

# Return of Organization Exempt From Income Tax

**2009**

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 2009 calendar year, or tax year beginning **07/01**, 2009, and ending **06/30**, 20 **10**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **TEMPLE UNIVERSITY**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1805 North Broad Street 11th Floor Wachman Hall R**  
 City or town, state or country, and ZIP + 4  
**Philadelphia, PA 19122**

**D** Employer identification number  
**23 : 1365971**

**E** Telephone number  
 ( **215** ) **204-7366**

**G** Gross receipts \$ **2,015,645,000**

**F** Name and address of principal officer: **Ann Weaver Hart - President**  
**300 Sullivan Hall, 1330 West Berks Street, Philade**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.temple.edu**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1884** **M** State of legal domicile: **PA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Temple University is a national center of excellence in teaching and research with an international presence. Our talented faculty and broad curriculum of over 300 academic programs provide superior educational opportunities for academically talented and highly motivated students, without regard to their status or station in life.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>36</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>32</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>12,490</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>35</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>446,000</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>385,750,000</b> Current Year: <b>381,579,000</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>768,612,000</b> <b>852,190,000</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>48,605,000</b> <b>55,600,000</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,269,000</b> <b>10,552,000</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,209,236,000</b> <b>1,299,921,000</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>82,409,000</b> <b>88,801,000</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>705,225,000</b> <b>719,412,000</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) ▶ <b>11,986,000</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>345,381,000</b> <b>368,012,000</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,133,015,000</b> <b>1,176,225,000</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>76,221,000</b> <b>123,696,000</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>2,144,993,000</b> End of Year: <b>2,444,835,000</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>909,248,000</b> <b>1,082,575,000</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,235,745,000</b> <b>1,362,260,000</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: **Anthony E Wagner, Senior VP, CFO and Treasurer** Date: \_\_\_\_\_  
 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**

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 over 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 \$ 584,917,000 including grants of \$ 12,645,000 ) (Revenue \$ 620,213,000 )  
**Instruction - As a comprehensive state related research university, our 39,000 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 \$ 104,128,000 including grants of \$ 649,000 ) (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.**

4c (Code: ) (Expenses \$ 166,447,000 including grants of \$ 0 ) (Revenue \$ 155,581,000 )  
**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 \$30,336,000.**

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**  
(Expenses \$ 187,291,000 including grants of \$ 76,863,000 ) (Revenue \$ 75,956,000 )

4e **Total program service expenses** ▶ 1,042,783,000

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	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"/>
4	<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"/>
5	<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"/>
6	Did the organization maintain any donor advised funds or any similar funds or 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"/>
7	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"/>
8	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"/>
9	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"/>
10	Did the organization, directly or through a related 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"/>
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	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"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	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"/>
16	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"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	✓	
<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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	✓	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
<b>24c</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?	✓	
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	✓	
<b>25a 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>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<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>	✓	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	✓	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	✓	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

**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> 3465		
<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> 12490		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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? If "No," provide an explanation in Schedule O . . . . .	✓	
<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: ▶ <b>See Schedule O, Statement 2</b> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		✓
<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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		✓
<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>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>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>12a</b>	
<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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<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? . . . . .		<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? . . . . .		<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? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .		<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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<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>8a</b>	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<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>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<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? . . . . .	<input checked="" type="checkbox"/>	
<b>16b</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? . . . . .	<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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Frank Baldino Jr Trustee	1	✓						0	0	0
Joan H Ballots Trustee	1	✓						0	0	0
Leonard Barrack Trustee	1	✓						0	0	0
Jon A Boscia Trustee	1	✓						0	0	0
William H Cosby Jr Trustee	1	✓						0	0	0
Theodore Z Davis Trustee	1	✓						0	0	0
Nelson A Diaz Trustee	1	✓						0	0	0
Ronald R Donatucci Trustee (Commonwealth Appointee)	1	✓						0	0	0
Patrick J Eiding Trustee (Commonwealth Appointee)	1	✓						0	0	0
Judith A Felgoise Trustee	1	✓						0	0	0
Richard J Fox Trustee	1	✓						0	0	0
Lewis F Gould Jr Trustee (Commonwealth Appointee)	1	✓						0	0	0
Lon R Greenberg Trustee	1	✓						0	0	0
Lacy H Hunt Trustee	1	✓						0	0	0
Ulrich P Joseph Trustee	1	✓						0	0	0
Lewis Katz Trustee	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Adrian R King Jr Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						0	0	0
Susanna E Lachs Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Patrick V Larkin Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						0	0	0
Solomon C Luo Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Joseph W Marshall III Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						125,000	227,000	26,000
Scott Mazzo Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						0	0	0
Theodore A McKee Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Christopher W McNichol Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						0	0	0
Mitchell L Morgan Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Patrick J O'Connor Trustee (Commonwealth Appointee)	1	<input checked="" type="checkbox"/>						0	0	0
Daniel H Polett Trustee	4	<input checked="" type="checkbox"/>						0	0	0
Phillip C Richards Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<b>Continued On Schedule J2</b>										
<b>1b Total</b>								<b>9,887,000</b>	<b>227,000</b>	<b>831,000</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **1191**

	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) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc and Affiliates, PO Box 352, Buffalo, NY 14240	Food Management Svcs	19,248,000
Allied Barton Security Service, PO Box 828854, Philadelphia, PA 19182-0001	Security Services	6,417,000
Aramark Corporation, PO Box 33170, Newark, NJ 07188-0170	Other Contracted Services	2,969,000
Steel Suppliers and Erectors Inc, PO Box 2662, Wilmington, DE 19805-0662	Construction	2,625,000
Siemens Industry Inc, PO Box 945658, Atlanta, GA 30394-5658	Construction	2,600,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **125**

