William T Bergman<br>VP - Operations                             | 50.00                         |                                        |                       | ✓       |              |                              | 277,000 | 0                                                                    | 42,000                                                                    |                                                                                               |
| Deborah I Harnett<br>VP - Human Resources                        | 50.00                         |                                        |                       | ✓       |              |                              | 240,000 | 0                                                                    | 43,000                                                                    |                                                                                               |
| Kenneth Lawrence Jr<br>Sr. VP - Gov't., Community and Public Aff | 50.00                         |                                        |                       | ✓       |              |                              | 77,000  | 0                                                                    | 17,000                                                                    |                                                                                               |
| Larry F Lemanski<br>Sr. VP - Research & Strategic Initiatives    | 50.00                         |                                        |                       | ✓       |              |                              | 350,000 | 0                                                                    | 35,000                                                                    |                                                                                               |
| George E Moore<br>Sr. VP, University Counsel & Secretary         | 46.00                         |                                        |                       | ✓       |              |                              | 386,000 | 0                                                                    | 61,000                                                                    |                                                                                               |
| Edmond Notebaert<br>Executive Sr. VP - Health Sciences           | 32.00                         |                                        |                       | ✓       |              |                              | 917,000 | 0                                                                    | 0                                                                         |                                                                                               |
| Timothy ORourke<br>VP - Computer & Information Services          | 50.00                         |                                        |                       | ✓       |              |                              | 350,000 | 0                                                                    | 63,000                                                                    |                                                                                               |
| Theresa A Powell<br>VP - Student Affairs                         | 50.00                         |                                        |                       | ✓       |              |                              | 236,000 | 0                                                                    | 35,000                                                                    |                                                                                               |
| Lisa Staino Coico<br>Provost & Sr. VP - Academic Affairs         | 50.00                         |                                        |                       | ✓       |              |                              | 440,000 | 0                                                                    | 43,000                                                                    |                                                                                               |
| Stuart P Sullivan<br>Sr. VP - Institutional Advancement          | 50.00                         |                                        |                       | ✓       |              |                              | 348,000 | 0                                                                    | 38,000                                                                    |                                                                                               |
| Anthony E Wagner<br>Sr. VP, CFO & Treasurer                      | 45.00                         |                                        |                       | ✓       |              |                              | 399,000 | 0                                                                    | 43,000                                                                    |                                                                                               |
| Christopher Loftus<br>Physician                                  | 50.00                         |                                        |                       |         |              | ✓                            | 930,000 | 0                                                                    | 38,000                                                                    |                                                                                               |
| John M Daly<br>Physician                                         | 46.00                         |                                        |                       |         |              | ✓                            | 738,000 | 0                                                                    | 47,000                                                                    |                                                                                               |
| Christopher Jungreis<br>Physician                                | 50.00                         |                                        |                       |         |              | ✓                            | 701,000 | 0                                                                    | 38,000                                                                    |                                                                                               |



**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 1365971**

**Part I Bond Issues** (Required for 2008)

|          | (a) Issuer name                                      | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    |
|----------|------------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|          |                                                      |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| <b>A</b> | Pennsylvania Higher Educational Facilities Authority | 23-2243852     | 70917NAYC   | 06/24/1998      | 194,804,363     | Constuction of Facilities  |              | ✓  | ✓                       |    |
| <b>B</b> | Pennsylvania Higher Educational Facilities Authority | 23-2243852     | 70917RFA8   | 06/15/2006      | 372,793,332     | Construction of Facilities |              | ✓  | ✓                       |    |
| <b>C</b> |                                                      |                |             |                 |                 |                            |              |    |                         |    |
| <b>D</b> |                                                      |                |             |                 |                 |                            |              |    |                         |    |
| <b>E</b> |                                                      |                |             |                 |                 |                            |              |    |                         |    |

