

# Return of Organization Exempt From Income Tax

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

**2006**

**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 2006 calendar year, or tax year beginning** 7/1/2006 , and ending 6/30/2007

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

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

**C Name of organization**  
**TEMPLE UNIVERSITY**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**Wachman Hall Room 1109**

City or town, state or country, and ZIP + 4  
**Philadelphia, PA 19122**

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

**E Telephone number**  
**( 215 ) 204-3128**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**G Website:** ▶ **www.temple.edu**

**J Organization type** (check only one) ▶  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,164,575,000**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				90,840,000							
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)				283,788,000							
<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>331,524,000</b> noncash \$ <b>43,104,000</b> )										374,628,000	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										649,953,000	
<b>3</b> Membership dues and assessments										0	
<b>4</b> Interest on savings and temporary cash investments										7,549,000	
<b>5</b> Dividends and interest from securities										29,273,000	
<b>6a</b> Gross rents		6a		2,292,000							
<b>b</b> Less: rental expenses		6b		1,166,000							
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										1,126,000	
<b>7</b> Other investment income (describe ▶ See Statement 1)										4,609,000	
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		8a		0			
<b>b</b> Less: cost or other basis and sales expenses						8b		0			
<b>c</b> Gain or (loss) (attach schedule) Stmt 2						8c		0			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)										8,053,000	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1b)		9a		0							
<b>b</b> Less: direct expenses other than fundraising expenses		9b		0							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										0	
<b>10a</b> Gross sales of inventory, less returns and allowances		10a		0							
<b>b</b> Less: cost of goods sold		10b		0							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										0	
<b>11</b> Other revenue (from Part VII, line 103)										4,042,000	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										1,079,233,000	
<b>13</b> Program services (from line 44, column (B))										853,225,000	
<b>14</b> Management and general (from line 44, column (C))										139,581,000	
<b>15</b> Fundraising (from line 44, column (D))										11,678,000	
<b>16</b> Payments to affiliates (attach schedule)										0	
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)										1,004,484,000	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										74,749,000	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										935,187,000	
<b>20</b> Other changes in net assets or fund balances (attach explanation) Stmt 3										18,564,000	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										1,028,500,000	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ <b>69,070,000</b> noncash \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>69,070,000</b>	<b>69,070,000</b>		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>4,238,000</b>	<b>0</b>	<b>3,853,000</b>	<b>385,000</b>
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>399,000</b>	<b>399,000</b>	<b>0</b>	<b>0</b>
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>498,642,000</b>	<b>439,616,000</b>	<b>54,548,000</b>	<b>4,478,000</b>
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27,001,000</b>	<b>23,257,000</b>	<b>3,442,000</b>	<b>302,000</b>
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>78,984,000</b>	<b>68,427,000</b>	<b>9,699,000</b>	<b>858,000</b>
<b>29</b>	Payroll taxes	<b>29,986,000</b>	<b>26,165,000</b>	<b>3,553,000</b>	<b>268,000</b>
<b>30</b>	Professional fundraising fees	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>31</b>	Accounting fees	<b>461,000</b>	<b>80,000</b>	<b>381,000</b>	<b>0</b>
<b>32</b>	Legal fees	<b>2,391,000</b>	<b>378,000</b>	<b>2,013,000</b>	<b>0</b>
<b>33</b>	Supplies	<b>56,597,000</b>	<b>51,383,000</b>	<b>1,679,000</b>	<b>3,535,000</b>
<b>34</b>	Telephone	<b>1,829,000</b>	<b>1,581,000</b>	<b>219,000</b>	<b>29,000</b>
<b>35</b>	Postage and shipping	<b>2,716,000</b>	<b>1,762,000</b>	<b>361,000</b>	<b>593,000</b>