<b>Part VIII Statement of Revenue</b>				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants 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>	293,847,000					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	87,732,000					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,097,000					
	<b>h Total.</b> Add lines 1a-1f . . . . .		381,579,000					
<b>Program Service Revenue</b>			<b>Business Code</b>					
	<b>2a</b> Tuition and Fees		611310	613,701,000	613,701,000	0	0	
	<b>b</b> Sales and Services of Educational Activities		611310	6,512,000	6,512,000	0	0	
	<b>c</b> Auxiliary Enterprises		611310	76,396,000	75,950,000	446,000	0	
	<b>d</b> Patient Care Activities		611310	155,581,000	155,581,000	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 . . . . .			852,190,000				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			22,247,000	0	0	22,247,000	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			3,387,000	0	0	3,387,000	
	<b>5</b> Royalties . . . . .			407,000	0	0	407,000	
	<b>6a</b> Gross Rents . . . . .	(i) Real		2,688,000				
		(ii) Personal		0				
		<b>b</b> Less: rental expenses . . . . .		1,431,000				
		<b>c</b> Rental income or (loss) . . . . .		1,257,000				
	<b>d</b> Net rental income or (loss) . . . . .			1,257,000	0	0	1,257,000	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities		744,259,000				
		(ii) Other		0				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		714,293,000				
		<b>c</b> Gain or (loss) . . . . .		29,966,000				
	<b>d</b> Net gain or (loss) . . . . .			29,966,000	0	0	29,966,000	
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). 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. 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 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
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> . . . . .								
	<b>b</b> . . . . .							
	<b>c</b> . . . . .							
	<b>d</b> All other revenue . . . . .		8,888,000					8,888,000
<b>e Total.</b> Add lines 11a-11d . . . . .			8,888,000					
<b>12 Total revenue.</b> See instructions. . . . .			1,299,921,000	860,632,000	446,000	57,264,000		

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,252,000	9,252,000		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	79,549,000	79,549,000		
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	6,097,000	0	5,840,000	257,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	281,000	0	281,000	0
7 Other salaries and wages	554,865,000	489,112,000	60,710,000	5,043,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,840,000	27,723,000	3,540,000	577,000
9 Other employee benefits	93,077,000	82,183,000	10,459,000	435,000
10 Payroll taxes	33,252,000	28,891,000	3,826,000	535,000
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	1,893,000	348,000	1,543,000	2,000
c Accounting	456,000	50,000	406,000	0
d Lobbying	397,000	397,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	989,000	295,000	668,000	26,000
g Other	0	0	0	0
12 Advertising and promotion	2,478,000	2,363,000	97,000	18,000
13 Office expenses	110,872,000	106,019,000	237,000	4,616,000
14 Information technology	22,330,000	16,902,000	5,393,000	35,000
15 Royalties	450,000	424,000	26,000	0
16 Occupancy	62,625,000	62,577,000	25,000	23,000
17 Travel	13,497,000	12,798,000	573,000	126,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	41,000	41,000	0	0
19 Conferences, conventions, and meetings	1,152,000	1,080,000	66,000	6,000
20 Interest	17,883,000	17,298,000	585,000	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	64,156,000	64,156,000	0	0
23 Insurance	17,221,000	9,231,000	7,990,000	0
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>	9,229,000	0	9,229,000	0
b <b>Bad Debts</b>	21,200,000	21,200,000	0	0
c <b>Loss on Disposal of Fixed Assets</b>	8,124,000	0	8,124,000	0
d .....				
e .....				
f All other expenses	13,019,000	10,894,000	1,838,000	287,000
25 <b>Total functional expenses.</b> Add lines 1 through 24f	<b>1,176,225,000</b>	<b>1,042,783,000</b>	<b>121,456,000</b>	<b>11,986,000</b>
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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>107,000</b>	<b>1</b>	<b>67,000</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>123,369,000</b>	<b>2</b>	<b>100,952,000</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>52,410,000</b>	<b>3</b>	<b>54,160,000</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>84,701,000</b>	<b>4</b>	<b>104,804,000</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	<b>100,000</b>	<b>5</b>	<b>100,000</b>	
	<b>6</b> 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 . . . . .	<b>0</b>	<b>6</b>	<b>0</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>53,234,000</b>	<b>7</b>	<b>51,643,000</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>1,620,000</b>	<b>8</b>	<b>1,615,000</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>8,709,000</b>	<b>9</b>	<b>11,101,000</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 1,733,303,000</b>			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b 702,896,000</b>	<b>1,003,687,000</b>	<b>10c</b>	<b>1,030,407,000</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>724,785,000</b>	<b>11</b>	<b>857,584,000</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>17,146,000</b>	<b>12</b>	<b>20,772,000</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .	<b>0</b>	<b>14</b>	<b>0</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>75,125,000</b>	<b>15</b>	<b>211,630,000</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>2,144,993,000</b>	<b>16</b>	<b>2,444,835,000</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>348,705,000</b>	<b>17</b>	<b>365,344,000</b>	
	<b>18</b> Grants payable . . . . .	<b>0</b>	<b>18</b>	<b>0</b>	
	<b>19</b> Deferred revenue . . . . .	<b>50,383,000</b>	<b>19</b>	<b>55,351,000</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>498,716,000</b>	<b>20</b>	<b>651,053,000</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>1,191,000</b>	<b>21</b>	<b>1,191,000</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	<b>0</b>	<b>22</b>	<b>0</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>10,253,000</b>	<b>23</b>	<b>9,636,000</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>0</b>	<b>24</b>	<b>0</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>909,248,000</b>	<b>26</b>	<b>1,082,575,000</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	<b>996,842,000</b>	<b>27</b>	<b>1,108,015,000</b>	
	<b>28</b> Temporarily restricted net assets . . . . .	<b>58,201,000</b>	<b>28</b>	<b>57,833,000</b>	
	<b>29</b> Permanently restricted net assets . . . . .	<b>180,702,000</b>	<b>29</b>	<b>196,412,000</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
	<b>33</b> Total net assets or fund balances . . . . .	<b>1,235,745,000</b>	<b>33</b>	<b>1,362,260,000</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>2,144,993,000</b>	<b>34</b>	<b>2,444,835,000</b>		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>	✓	
<b>3b</b>	✓	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11g(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11g(iii)</b>	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</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—2008.</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—2009.</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—2008.</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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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