**Part II Proceeds** (Optional for 2008)

|                                                                                                                            | A          |           | B          |           | C          |           | D          |           | E          |           |
|----------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b> Total proceeds of issue . . . . .                                                                                 |            |           |            |           |            |           |            |           |            |           |
| <b>2</b> Gross proceeds in reserve funds . . . . .                                                                         |            |           |            |           |            |           |            |           |            |           |
| <b>3</b> Proceeds in refunding or defeasance escrows . . . . .                                                             |            |           |            |           |            |           |            |           |            |           |
| <b>4</b> Other unspent proceeds . . . . .                                                                                  |            |           |            |           |            |           |            |           |            |           |
| <b>5</b> Issuance costs from proceeds . . . . .                                                                            |            |           |            |           |            |           |            |           |            |           |
| <b>6</b> Working capital expenditures from proceeds . . . . .                                                              |            |           |            |           |            |           |            |           |            |           |
| <b>7</b> Capital expenditures from proceeds . . . . .                                                                      |            |           |            |           |            |           |            |           |            |           |
| <b>8</b> Year of substantial completion . . . . .                                                                          |            |           |            |           |            |           |            |           |            |           |
|                                                                                                                            | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>9</b> Were the bonds issued as part of a current refunding issue?                                                       |            |           |            |           |            |           |            |           |            |           |
| <b>10</b> Were the bonds issued as part of an advance refunding issue? . . . . .                                           |            |           |            |           |            |           |            |           |            |           |
| <b>11</b> Has the final allocation of proceeds been made? . . . . .                                                        |            |           |            |           |            |           |            |           |            |           |
| <b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . |            |           |            |           |            |           |            |           |            |           |

**Part III Private Business Use** (Optional for 2008)

|                                                                                                                                               | A   |    | B   |    | C   |    | D   |    | E   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                                               | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     |    |     |    |     |    |     |    |     |    |
| <b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?                     |     |    |     |    |     |    |     |    |     |    |

**Part III Private Business Use (Continued)**

|                                                                                                                                                                                                                                                   | A   |    | B   |    | C   |    | D   |    | E   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                                                                                                                                                   | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .                                                                                                 |     |    |     |    |     |    |     |    |     |    |
| <b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .                                                                                                              |     |    |     |    |     |    |     |    |     |    |
| <b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .                                           |     |    |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶                                                                        |     | %  |     | %  |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶ |     | %  |     | %  |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 . . . . .                                                                                                                                                                                                         |     | %  |     | %  |     | %  |     | %  |     | %  |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .                                                                                    |     |    |     |    |     |    |     |    |     |    |

**Part IV Arbitrage (Optional for 2008)**

|                                                                                                                                                             | A   |    | B   |    | C   |    | D   |    | E   |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                                                             | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . . |     |    |     |    |     |    |     |    |     |    |
| <b>2</b> Is the bond issue a variable rate issue? . . . . .                                                                                                 |     |    |     |    |     |    |     |    |     |    |
| <b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .             |     |    |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge . . . . .                                                                                                                            |     |    |     |    |     |    |     |    |     |    |
| <b>4a</b> Were gross proceeds invested in a GIC? . . . . .                                                                                                  |     |    |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC . . . . .                                                                                                                              |     |    |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .                                              |     |    |     |    |     |    |     |    |     |    |
| <b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .                                                                   |     |    |     |    |     |    |     |    |     |    |
| <b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .                                                                                   |     |    |     |    |     |    |     |    |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

|                                                             |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <b>Name of the organization</b><br><b>TEMPLE UNIVERSITY</b> | <b>Employer identification number</b><br><b>23   1365971</b> |
|-------------------------------------------------------------|--------------------------------------------------------------|

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| <b>Anthony E Wagner, Mortgage</b>         |                                       | ✓    | <b>100,000</b>                | <b>100,000</b>  |                 | ✓  | ✓                                   |    | ✓                      |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                                           |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                              |                                       |      |                               | <b>100,000</b>  |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|-----------------------------------------------------------------|-------------------------------------------|
|                               |                                                                 |                                           |
|                               |                                                                 |                                           |
|                               |                                                                 |                                           |
|                               |                                                                 |                                           |

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person         | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction     | (e) Sharing of organization's revenues? |    |
|---------------------------------------|-----------------------------------------------------------------|---------------------------|------------------------------------|-----------------------------------------|----|
|                                       |                                                                 |                           |                                    | Yes                                     | No |
| <b>PNC Bank</b>                       | <b>A trustee is an officer of</b>                               | <b>415,000</b>            | <b>Independent Contractor of 7</b> |                                         | ✓  |
| <b>Hoisington Investment Managers</b> | <b>A trustee is an officer of</b>                               | <b>304,000</b>            | <b>Independent Contractor of 7</b> |                                         | ✓  |
| <b>Richard Coico</b>                  | <b>Family member of curr</b>                                    | <b>214,000</b>            | <b>Employment (see Schedule</b>    |                                         | ✓  |
|                                       |                                                                 |                           |                                    |                                         |    |
|                                       |                                                                 |                           |                                    |                                         |    |