<b>36</b>	Occupancy	<b>53,074,000</b>	<b>53,021,000</b>	<b>30,000</b>	<b>23,000</b>
<b>37</b>	Equipment rental and maintenance	<b>11,091,000</b>	<b>10,096,000</b>	<b>990,000</b>	<b>5,000</b>
<b>38</b>	Printing and publications	<b>4,045,000</b>	<b>3,010,000</b>	<b>127,000</b>	<b>908,000</b>
<b>39</b>	Travel	<b>12,920,000</b>	<b>12,183,000</b>	<b>622,000</b>	<b>115,000</b>
<b>40</b>	Conferences, conventions, and meetings	<b>1,349,000</b>	<b>1,098,000</b>	<b>239,000</b>	<b>12,000</b>
<b>41</b>	Interest	<b>19,525,000</b>	<b>14,955,000</b>	<b>4,570,000</b>	<b>0</b>
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>51,923,000</b>	<b>51,923,000</b>	<b>0</b>	<b>0 Stmt 5</b>
<b>43</b>	Other expenses not covered above (itemize): <b>See Statement 6</b>	<b>78,243,000</b>	<b>24,821,000</b>	<b>53,255,000</b>	<b>167,000</b>
<b>a</b>	-----				
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	-----				
<b>f</b>	-----				
<b>g</b>	-----				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>1,004,484,000</b>	<b>853,225,000</b>	<b>139,581,000</b>	<b>11,678,000</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	<b>145,000</b>	<b>45</b>	<b>130,000</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	<b>163,448,000</b>	<b>46</b>	<b>166,563,000</b>	
	<b>47a</b> Accounts receivable . . . . .	<b>110,873,000</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>8,979,000</b>	<b>86,745,000</b>	<b>47c</b>	<b>101,894,000</b>
	<b>48a</b> Pledges receivable . . . . .	<b>61,510,000</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>14,942,000</b>	<b>41,359,000</b>	<b>48c</b>	<b>46,568,000</b>
	<b>49</b> Grants receivable . . . . .		<b>0</b>	<b>49</b>	<b>0</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>0</b>	<b>50a</b>	<b>0</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>0</b>	<b>50b</b>	<b>0</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) <b>See Statement 8</b> . . . . .	<b>55,377,000</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>7,185,000</b>	<b>47,496,000</b>	<b>51c</b>	<b>48,192,000</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>1,724,000</b>	<b>52</b>	<b>1,635,000</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>11,116,000</b>	<b>53</b>	<b>10,434,000</b>
	<b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>0</b>	<b>54a</b>	<b>688,190,000</b>
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .		<b>615,992,000</b>	<b>54b</b>	<b>0</b>
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>0</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>0</b>	<b>0</b>	<b>55c</b>	<b>0</b>
	<b>56</b> Investments—other (attach schedule) . . . . .		<b>0</b>	<b>56</b>	<b>0</b>
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>1,320,250,000</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) <b>Stmt 9</b> . . . . .	<b>599,647,000</b>	<b>670,234,000</b>	<b>57c</b>	<b>720,603,000</b>
<b>58</b> Other assets, including program-related investments (describe <b>See Statement 10</b> . . . . .)		<b>154,476,000</b>	<b>58</b>	<b>139,819,000</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		<b>1,792,735,000</b>	<b>59</b>	<b>1,924,028,000</b>	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>281,147,000</b>	<b>60</b>	<b>326,337,000</b>
	<b>61</b> Grants payable . . . . .		<b>0</b>	<b>61</b>	<b>0</b>
	<b>62</b> Deferred revenue . . . . .		<b>42,996,000</b>	<b>62</b>	<b>47,529,000</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>0</b>	<b>63</b>	<b>0</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) <b>See Statement 11</b> . . . . .		<b>527,181,000</b>	<b>64a</b>	<b>516,339,000</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>Stmt 12</b> . . . . .		<b>4,229,000</b>	<b>64b</b>	<b>3,615,000</b>
	<b>65</b> Other liabilities (describe <b>See Statement 13</b> . . . . .)		<b>1,995,000</b>	<b>65</b>	<b>1,708,000</b>
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		<b>857,548,000</b>	<b>66</b>	<b>895,528,000</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	<b>67</b> Unrestricted . . . . .		<b>710,268,000</b>	<b>67</b>	<b>758,934,000</b>
	<b>68</b> Temporarily restricted . . . . .		<b>90,424,000</b>	<b>68</b>	<b>112,307,000</b>
	<b>69</b> Permanently restricted . . . . .		<b>134,495,000</b>	<b>69</b>	<b>157,259,000</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21)		<b>935,187,000</b>	<b>73</b>	<b>1,028,500,000</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		<b>1,792,735,000</b>	<b>74</b>	<b>1,924,028,000</b>	