2009

Open to Public Inspection

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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 <b>TEMPLE UNIVERSITY</b>	Employer identification number <b>23 1365971</b>
--------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group.

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

<b>Limits on Lobbying Expenditures</b> (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. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>												

**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 on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(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"/>		438,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<input checked="" type="checkbox"/>	
<b>i</b> Other activities? If "Yes," describe in Part IV		<input checked="" type="checkbox"/>	
<b>j</b> Total. Add lines 1c through 1i			438,000
<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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<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 (see instructions)	<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 diminishing 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.**

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 : 1365971**

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <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).  
 Preservation of land for public use (e.g., recreation or pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax 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 tax year ▶ . . . . .

4 Number of states where property subject to conservation easement is located ▶ . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part 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 . . . . . ▶ \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements.** Complete if the 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>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</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 the 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	241,092,000	265,869,000			
<b>b</b> Contributions	15,671,000	11,746,000			
<b>c</b> Net investment earnings, gains, and losses	24,339,000	-26,882,000			
<b>d</b> Grants or scholarships	9,928,000	9,921,000			
<b>e</b> Other expenditures for facilities and programs	0	-280,000			
<b>f</b> Administrative expenses	0	0			
<b>g</b> End of year balance	271,174,000	241,092,000			

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

- a** Board designated or quasi-endowment ▶ 15.43 %
- b** Permanent endowment ▶ 73.37 %
- c** Term endowment ▶ 11.2 %

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

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

	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"/>

**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) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	62,318,000		62,318,000
<b>b</b> Buildings	0	1,120,939,000	402,190,000	718,749,000
<b>c</b> Leasehold improvements	0	25,476,000	13,978,000	11,498,000
<b>d</b> Equipment	0	497,571,000	286,728,000	210,843,000
<b>e</b> Other	0	26,999,000	0	26,999,000
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,030,407,000



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part III, Line 1 - See Schedule D Part XIV**

**Schedule D, Part III, Line 4 - Schedule D, Part III, Lines 1a and 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 E  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ Complete if the organization answered "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

**2009**

**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. If you need more space, use Schedule O (Form 990) . . . . . <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? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	✓	
<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? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		✓
<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? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). <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," explain on Schedule O (Form 990) . . . . .	✓	

# Statement of Activities Outside the United States

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
**TEMPLE UNIVERSITY**

Employer identification number  
**23 : 1365971**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
<b>Sch F, Stmt 1</b>					
<b>Totals</b> . . . . . ▶	<b>3</b>	<b>20</b>			<b>7,728,000</b>







**Accounts and Activities Outside the United States**

		<b>Offices</b>	<b>Employees</b>	<b>Total</b>
<b>Region</b>	East Asia and the Pacific	1	10	2,459,000
<b>Activities</b>	Program Services			
<b>Services</b>	Instruction			
<b>Region</b>	Europe (including Iceland and Greenland)	1	4	4,198,000
<b>Activities</b>	Program Services			
<b>Services</b>	Instuction			
<b>Region</b>	Europe (including Iceland and Greenland)	1	6	1,071,000
<b>Activities</b>	Program Services			
<b>Services</b>	Instruction			
	<b>Total:</b>	<b>3</b>	<b>20</b>	<b>7,728,000</b>



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
University Scholarship Funds	15800	60,089,000	0		
Federal Grants	9900	6,096,000	0		
Private Grants	700	1,783,000	0		
Endowment Income	1300	3,959,000	0		
State and Local Grants	40	16,874,000	0		

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - Grant funds are solicited from various agencies through the Office of the Vice President of Research. Once awarded the grant accounting and cost analysis offices ensure proper administration and collection of the funds in accordance with the principles of circular A-21 from the Office of Management and Budget which establishes the principles for determining costs applicable to grants with education institutions. In addition, a compliance audit is completed each year as required by the U.S. Office of Management and Budget Circular A-133 which sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments and non-profit organizations expending Federal awards. In addition to the external audit, Temple University internal auditors also perform routine grant compliance audits.