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

▶ To be completed by organizations that answered "Yes"  
on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization  
**TEMPLE UNIVERSITY**

Employer identification number  
**23 1365971**

**Part I Types of Property**

|                                                                              | (a)<br>Check if<br>applicable | (b)<br>Number of contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art—Works of art . . . . .                                                 | ✓                             | 1                              | 18,000                                                      | FMV                                      |
| 2 Art—Historical treasures . . . . .                                         |                               |                                |                                                             |                                          |
| 3 Art—Fractional interests . . . . .                                         |                               |                                |                                                             |                                          |
| 4 Books and publications . . . . .                                           |                               |                                |                                                             |                                          |
| 5 Clothing and household<br>goods . . . . .                                  | ✓                             |                                | 15,000                                                      | FMV                                      |
| 6 Cars and other vehicles . . . . .                                          |                               |                                |                                                             |                                          |
| 7 Boats and planes . . . . .                                                 |                               |                                |                                                             |                                          |
| 8 Intellectual property . . . . .                                            |                               |                                |                                                             |                                          |
| 9 Securities—Publicly traded . . . . .                                       | ✓                             | 28                             | 378,000                                                     | FMV                                      |
| 10 Securities—Closely held stock . . . . .                                   |                               |                                |                                                             |                                          |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .              |                               |                                |                                                             |                                          |
| 12 Securities—Miscellaneous . . . . .                                        | ✓                             | 1                              | 69,000                                                      | FMV                                      |
| 13 Qualified conservation<br>contribution (historic<br>structures) . . . . . |                               |                                |                                                             |                                          |
| 14 Qualified conservation<br>contribution (other) . . . . .                  |                               |                                |                                                             |                                          |
| 15 Real estate—Residential . . . . .                                         |                               |                                |                                                             |                                          |
| 16 Real estate—Commercial . . . . .                                          |                               |                                |                                                             |                                          |
| 17 Real estate—Other . . . . .                                               |                               |                                |                                                             |                                          |
| 18 Collectibles . . . . .                                                    |                               |                                |                                                             |                                          |
| 19 Food inventory . . . . .                                                  |                               |                                |                                                             |                                          |
| 20 Drugs and medical supplies . . . . .                                      | ✓                             | 9                              | 223,000                                                     | FMV                                      |
| 21 Taxidermy . . . . .                                                       |                               |                                |                                                             |                                          |
| 22 Historical artifacts . . . . .                                            |                               |                                |                                                             |                                          |
| 23 Scientific specimens . . . . .                                            | ✓                             | 1                              | 64,000                                                      | FMV                                      |
| 24 Archeological artifacts . . . . .                                         |                               |                                |                                                             |                                          |
| 25 Other ▶ ( Educational Softwa<br>.....)                                    | ✓                             | 1                              | 56,000                                                      | FMV                                      |
| 26 Other ▶ ( Equipment<br>.....)                                             | ✓                             | 2                              | 26,000                                                      | FMV                                      |
| 27 Other ▶ ( Other<br>.....)                                                 | ✓                             | 8                              | 66,000                                                      | FMV                                      |
| 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 0

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 | 1365971**

Form 990, Header, Line B - Amending return for the following: Core form, Page 5, Question 7 (checking "No" in boxes 7a, 7c, 7e and 7f); Core form, Page 11, Part X, Lines 21 and 25 (moving balance of agency funds from line 25 "Other liabilities" to Line 21 "Escrow account liability"); Schedule D, Page 3, Part VII (correcting typo in method of valuation); Schedule F, Part I, Line 3c (changing number of employees from 1 to 10 due to typo); Schedule I, Part II, Line 1 detail on statement 5 (adding additional detail to subrecipient grants); Schedule J, Page 3, Part III (correcting typographical formatting error in description).