**Part VI Other Information** (continued)

Yes No

<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82b</b>		0	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
<b>85a</b>			
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<input type="checkbox"/>	<input type="checkbox"/>
<b>85b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	<input type="checkbox"/>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	<input type="checkbox"/>
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</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>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0; section 4912 <input type="checkbox"/> 0; section 4955 <input type="checkbox"/> 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/> 0	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<input type="checkbox"/> 0	
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89e</b>			
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89f</b>			
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed <b>None</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<b>90b</b>	12310
<b>91a</b>	The books are in care of <b>Temple University Controller's Office</b> Telephone no. <b>215-204-7366</b> Located at <b>Wachman Hall Room 1109, Philadelphia, PA</b> ZIP + 4 <b>19122-6094</b>		
<b>b</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)? If "Yes," enter the name of the foreign country <b>See Statement 20</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>91b</b>			

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ **See Statement 21**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>Tuition and Fees</b>					<b>473,862,000</b>
<b>b</b> <b>Patient Care Activities</b>					<b>104,026,000</b>
<b>c</b> <b>Auxiliary Enterprises</b>	<b>812930</b>	<b>208,000</b>			<b>66,855,000</b>
<b>d</b> <b>Sales and Services of Educational Activities</b>					<b>5,002,000</b>
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>7,549,000</b>	
<b>96</b> Dividends and interest from securities			<b>14</b>	<b>29,273,000</b>	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			<b>16</b>	<b>1,126,000</b>	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income			<b>18</b>	<b>4,609,000</b>	
<b>100</b> Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>8,053,000</b>	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a Other</b>	<b>900002</b>	<b>8,000</b>			<b>3,592,000</b>
<b>b</b> <b>Royalty revenue</b>			<b>15</b>	<b>295,000</b>	
<b>c</b> <b>Student Telephone Fees</b>					<b>83,000</b>
<b>d</b> <b>Library fines and courtesy cards</b>					<b>57,000</b>
<b>e</b> <b>Student Health Services</b>					<b>7,000</b>
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>216,000</b>		<b>50,905,000</b>	<b>653,484,000</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>704,605,000</b>

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 22

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
See Statement 23	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

\*\*\* 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form: **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2006, or tax year beginning 7/1/2006 and ending 6/30/2007

**2006**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  
▶ See instructions on back.

Name of exempt organization  
**TEMPLE UNIVERSITY**

Employer identification number  
**23 1365971**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12)	<b>1b</b> <b>\$1,079,233,000</b>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Anthony E. Wagner | 5-7-08 ▶ **Anthony E Wagner, Senior VP, CFO and**  
Signature of officer Date Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code				EIN _____ Phone no. ( ) _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code			EIN _____ Phone no. ( ) _____

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 24			
b				
c				
<b>Totals</b>				<b>17,291,000</b>

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 25			
b				
c				
<b>Totals</b>				<b>118,898,000</b>

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

**Please 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 SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no.: ( ) \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**TEMPLE UNIVERSITY**