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>	Administration Children and Families Donor 370 L Enfant Promenade SW Washington, DC 20447	31,757	
<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>			
<b>Name and address</b>	Atlantic Philanthropies Donor 75 Varick Street New York, NY 10013	178,379	
<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>	Department of Health and Human Svcs Donor 200 Independence Avenue SW Washington, DC 20201	2,164,939	
<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>	Jacobs Foundation Donor 3401 N Broad Street Philadelphia, PA 19103	40,000	
<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>	Kellogg Foundation Donor One Michigan Avenue East Battle Creek, MI 49017	175,000	
<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>	Macarthur Foundation Donor	1,377,841	

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

140 South Dearborn St

Chicago, IL 60603

**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** MetLife Foundation 10,863

Donor

200 Park Avenue

New York, NY 10166

**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** National Institutes of Health 993,817

Donor

9000 Rockville Pike

Bethesda, MD 20892

**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** National Science Foundation 2,981,737

Donor

4201 Wilson Blvd

Arlington, VA 22230

**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** New York Life Foundation 15,000

Donor

51 Madison Avenue

New York, NY 10010

**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** Robert Wood Johnson Foundation 161,555

Donor

PO Box 2316

Rt 1 and College Rd East

Princeton, NJ 08543

**EIN** 99-9999999

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

**Method of valuation**

**Description of non-**

**cash assistance**

<b>Purpose of grant</b>	Support of exempt charitable organization	
<b>Name and address</b>	US Department of Education Donor 400 Maryland Avenue SW Washington, DC 20202	1,003,781
<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>	William Penn Foundation Donor Two Logan Square 11th Floor 100 North 18th Street Philadelphia, PA 19103	83,206
<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>	Academy For Education Development Recipient thru Temple University Washington, DC 20001	24,195
<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>	Albert Einstein Medical Center Recipient thru Temple University Philadelphia, PA 19103	61,200
<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>	Alianza Dominicana Inc Recipient thru Temple University New York, NY 10001	15,000
<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 Community Foundation Recipient thru Temple University Phoenix, AZ 85003	15,000
<b>EIN</b>	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** Arizona State University 227,889

Recipient  
thru Temple University  
Tempe, AZ 85281

**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** Asian Community Health Coalition 122,150

Recipient  
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** Bioqual Inc 369,807

Recipient  
thru Temple University  
Rockville, MD 20850

**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** Board Of Trustees Of The University 54,784

Recipient  
thru Temple University  
Springfield, IL 62701

**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** Brigham Young University 22,699

Recipient  
thru Temple University  
Provo, UT 84602

**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** California State Univ Fullerton 10,863

Recipient

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

	thru Temple University Fullerton, CA 90017	
<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>	Center For Assessment And Policy Recipient thru Temple University Conshohocken, PA 19103	40,000
<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>	Center For Independent Living Of No Recipient thru Temple University Williamsport, PA 17701	11,375
<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>	Childrens Hospital Of Philadelphia Recipient thru Temple University Philadelphia, PA 19103	41,839
<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>	Childrens Research Center Recipient thru Temple University Washington, DC 20001	68,911
<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>	Cincinnati Childrens Hospital Medic Recipient thru Temple University Cincinnati, OH 45229	162,397
<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>	Clinilabs Incorporated Recipient thru Temple University New York, NY 10001	73,223
<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>	Columbia University Recipient thru Temple University New York, NY 10001	245,816
<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>	Community College Of Philadelphia Recipient thru Temple University Philadelphia, PA 19103	62,346
<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>	Community Foundation Of Broward Recipient thru Temple University Fort Lauderdale, FL 33301	35,000
<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>	Community Resources For Independenc Recipient thru Temple University Erie, PA 16501	9,625
<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>	Diverse Productions Incorporated Recipient thru Temple University Philadelphia, PA 19103	114,452
<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

**Name and address** Drexel University 213,181

Recipient  
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** Duke University 13,500

Recipient  
thru Temple University  
Durham, NC 27709

**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** Eastern Virginia Medical School 51,370

Recipient  
thru Temple University  
Norfolk, VA 23502

**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 98,550

Recipient  
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** Emory University 100,928

Recipient  
thru Temple University  
Atlanta, GA 30303

**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** Food Trust 14,200

Recipient  
thru Temple University  
Philadelphia, PA 19103

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

<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>	Fox Chase Cancer Center Recipient thru Temple University Cheltenham, PA 19102	277,281
<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>	Fred Hutchinson Cancer Research Cen Recipient thru Temple University Seattle, WA 98101	78,896
<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>	George Mason University Recipient thru Temple University Fairfax, VA 20151	55,227
<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>	Good Shepherd Rehabilitation Hospit Recipient thru Temple University Allentown, PA 18101	13,375
<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>	Harvard Cooperative Society Recipient thru Temple University Boston, MA 01003	44,210
<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>	Harvard University	49,118

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

<b>Recipient</b>	thru Temple University Boston, MA 01003	
<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>	Hero Incorporated	11,344
	Recipient thru Temple University Philadelphia, PA 19103	
<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>	Hospital For Special Surgery	25,385
	Recipient thru Temple University New York, NY 10001	
<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>	Insight Telehealth Systems Incorpor	45,435
	Recipient thru Temple University Valley Forge, PA 19481	
<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>	Instituto De Parasitologia Y	19,698
	Recipient thru Temple University Philadelphia, PA 19103	
<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>	Johns Hopkins University	818,365
	Recipient thru Temple University Chicago, IL 60637	
<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>	Kalamazoo Community Foundation Recipient thru Temple University Kalamazoo, MI 49001	25,000
<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>	Life And Independence For Today Recipient thru Temple University St Marys, PA 15857	11,375
<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>	Ludlow Youth Community Recipient thru Temple University Philadelphia, PA 19103	9,730
<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>	Mcrel Education And Learning Recipient thru Temple University Denver, CO 80237	6,250
<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>	Metropolitan State College Of Denve Recipient thru Temple University Denver, CO 80237	38,080
<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>	New York University Recipient thru Temple University New York, NY 10001	50,397
<b>EIN</b>	99-9999999	
<b>IRC code section</b>	501(c)(3)	