Form 990, Part III, Line 4d - Auxiliary Enterprises - Includes intercollegiate athletics, student residences, Temple Press, parking lots, bookstores and snack shops. Expenses \$87,553,000 (grants and allocations \$171,000) Revenues (\$70,507,000). Scholarships & fellowships - includes grants-in-aid, trainee stipends, tuition and fee waivers and prizes to undergraduate students. Fellowships include grants-in-aid and trainee stipends to graduate students. Expenses \$75,726,000 (grants and allocations \$69,683,000) Revenues (\$0) Public service - includes expenditures for non-instructional services beneficial to individuals and groups external to the university. Expenses \$23,792,000 (grants and allocations \$80,000).

Form 990, Part IV, Line 24c - The University has previously defeased bonds by placing U.S. Government securities in irrevocable trusts to be used solely for satisfying both principal and interest of the indebtedness. The outstanding balances were \$1,573,000 and \$1,868,000 at June 30, 2009 and 2008, respectively. These debts along with related trust funds do not appear on the balance sheets of the University.

Form 990, Part V, Line 4a - Temple University has campuses in Tokyo, Rome and London where the University has signature authority over local operating funds. The University also has a wholly owned captive insurance company in Bermuda.

Form 990, Part VI, Section A, Line 7a - The Commonwealth of Pennsylvania appoints 12 members of Temple University's 36 member Board of Trustees.

Form 990, Part VI, Section A, Line 10 - Temple University's form 990 is reviewed by management, University Counsel, outside counsel and the University's audit committee prior to being submitted to the University's Board of Trustees.

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

Form 990, Part VI, Section B, Line 15 - The University's Department of Human Resources engages in a review of the job responsibilities of the chief executive and other officers, deans and senior staff, obtains comparability data and performs and market analysis of persons holding similar positions in other public and private universities. The University obtains independent review by outside a third party contractor regarding reasonableness of compensation

**Supplemental Information (Continued)**

of the chief executive and other officers. Data is provided to the chief executive officer and to the Board of Trustees' Executive Committee and Executive Compensation Subcommittee, each composed of individuals independent of the officers (the chief executive officer recuses and absents herself from discussion and vote on her own compensation). The outside contractor documents its review and findings, and contemporaneous minutes of the meetings of the Committees are produced and maintained.

Form 990, Part VI, Section B, Line 16b - The University entered into a joint venture agreement in 2002, and has taken steps to safeguard its exempt status with respect to the arrangement. The University terminated its participation in the joint venture in July, 2009.

Form 990, Part VI, Section C, Line 19 - The University makes its governing documents, conflict of interest policy and financial statements available to the public on its web site [www.temple.edu/about/PublicInformation.htm](http://www.temple.edu/about/PublicInformation.htm)

Schedule E, Line 6b - Financial Aid was temporarily suspended from the HPL program in the Dental, Medical and Pharmacy Schools for the period December 31,1984 thru June 30,1985 for failure to meet federally defined default rates. As of July 1,1985 the University has met the federally defined default rates and the suspension has been lifted.

Schedule L, Part II - \$100,000 mortgage dated 05/21/2009, principal due on 05/21/2018. Interest is accrued monthly at the applicable federal funds rate and paid monthly via payroll deduction.

Schedule L, Part IV - Temple University Provost Lisa Staino-Coico's spouse is a full-time tenured faculty member in the University's School of Medicine.

**Other Program Services Accomplishments**

| Activity Code | Description                                                                                                                                                                                                       | Expense            | Grants            | Revenue           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------------|
|               | Auxiliary Enterprises - Includes intercollegiate athletics, student residences, Temple Press, parking lots, bookstores and snack shops.                                                                           | 87,553,000         | 171,000           | 70,221,000        |
|               | Scholarships & fellowships - includes grants-in-aid, trainee stipends, tuition and fee waivers and prizes to undergraduate students. Fellowships include grants-in-aid and trainee stipends to graduate students. | 75,726,000         | 69,683,000        | 0                 |
|               | Public service - includes expenditures for non-instructional services beneficial to individuals and groups external to the university.                                                                            | 23,792,000         | 80,000            | 0                 |
| <b>Total:</b> |                                                                                                                                                                                                                   | <b>187,071,000</b> | <b>69,934,000</b> | <b>70,221,000</b> |

**Schedule O, Statement 2**

Form: 990

Page: 5

Line Number: Part V Line 4b

TEMPLE UNIVERSITY

23-1365971

---

**Name Of Foreign Country**

---

**Name**

---

Japan

United Kingdom (England, Northern Ireland, Scotland, and Wales)

Bermuda

Italy

---

**Government Financial Aid Explanation**

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**Explanation**

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Financial Aid was temporarily suspended from the HPL program in the Dental, Medical and Pharmacy Schools for the period December 31,1984 thru June 30,1985 for failure to meet federally defined default rates. As of July 1,1985 the University has met the federally defined default rates and the suspension has been lifted.