Employer identification number

**23 1365971**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>John Chaney</b> 300 Sullivan Hall, Philadelphia, PA 19122-6087	<b>Basketball coach - M 50</b>	<b>1,057,000</b>	<b>0</b>	<b>0</b>
<b>Christopher Loftus</b> 3401 N Broad Street, Philadelphia, PA 19140, U	<b>Physician 50</b>	<b>950,000</b>	<b>34,000</b>	<b>0</b>
<b>Dawn Staley</b> 300 Sullivan Hall, Philadelphia, PA 19122-6087	<b>Basketball coach - W 50</b>	<b>704,000</b>	<b>39,000</b>	<b>0</b>
<b>Satoshi Furukawa</b> 3401 North Broad Street, Philadelphia, PA 191	<b>Surgeon 50</b>	<b>703,000</b>	<b>36,000</b>	<b>0</b>
<b>Charles Jungreis</b> 3401 N Broad Street, Philadelphia, PA 19140, U	<b>Physician 50</b>	<b>695,000</b>	<b>34,000</b>	<b>0</b>
Total number of other employees paid over \$50,000 ▶	<b>3075</b>			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>Ballinger Company</b> 833 Chestnut Street Suite 1400, Philadelphia, PA 19107, US	<b>Architect-Engineer</b>	<b>5,466,000</b>
<b>Burt Hill Kosar Rittelmann</b> 1735 Market Street 53rd Floor, Philadelphia, PA 19103, US	<b>Architect-Engineer</b>	<b>2,525,000</b>
<b>Carlos Jimenez StudioH2L2</b> 714 Market street Suite 600, Philadelphia, PA 19106, US	<b>Architect-Engineer</b>	<b>2,504,000</b>
<b>Ballard Spahr AndrewsIngersoll</b> 1735 Market Street 51st Floor, Philadelphia, PA 19103, US	<b>Legal Services</b>	<b>790,000</b>
<b>Booth Tucker LP</b> 1 Penn Center at Suburban St, Philadelphia, PA 19103, US	<b>Legal Services</b>	<b>670,000</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>Allied Barton Security Service LLC</b> PO Box 828854, Philadelphia, PA 19182, US	<b>Security Services</b>	<b>6,329,000</b>
<b>Healthcare Adm Partners LLC</b> PO Box 1511, Media, PA 19063, US	<b>Medical Supplies and Services</b>	<b>1,939,000</b>
<b>Bittenbender Keating LLC</b> 134 North Narberth Avenue, Narberth, PA 19072, US	<b>Construction Contractor</b>	<b>1,731,000</b>
<b>Newman Glass Works</b> 1515 Haddon Avenue, Camden, NJ 08103, US	<b>Construction Contractor</b>	<b>1,657,000</b>
<b>Per Se Technologies</b> PO Box 406918, Atlanta, GA 30384-6918, US	<b>Medical Supplies and Services</b>	<b>1,488,000</b>
Total number of other contractors receiving over \$50,000 for other services ▶	<b>169</b>	

**Part III** **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>314,000</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	✓	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
<b>e</b> Transfer of any part of its income or assets?		✓
<b>See Form 990, Pt. V</b>		
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>Stmt. 26</b>	✓	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	✓	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		✓
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
<b>b</b> Did the organization make any taxable distributions under section 4966?		✓
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		✓
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		<b>0</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>0</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18.					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</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>30</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>31</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, attach a separate statement.) <b>See Statement 27</b>	✓	
<b>32</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, attach a separate statement.)		
<b>33</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, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	✓	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement. <b>Stmt 28</b>	✓	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	✓	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .		
<b>39</b>	Other exempt purpose expenditures . . . . .		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .		
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	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>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .		
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .		
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .	✓		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	✓		
<b>c</b> Media advertisements . . . . .	✓		
<b>d</b> Mailings to members, legislators, or the public . . . . .	✓		0
<b>e</b> Publications, or published or broadcast statements . . . . .	✓		
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	✓		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	✓		314,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	✓		
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			314,000