## Method of valuation

## Description of non-cash assistance

Purpose of grant Support of exempt charitable organization

<b>Name and address</b>	Northland Foundation	35,000
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Recipient  
thru Temple University  
Duluth, MN 55802

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

<b>Name and address</b>	Northwestern University	1,136,044
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Recipient  
thru Temple University  
Evanston, IL 60208

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

<b>Name and address</b>	Orange County Community Foundation	25,000
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Recipient  
thru Temple University  
Irvine, CA 92602

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

<b>Name and address</b>	Pennsylvania Assistive Technology F	21,100
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Recipient  
thru Temple University  
King of Prussia, PA 19406

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

<b>Name and address</b>	Rand Corporation	69,585
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Recipient  
thru Temple University  
Los Angeles, CA 90401

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

<b>Name and address</b>	Regents Of Univ Of California	238,764
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Recipient  
thru Temple University

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TEMPLE UNIVERSITY

	Los Angeles, CA 90001	
<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>	Rhode Island Hospital	19,354
	Recipient	
	thru Temple University	
	Providence, RI 02903	
<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>	RTI International	54,854
	Recipient	
	thru Temple University	
	Raleigh, NC 27709	
<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>	The Jaisohn Memorial Foundation	5,570
	Recipient	
	thru Temple University	
	Philadelphia, PA 19103	
<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>	OMG Center For Collaborative Learning	67,022
	Recipient	
	thru Temple University	
	Philadelphia, PA 19103	
<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>	The Place Of Refuge	11,411
	Recipient	
	thru Temple University	
	Philadelphia, PA 19103	
<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	

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TEMPLE UNIVERSITY

<b>Name and address</b>	Three Rivers Center For Independent Recipient thru Temple University Pittsburgh, PA 15221	36,000
<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>	Tri County Patriots For Independent Recipient thru Temple University Washington, DC 20001	10,875
<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>	Troopers Program Incorporated Recipient thru Temple University Philadelphia, PA 19103	7,123
<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>	Trustees Of Princeton University Recipient thru Temple University Princeton, NJ 08542	11,527
<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>	United Cerebral Palsy Of Central Pe Recipient thru Temple University Camp Hill, PA 17011	27,000
<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>	United Cerebral Palsy Of Northeaste Recipient thru Temple University Scranton, PA 18503	10,625
<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** Univ Of Southern California 115,206

Recipient  
thru Temple University  
Los Angeles, CA 90001

**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** Univeristy of North Texas Health Sc 29,961

Recipient  
thru Temple University  
Fort Worth, TX 76107

**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** University Of Bath 66,207

Recipient  
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** University of Chicago 1,450,799

Recipient  
thru Temple University  
Chicago, IL 60637

**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** University Of Florida 136,552

Recipient  
thru Temple University  
Gainsville, FL 32611

**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** University Of Maryland 126,156

Recipient  
thru Temple University  
College Park, MD 20742

**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** University Of Massachusetts 446,598

Recipient  
thru Temple University  
Amherst, MA 01002

**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** University Of Nebraska Medical 109,725

Recipient  
thru Temple University  
Omaha, NE 68198

**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** University Of North Carolina 11,077

Recipient  
thru Temple University  
Chapel Hill, NC 27709

**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** University Of Pennsylvania 610,744

Recipient  
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** University Of Pittsburgh 217,576

Recipient  
thru Temple University  
Pittsburgh, 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** University of Salerno 40,000

Recipient

Schedule I, Part IV, Statement 1

TEMPLE UNIVERSITY

	thru Temple University Philadelphia, PA 19085	
<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 South Florida Recipient thru Temple University Orlando, FL 32801	55,629
<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 Washington Recipient thru Temple University Seattle, WA 98101	8,565
<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>	Villanova University Recipient thru Temple University Philadelphia, PA 19085	59,057
<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>	Wake Forest University Recipient thru Temple University Winston Salem, NC 27101	7,821
<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>	Wayne State University Recipient thru Temple University Detroit, MI 48201	54,079
<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>	Womens Institute For Family Health Recipient thru Temple University Philadelphia, PA 19103	8,927
<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>	Wuhan Centers For Disease Prevention Recipient thru Temple University Philadelphia, PA 19103	16,875
<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	