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Description of Identification of Related Tax-Exempt Organizations

|                                  |                                                                                                                       |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Name, address and EIN</b>     | Temple Health System Transport Team Inc<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>75-5084023            |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 9                                                                                                                     |
| <b>Direct controlling entity</b> | Temple University Health System Inc                                                                                   |
| <b>Name, address and EIN</b>     | Temple Physicians Inc<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2790607                              |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 9                                                                                                                     |
| <b>Direct controlling entity</b> | Temple University Health System Inc                                                                                   |
| <b>Name, address and EIN</b>     | Temple Professional Associates Northeastern Region<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2868129 |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 11a Type I                                                                                                            |
| <b>Direct controlling entity</b> | Temple Physicians Inc                                                                                                 |
| <b>Name, address and EIN</b>     | Temple University Health System Foundation<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2916108         |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 11a Type I                                                                                                            |
| <b>Direct controlling entity</b> | Temple University Hospital Inc                                                                                        |
| <b>Name, address and EIN</b>     | Temple University Health System Inc<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2825881                |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 11a Type I                                                                                                            |
| <b>Direct controlling entity</b> | N/A                                                                                                                   |
| <b>Name, address and EIN</b>     | Temple University Hospital Inc<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2825878                     |
| <b>Primary activities</b>        | Health Care                                                                                                           |
| <b>State or foreign country</b>  | PA                                                                                                                    |
| <b>Exempt code section</b>       | 501c3                                                                                                                 |
| <b>Public charity status</b>     | 3                                                                                                                     |

|                                  |                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Direct controlling entity</b> | Temple University Health System Inc                                                                             |
| <b>Name, address and EIN</b>     | Temple University General Alumni Association Inc<br>300 Sullivan Hall<br>Philadelphia, PA 19122<br>23-6270322   |
| <b>Primary activities</b>        | Education                                                                                                       |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c3                                                                                                           |
| <b>Public charity status</b>     | 11a Type I                                                                                                      |
| <b>Direct controlling entity</b> | N/A                                                                                                             |
| <b>Name, address and EIN</b>     | Temple University Law Foundation<br>11th Floor Wachman Hall<br>Philadelphia, PA 19122<br>23-6407459             |
| <b>Primary activities</b>        | Education                                                                                                       |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c3                                                                                                           |
| <b>Public charity status</b>     | 11a Type III                                                                                                    |
| <b>Direct controlling entity</b> | N/A                                                                                                             |
| <b>Name, address and EIN</b>     | Temple University School of Podiatric Medicine Inc<br>300 Sullivan Hall<br>Philadelphia, PA 19122<br>23-1596240 |
| <b>Primary activities</b>        | Education                                                                                                       |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c3                                                                                                           |
| <b>Public charity status</b>     | 11a Type I                                                                                                      |
| <b>Direct controlling entity</b> | N/A                                                                                                             |
| <b>Name, address and EIN</b>     | Temple University Physicians and Surgeons Inc<br>300 Sullivan Hall<br>Philadelphia, PA 19122<br>23-3100596      |
| <b>Primary activities</b>        | Health Care                                                                                                     |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c3                                                                                                           |
| <b>Public charity status</b>     | 11a Type I                                                                                                      |
| <b>Direct controlling entity</b> | N/A                                                                                                             |
| <b>Name, address and EIN</b>     | TUMP Offices Inc<br>300 Sullivan Hall<br>Philadelphia, PA 19122<br>91-1872296                                   |
| <b>Primary activities</b>        | Real Estate Holding                                                                                             |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c2                                                                                                           |
| <b>Public charity status</b>     | Not applicable                                                                                                  |
| <b>Direct controlling entity</b> | N/A                                                                                                             |
| <b>Name, address and EIN</b>     | Greater Philadelphia Health Services II Corp<br>3509 North Broad Street<br>Philadelphia, PA 19140<br>23-2892223 |
| <b>Primary activities</b>        | Dissolved after July 01 2008                                                                                    |
| <b>State or foreign country</b>  | PA                                                                                                              |
| <b>Exempt code section</b>       | 501c3                                                                                                           |
| <b>Public charity status</b>     | 9                                                                                                               |
| <b>Direct controlling entity</b> | Temple University Health System Inc                                                                             |