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Stmt 29**



**Statement 1**

Form: 990

Page: 1

Part: I

Question: 7

**TEMPLE UNIVERSITY**

**23-1365971**

**Other Investment Income**

<b>Description</b>	<b>Amount</b>
Income earned on construction and debt service funds placed on deposit with outside trustees.	\$4,609,000.00
<b>Total:</b>	<b>\$4,609,000.00</b>

**Statement 2**

Form: 990

Page: 1

Part: I

Question: 8

TEMPLE UNIVERSITY

23-1365971

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**Sales of Assets Other than Inventory**

---

**Publicly Traded Securities**

**Description:**

**Sold To:**

<b>Sales Price:</b>	\$92,229,000.00	<b>Date Sold:</b>
<b>Expense of Sale:</b>	\$0.00	<b>Date acquired:</b>
<b>Cost or value when acquired:</b>	\$84,176,000.00	<b>How acquired:</b>
<b>Depreciation since acquisition:</b>	\$0.00	
<b>Net Sale:</b>	<b>\$8,053,000.00</b>	

---

**Statement 3**

Form: 990

Page: 1

Part: I

Question: 20

**TEMPLE UNIVERSITY**

**23-1365971**

**Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Current period Unrealized Gains	\$18,564,000.00
<b>Total:</b>	<b>\$18,564,000.00</b>

**Statement 4**

Form: 990  
Page: 2  
Part: II  
Question: 22b

**TEMPLE UNIVERSITY**  
23-1365971

**Grants and Allocations**

---

**Classification** Scholarships & Fellowships (approx. University Funds  
**Date:**  
**Type:** Cash **Address:** 1805 North Broad Street  
**Grant Amt** \$59,557,000.00 Philadelphia, PA 19122  
United States

**Purp of payment to affiliate**  
**Relationship:** Temple Students  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** Scholarships & Fellowships (approx. Federal Grants  
**Date:**  
**Type:** Cash **Address:** 1805 North Broad Street  
**Grant Amt** \$5,955,000.00 Philadelphia, PA 19122  
United States

**Purp of payment to affiliate**  
**Relationship:** Temple Students  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** Scholarships & Fellowships (approx. 40 State Local Grants  
**Date:**  
**Type:** Cash **Address:** 1805 North Broad Street  
**Grant Amt** \$99,000.00 Philadelphia, PA 19122  
United States

**Purp of payment to affiliate**  
**Relationship:** Temple Students  
**Description of Property:**

**How Determined**

**Book Value of Property:**  
**FMV of Property:**

---

**Classification** Scholarships & Fellowships (approx. Endowment Income Funds  
**Date:**  
**Type:** Cash **Address:** 1805 North Broad Street  
**Grant Amt** \$1,654,000.00 Philadelphia, PA 19122  
United States

**Purp of payment to affiliate**  
**Relationship:** Temple Students  
**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Classification** Scholarships & Fellowships (approx. Private Grants

**Date:**

**Type:** Cash

**Address:** 1805 North Broad Street

**Grant Amt** \$1,805,000.00

Philadelphia, PA 19122  
United States

**Purp of payment to affiliate**

**Relationship:** Temple Students

**Description of Property:**

**How Determined**

**Book Value of Property:**

**FMV of Property:**

---

**Total Grants:** \$69,070,000.00

**Statement 5**

Form: 990

Page: 2

Part: II

Question: 42

**TEMPLE UNIVERSITY**

**23-1365971**

**Depreciation and Depletion**

<b>Asset</b>	<b>Current Deprec.</b>
Land Improvements, Buildings, Equipment & Library Books	\$51,923,000.00
<b>Total</b>	<b>\$51,923,000.00</b>