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**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. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	✓
<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?	<b>2</b>	✓
<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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b>	✓
	<b>4b</b>	✓
	<b>4c</b>	✓
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</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? <b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5a</b>	✓
	<b>5b</b>	✓
<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? <b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6a</b>	✓
	<b>6b</b>	✓
<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	<b>7</b>	✓
<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	<b>8</b>	✓
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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) Retirement and other 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)	255,000	0	6,000	31,000	14,000	306,000	0
	(ii)	0	0	0	0	0	0	0
Ann Weaver Hart	(i)	532,000	0	0	33,000	14,000	579,000	0
	(ii)	0	0	0	0	0	0	0
Deborah I Harnett	(i)	222,000	0	6,000	29,000	14,000	271,000	0
	(ii)	0	0	0	0	0	0	0
Kenneth Lawrence Jr	(i)	220,000	0	6,000	30,000	14,000	270,000	0
	(ii)	0	0	0	0	0	0	0
Larry F Lemanski	(i)	165,000	0	3,000	20,000	3,000	191,000	0
	(ii)	0	0	0	0	0	0	0
George E Moore	(i)	364,000	0	6,000	49,000	14,000	433,000	0
	(ii)	0	0	0	0	0	0	0
Edmond Notebaert	(i)	2,583,000	0	0	0	0	2,583,000	0
	(ii)	0	0	0	0	0	0	0
Timothy ORourke	(i)	306,000	0	23,000	54,000	14,000	397,000	0
	(ii)	0	0	0	0	0	0	0
Theresa A Powell	(i)	224,000	0	7,000	30,000	6,000	267,000	0
	(ii)	0	0	0	0	0	0	0
Lisa Staino Coico	(i)	401,000	0	15,000	33,000	14,000	463,000	0
	(ii)	0	0	0	0	0	0	0
Stuart P Sullivan	(i)	119,000	0	2,000	27,000	6,000	154,000	0
	(ii)	0	0	0	0	0	0	0
Anthony E Wagner	(i)	339,000	0	36,000	33,000	14,000	422,000	0
	(ii)	0	0	0	0	0	0	0
Christopher Loftus	(i)	195,000	0	625,000	22,000	18,000	860,000	0
	(ii)	0	0	0	0	0	0	0
John M Daly	(i)	597,000	0	106,000	32,000	18,000	753,000	0
	(ii)	0	0	0	0	0	0	0
Charles Jungreis	(i)	195,000	0	475,000	22,000	18,000	710,000	0
	(ii)	0	0	0	0	0	0	0
Satoshi Furukawa	(i)	215,000	50,000	380,000	24,000	18,000	687,000	0
	(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 - Schedule J, Part I, 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. 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, expense accounts or other allowances. No contributions to any benefit plans are made on their behalf. 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 7 - Schedule J, Part I, Question 7 and Part II column B(ii) - Bonus payment to physician in the University's physician practice plan.

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

**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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gary S Cohen	(i)	231,000	0	396,000	26,000	18,000	671,000
	(ii)	0	0	0	0	0	0
David W Adamany	(i)	273,000	0	0	32,000	6,000	311,000
	(ii)	0	0	0	0	0	0
Robert J Reinstein	(i)	185,000	0	0	40,000	14,000	239,000
	(ii)	0	0	0	0	0	0
	(i)						
	(ii)						
	(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

**2009**

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

▶ See the Instructions for Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Milton L Rock Trustee	1	✓					0	0	0	
Robert A Rovner Trustee (Commonwealth Appointee)	1	✓					0	0	0	
Jane Scaccetti Trustee	1	✓					0	0	0	
Anthony J Scirica Trustee	1	✓					0	0	0	
Michael J Stack III Trustee (Commonwealth Appointee)	1	✓					0	0	0	
James S White Trustee	1	✓					0	0	0	
Michael P Williams Trustee (Commonwealth Appointee)	1	✓					0	0	0	
J William Mills Trustee (Commonwealth Appointee)	1	✓					0	0	0	
Ann Weaver Hart President and Trustee	50	✓		✓			532,000	0	47,000	
William T Bergman VP - Operations	50			✓			261,000	0	45,000	
Deborah I Harnett VP - Human Resources	50			✓			228,000	0	43,000	
Kenneth Lawrence Jr Sr. VP - Gov't., Community and Public Aff	50			✓			226,000	0	44,000	
Larry F Lemanski Sr. VP - Research & Strategic Initiatives	50			✓			168,000	0	23,000	
George E Moore Sr. VP, University Counsel & Secretary	50			✓			370,000	0	63,000	
Edmond Notebaert Executive Sr. VP - Health Sciences	50			✓			2,583,000	0	0	
Timothy ORourke VP - Computer & Information Services	50			✓			329,000	0	68,000	
Theresa A Powell VP - Student Affairs	50			✓			231,000	0	36,000	
Lisa Staino Coico Provost & Sr. VP - Academic Affairs	50			✓			416,000	0	47,000	
Stuart P Sullivan Sr. VP - Institutional Advancement	50			✓			121,000	0	33,000	
Anthony E Wagner Exec. VP, CFO & Treasurer	50			✓			375,000	0	47,000	
Christopher Loftus Physician	50					✓	820,000	0	40,000	



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23**

**1365971**

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
<b>A</b>	Pennsylvania Higher Educational Facilities Authority	23-2243852	70917RA21	04/22/2010	50,370,429	See Schedule O			✓	✓
<b>B</b>	Pennsylvania Higher Educational Facilities Authority	23-2243852	70917RFA8	06/15/2006	372,793,332	See Schedule O	✓			✓
<b>C</b>										
<b>D</b>										
<b>E</b>										

**Part II Proceeds**

	A		B		C		D		E	
<b>1</b> Total proceeds of issue . . . . .	17,366,968		241,610,315							
<b>2</b> Gross proceeds in reserve funds . . . . .	0		543							
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .	0		91,658,164							
<b>4</b> Other unspent proceeds . . . . .	17,366,968		26,985,990							
<b>5</b> Issuance costs from proceeds . . . . .	0		0							
<b>6</b> Working capital expenditures from proceeds . . . . .	0		0							
<b>7</b> Capital expenditures from proceeds . . . . .	0		122,966,161							
<b>8</b> Year of substantial completion . . . . .	2012		2011							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<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**