Description of Related Organizations Taxable as a Corporation or Trust

|                                  |                                                                                                                        | Share of total<br>income | Share of end-of-<br>year assets | Percentage<br>ownership |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|-------------------------|
| <b>Name, address and EIN</b>     | Fortress Properties Trust<br>co Fortress Properties Inc<br>3 Village Road Suite 100<br>Horsham, PA 19044<br>26-6241201 | 100                      | 100                             | 100%                    |
| <b>Primary activity</b>          | Trust                                                                                                                  |                          |                                 |                         |
| <b>State or foreign country</b>  | PA                                                                                                                     |                          |                                 |                         |
| <b>Direct controlling entity</b> | N/A                                                                                                                    |                          |                                 |                         |
| <b>Type of entity</b>            | T                                                                                                                      |                          |                                 |                         |
| <b>Name, address and EIN</b>     | Temple Educational Support Services LTD<br>2-8-12 Minami Azabu<br>Minato-ku<br>Tokyo, 106-0047<br>Japan                | 100                      | 100                             | 100%                    |
| <b>Primary activity</b>          | Education                                                                                                              |                          |                                 |                         |
| <b>State or foreign country</b>  | Japan                                                                                                                  |                          |                                 |                         |
| <b>Direct controlling entity</b> | Temple University                                                                                                      |                          |                                 |                         |
| <b>Type of entity</b>            | C                                                                                                                      |                          |                                 |                         |
| <b>Name, address and EIN</b>     | TUHS Insurance Co LTD<br>3509 North Broad Street<br>Philadelphia, PA 19140                                             | 100                      | 100                             | 100%                    |
| <b>Primary activity</b>          | Reinsurance                                                                                                            |                          |                                 |                         |
| <b>State or foreign country</b>  | Bermuda                                                                                                                |                          |                                 |                         |
| <b>Direct controlling entity</b> | Temple University Health System Inc                                                                                    |                          |                                 |                         |
| <b>Type of entity</b>            | C                                                                                                                      |                          |                                 |                         |

**Description of Covered Relationships and Transaction Thresholds**

|                         |                                         | <b>Amount involved</b> |
|-------------------------|-----------------------------------------|------------------------|
| <b>Name</b>             | Temple Educational Support Services LTD | 1,000,000              |
| <b>Transaction type</b> | k                                       |                        |
| <b>Name</b>             | Good Samaritan Insurance Co LTD         | 9,358,000              |
| <b>Transaction type</b> | l                                       |                        |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- ▶ See separate instructions.

|                                                             |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <b>Name of the organization</b><br><b>TEMPLE UNIVERSITY</b> | <b>Employer identification number</b><br><b>23   1365971</b> |
|-------------------------------------------------------------|--------------------------------------------------------------|

**Part I Identification of Disregarded Entities**

| (A)<br>Name, address, and EIN of disregarded entity | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
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|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations**

| (A)<br>Name, address, and EIN of related organization                                                             | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| <b>Episcopal Hospital, 3509 North Broad Street, Philadelphia, PA 19140, 23-1365351</b>                            | <b>Health Care</b>      | <b>PA</b>                                        | <b>501c3</b>               | <b>11a Type I</b>                                   | <b>Temple University</b>         |
| <b>Greater Philadelphia Health Services III Corp, 3509 North Broad Street, Philadelphia, PA 19140, 23-2989581</b> | <b>Discontinued</b>     | <b>PA</b>                                        | <b>501c3</b>               | <b>PF</b>                                           | <b>Temple University Health</b>  |
| <b>Jeanes Hospital, 3509 North Broad Street, Philadelphia, PA 19140, 23-2826045</b>                               | <b>Health Care</b>      | <b>PA</b>                                        | <b>501c3</b>               | <b>3</b>                                            | <b>Temple University Health</b>  |
| <b>Jeanes Hospital Auxiliary, 7600 Central Avenue, Philadelphia, PA 19111, 23-1917776</b>                         | <b>Health Care</b>      | <b>PA</b>                                        | <b>501c3</b>               | <b>9</b>                                            | <b>Jeanes Hospital</b>           |
| <b>Temple East Real Estate Inc, 3509 North Broad Street, Philadelphia, PA 19140, 20-1776524</b>                   | <b>Health Care</b>      | <b>PA</b>                                        | <b>501c3</b>               | <b>11a Type I</b>                                   | <b>Temple University</b>         |
| <b>Temple East Inc, 3509 North Broad Street, Philadelphia, PA 19140, 23-2547305</b>                               | <b>Health Care</b>      | <b>PA</b>                                        | <b>501c3</b>               |                                                     | <b>Temple University</b>         |
| <b>(Continued on Schedule O, Statement 4)</b>                                                                     |                         |                                                  |                            |                                                     |                                  |