	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 ▶		0 %		0 %		%		%		%
<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 . ▶		0 %		0 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		%		%		%
<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**

	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**

▶ **Complete if the organization 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.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 : 1365971**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) 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.**

Complete if the organization 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 - see Sched</b>		✓	<b>100,000</b>	<b>100,000</b>		✓	✓			✓
<b>Total</b>				▶ \$ <b>100,000</b>						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
<b>PNC Bank</b>	<b>A trustee is an officer of</b>	<b>704,000</b>	<b>Banking Services</b>		✓
<b>Hoisington Investment Managers</b>	<b>A trustee is an officer of</b>	<b>325,000</b>	<b>Investment Management Se</b>		✓
<b>Richard Coico</b>	<b>Family member of curr</b>	<b>214,000</b>	<b>Tenured Faculty Member Sa</b>		✓
<b>Cozen O'Connor</b>	<b>A trustee is an officer of</b>	<b>107,000</b>	<b>Outside Legal Services</b>		✓
<b>Ballard Spahr</b>	<b>A trustee is an officer of</b>	<b>401,000</b>	<b>Outside Legal Services</b>		✓
<b>(Continued on Schedule O, Statement 4)</b>					

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization <b>TEMPLE UNIVERSITY</b>	Employer identification number <b>23 : 1365971</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	✓	2	12,000	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		178,000	FMV
5 Clothing and household goods . . . . .	✓		14,000	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	39	2,214,000	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	✓	1	900,000	FMV
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	✓	8	77,000	FMV
19 Food inventory . . . . .	✓	4	11,000	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <b>Equipment</b> ) . . . . .	✓	2	305,000	FMV
26 Other ▶ ( <b>Jewelry</b> ) . . . . .	✓	1	304,000	FMV
27 Other ▶ ( <b>Landscaping Plant</b> ) . . . . .	✓	1	30,000	FMV
28 Other ▶ ( <b>Sporting Event Tic</b> ) . . . . .	✓	2	52,000	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0
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	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**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

Form 990, Header, Line B - Amending return for the following: Schedule K, Part II, Line 1B (total proceeds of issue contains a typo); Schedule I, Part II (additional information regarding sub-contract grants).

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 \$1,258,000 and \$1,573,000 at June 30, 2010 and 2009, respectively. These debts along with related trust funds do not appear on the balance sheets of the University.

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 B, Line 11 - Question 11A: 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 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 - Question 15(b) : 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 a market analysis of persons holding similar positions in other public and private universities. The University obtains independent review by a third party contractor regarding reasonableness of compensation of the 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 K, Part I, Column f - Line A - Pennsylvania Higher Education Facilities Authority (PHEFA) , First Series of 2010 A: (i) to currently refund a portion of the Authority's outstanding Temple University Revenue Bonds, First Series

**Supplemental Information (Continued)**

of 1998 (ii) to design, install, construct and develop certain capital projects(the "Projects") (iii) to pay costs of issuing the 2010A Bonds. Line B - Pennsylvania Higher Education Facilities Authority (PHEFA) , First Series of 2006: (i) to advance refund a portion of the Authority's outstanding Temple University Revenue Bonds, First Series of 1998 (ii) to advance refund the Authority's outstanding Temple University Revenue Bonds, First Series of 2001 (iii) to design, install, construct and develop certain capital projects (the "Projects") (iv) to pay costs of issuing the 2006 Bonds.

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.

**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.	87,164,000	233,000	75,956,000
	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.	82,376,000	76,601,000	0
	Public service - includes expenditures for non-instructional services beneficial to individuals and groups external to the university.	17,751,000	29,000	0
<b>Total:</b>		<b>187,291,000</b>	<b>76,863,000</b>	<b>75,956,000</b>

**Schedule O, Statement 2**

Form: 990

Page: 5

Line Number: Part V Line 4b

TEMPLE UNIVERSITY

23-1365971

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**Name Of Foreign Country**

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**Name**

---

Japan

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

Bermuda

Italy

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**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 Business Transactions Involving Interested Persons**

		<b>Amount of transaction</b>
<b>Name</b>	Stevens and Lee	142,000
<b>Relationship with organization</b>	A trustee is an officer of IP	
<b>Description of transaction</b>	Outside Legal Services	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Joseph W Marshall III	125,000
<b>Relationship with organization</b>	Trustee is an Interested Person	
<b>Description of transaction</b>	Consulting Services	
<b>Sharing Of Revenues</b>	No	

## Description of Identification of Related Tax-Exempt Organizations

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**Name and EIN** Temple Health System Transport Team Inc (75-5084023)  
**Address** TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue  
Philadelphia, PA 19129  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 9  
**Direct controlling entity** Temple University Health System Inc

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**Name and EIN** Temple Physicians Inc (23-2790607)  
**Address** TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue  
Philadelphia, PA 19129  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 9  
**Direct controlling entity** Temple University Health System Inc

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**Name and EIN** Temple University Health System Foundation (23-2916108)  
**Address** TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue  
Philadelphia, PA 19129  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 11a Type I  
**Direct controlling entity** Temple University Hospital Inc

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**Name and EIN** Temple University Health System Inc (23-2825881)  
**Address** TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue  
Philadelphia, PA 19129  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 11a Type I  
**Direct controlling entity** N/A