**Part III Identification of Related Organizations Taxable as a Partnership**

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Predominant income (related, investment, unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Disproportionate allocations? |    | (I)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (J)<br>General or managing partner? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |
|                                                       |                         |                                                  |                                  |                                                            |                              |                                    |                                      |    |                                                                |                                     |    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

| (A)<br>Name, address, and EIN of related organization                                                    | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Type of entity (C corp, S corp, or trust) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Percentage ownership |
|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|
| <b>Global Technology Management Corp, 300 Sullivan Hall, 1330 West Berks Avenue, Philadelphia, PA</b>    | <b>Inactive</b>         | <b>PA</b>                                        | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
| <b>Sugarloaf Club Inc, 300 Sullivan Hall, 1330 West Berks Avenue, Philadelphia, PA 19122, 23-7417742</b> | <b>Discontinued</b>     | <b>PA</b>                                        | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
| <b>Temple Corporation, 11th floor Wachman Hall, 1805 North Broad Street, Philadelphia, PA 19122, 23-</b> | <b>Inactive</b>         | <b>PA</b>                                        | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
| <b>Virtual Temple Inc, 300 Sullivan Hall, 1330 West Berks Avenue, Philadelphia, PA 19122, 23-2054835</b> | <b>Inactive</b>         | <b>PA</b>                                        | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
| <b>VT Holdings Inc, 1013 Centre Road, Wilmington, DE 19805, 23-2054833</b>                               | <b>Inactive</b>         | <b>DE</b>                                        | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
|                                                                                                          | <b>Reinsurance</b>      | <b>Bermuda</b>                                   | <b>Temple University</b>         | <b>C</b>                                         | <b>100</b>                   | <b>100</b>                         | <b>100%</b>                 |
| <b>(Continued on Schedule O, Statement 5)</b>                                                            |                         |                                                  |                                  |                                                  |                              |                                    |                             |

**Part V Transactions With Related Organizations**

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

**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 **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
  
- f** Sale of assets to other organization(s) . . . . .
- g** Purchase of assets from other organization(s) . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .
  
- j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
  
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
  
- q** Other transfer of cash or property to other organization(s) . . . . .
- r** Other transfer of cash or property from other organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> | ✓   |    |
| <b>1b</b> |     | ✓  |
| <b>1c</b> |     | ✓  |
| <b>1d</b> |     | ✓  |
| <b>1e</b> |     | ✓  |
| <b>1f</b> |     | ✓  |
| <b>1g</b> |     | ✓  |
| <b>1h</b> |     | ✓  |
| <b>1i</b> |     | ✓  |
| <b>1j</b> | ✓   |    |
| <b>1k</b> | ✓   |    |
| <b>1l</b> | ✓   |    |
| <b>1m</b> |     | ✓  |
| <b>1n</b> | ✓   |    |
| <b>1o</b> | ✓   |    |
| <b>1p</b> | ✓   |    |
| <b>1q</b> |     | ✓  |
| <b>1r</b> |     | ✓  |

**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)<br>Name of other organization(s)   | (B)<br>Transaction<br>type (a-r) | (C)<br>Amount involved |
|-----|----------------------------------------|----------------------------------|------------------------|
| (1) | Temple University Health System Inc    | a-i                              | 1,729,000              |
| (2) | Temple University Health System Inc    | j                                | 3,155,000              |
| (3) | Temple University Health System Inc    | n                                | 2,978,000              |
| (4) | Temple University Health System Inc    | o                                | 4,049,000              |
| (5) | Temple University Health System Inc    | p                                | 116,979,000            |
| (6) | (Continued on Schedule O, Statement 6) |                                  |                        |