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**Name and EIN** Temple University Hospital Inc (23-2825878)  
**Address** TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue  
Philadelphia, PA 19129  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 3  
**Direct controlling entity** Temple University Health System Inc

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**Name and EIN** Temple University Alumni Association Inc (23-6270322)  
**Address** 300 Sullivan Hall 1330 West Berks Street  
Philadelphia, PA 19122  
**Primary activities** Education  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 11a Type I  
**Direct controlling entity** N/A

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**Name and EIN** Temple University Law Foundation (23-6407459)  
**Address** 300 Sullivan Hall 1330 West Berks Street  
Philadelphia, PA 19122  
**Primary activities** Education  
**State or foreign country** PA

Schedule O, Statement 5

TEMPLE UNIVERSITY

Exempt code section 501c3  
 Public charity status 11a Type III  
 Direct controlling entity N/A

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**Name and EIN** Temple University School of Podiatric Medicine Inc (23-1596240)  
**Address** 300 Sullivan Hall 1330 West Berks Street  
 Philadelphia, PA 19122  
**Primary activities** Education  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 11a Type I  
**Direct controlling entity** N/A

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**Name and EIN** Temple University Physicians and Surgeons Inc (23-3100596)  
**Address** 300 Sullivan Hall 1330 West Berks Street  
 Philadelphia, PA 19122  
**Primary activities** Health Care  
**State or foreign country** PA  
**Exempt code section** 501c3  
**Public charity status** 11a Type I  
**Direct controlling entity** N/A

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**Name and EIN** TUMP Offices Inc (91-1872296)  
**Address** 300 Sullivan Hall 1330 West Berks Street  
 Philadelphia, PA 19122  
**Primary activities** Real Estate Holding  
**State or foreign country** PA  
**Exempt code section** 501c2  
**Public charity status** Not applicable  
**Direct controlling entity** N/A

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Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end-of- year assets	Percentage ownership
<b>Name and EIN</b>	Temple Educational Support Services LTD	100	100	100%
<b>Address</b>	Minami Azabu Tokyo, , Japan			
<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 and EIN</b>	TUHS Insurance Company LTD	100	100	100%
<b>Address</b>	TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue Philadelphia, PA 19129, Bermuda			
<b>Primary activity</b>	Reinsurance			
<b>State or foreign country</b>	Bermuda			
<b>Direct controlling entity</b>	Temple University Health System			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	Fortress Properties Trust	100	100	100%
<b>Address</b>	3 Village Road Suite 100 Horsham, PA 19044			
<b>Primary activity</b>	Trust for the benefit of Temple Hospital			
<b>State or foreign country</b>	PA			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			

**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 Company LTD	7,557,000
<b>Transaction type</b>	l	

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- ▶ Attach to Form 990.
- ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 1365971**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
<b>Episcopal Hospital (23-1365351)</b> TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue, Philadel	Health Care	PA	501c3	11a Type I	Temple University
<b>Greater Philadelphia Health Services III Corp (23-2989581)</b> TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue, Philadel	Discontinued	PA	501c3	PF	Temple University Health
<b>Jeanes Hospital (23-2826045)</b> TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue, Philadel	Health Care	PA	501c3	3	Temple University Health
<b>Jeanes Hospital Auxiliary (23-1917776)</b> 7600 Central Avenue, Philadelphia, PA 19111	Health Care	PA	501c3	9	Jeanes Hospital
<b>Temple East Real Estate Inc (20-1776524)</b> TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue, Philadel	Health Care	PA	501c3	11a Type I	Temple University
<b>Temple East Inc (23-2547305)</b> TUHS Corporate Office 4th Floor 2450 Hunting Park Avenue, Philadel	Health Care	PA	501c3	11a Type 1	Temple University
<b>(Continued on Schedule O, Statement 5)</b>					

**Part III**

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

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

**Part IV**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<b>Global Technology Management Corp (23-3007767)</b> 300 Sullivan Hall 1330 West Berks Street, Philadelphia,	Inactive	PA	Temple University	C	100	100	100%
<b>Sugarloaf Club Inc (23-7417742)</b> 300 Sullivan Hall 1330 West Berks Street, Philadelphia,	Discontinued	PA	Temple University	C	100	100	100%
<b>Temple Corporation (23-2384785)</b> 300 Sullivan Hall 1330 West Berks Street, Philadelphia,	Inactive	PA	Temple University	C	100	100	100%
<b>Virtual Temple Inc (23-3054835)</b> 300 Sullivan Hall 1330 West Berks Street, Philadelphia,	Inactive	PA	Temple University	C	100	100	100%
<b>VT Holdings Inc (23-3054833)</b> 1013 Centre Road, Wilmington, DE 19805	Inactive	DE	Temple University	C	100	100	100%
<b>Good Samaritan Insurance Company LTD</b> PO Box HM1179 Cedar House 41 Cedar Avenue, Hamilt	Reinsurance	Bermuda	Temple University	C	100	100	100%
<b>(Continued on Schedule O, Statement 6)</b>							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	Temple University Health System Inc	a-i	2,476,000
(2)	Temple University Health System Inc	j	2,617,000
(3)	Temple University Health System Inc	n	5,221,000
(4)	Temple University Health System Inc	o	2,115,000
(5)	Temple University Health System Inc	p	94,723,000
(6)	(Continued on Schedule O, Statement 7)		