**Statement 6**

Form: 990

Page: 2

Part: II

Question: 43

TEMPLE UNIVERSITY

23-1365971

**Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Cumulative Effect of Accounting	\$43,353,000.00	\$0.00	\$43,353,000.00	\$0.00
Other Expenses	\$16,892,000.00	\$8,519,000.00	\$8,220,000.00	\$153,000.00
Bad Debts	\$13,377,000.00	\$13,377,000.00	\$0.00	\$0.00
Advertising	\$3,709,000.00	\$2,925,000.00	\$770,000.00	\$14,000.00
Loss on Disposal of Fixed Assets	\$912,000.00	\$0.00	\$912,000.00	\$0.00
<b>Total:</b>	<b>\$78,243,000.00</b>	<b>\$24,821,000.00</b>	<b>\$53,255,000.00</b>	<b>\$167,000.00</b>

**Statement 7**

Form: 990

Page: 3

Part: III

Question:

**TEMPLE UNIVERSITY****23-1365971****Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Higher Education: Instruction - Expenses for credit and non-credit courses. There are approximately 34,000 students participating in full-time and part-time programs. (0 .)	\$333,558,000.00
<b>Grants and Allocations: \$7,531,000.00 This amount includes foreign grants: No</b>	
Patient Care: Expenses associated with the patient care activities of the University's Physician's Practice Plans. (0 .)	\$94,872,000.00
<b>Grants and Allocations: \$3,000.00 This amount includes foreign grants: No</b>	
Higher Education: Academic Support - Expenses for departments that support the instruction function. (0 .)	\$121,990,000.00
<b>Grants and Allocations: \$442,000.00 This amount includes foreign grants: No</b>	
Higher Education: Auxiliary Enterprises - Includes intercollegiate athletics, student residences, Temple Press, parking lots, bookstores and snack shops. (0 .)	\$78,838,000.00
<b>Grants and Allocations: \$158,000.00 This amount includes foreign grants: No</b>	
Higher Education: Research - includes expenditures for basic and clinical research. (0 .)	\$77,873,000.00
<b>Grants and Allocations: \$876,000.00 This amount includes foreign grants: No</b>	
Higher Education: 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. Approximately 24,000 students received some form of financial aid. (0 .)	\$65,050,000.00
<b>Grants and Allocations: \$59,370,000.00 This amount includes foreign grants: Yes</b>	
Higher Education: Student services - includes all student related expenses such as : admissions, registrar, financial aid, administration, student activities, cultural events, student newspaper, intramural sports, student organizations, counseling and guidance. (0 .)	\$56,096,000.00
<b>Grants and Allocations: \$668,000.00 This amount includes foreign grants: No</b>	
Higher Education: Public service - includes expenditures for non-instructional services beneficial to individuals and groups external to the university. (0 .)	\$24,948,000.00
<b>Grants and Allocations: \$22,000.00 This amount includes foreign grants: No</b>	
<b>Total:</b>	<b>\$853,225,000.00</b>

**Statement 8**

Form: 990

Page: 4

Part: IV

Question: 51

**TEMPLE UNIVERSITY**

**23-1365971**

**Schedule of Other Notes and Loans Receivable**

---

**Borrower's Name:** Student Loans Receivable

**Borrower's Title:**

**Original Amount:** \$55,377,000.00

**Balance Due:** \$55,377,000.00

**Date of Note:**

**Maturity Date:**

**Repayment Terms:**

**Interest Rate:**

**Security Provided by Borrower:**

**Purpose of Loan:**

**Description of Consideration:**

**FMV of Consideration:**

**Relationship of Borrower/Lender:**

---

**Total Due:** \$55,377,000.00

**Statement 9**

Form: 990

Page: 4

Part: IV

Question: 57

**TEMPLE UNIVERSITY****23-1365971****Schedule of Land, Buildings and Equipment**

<b>Description</b>	<b>Cost</b>	<b>Depreciation</b>	<b>Book Value</b>
Buildings	\$536,937,000.00	\$208,829,000.00	\$328,108,000.00
Land and Land Improvements	\$47,371,000.00	\$14,023,000.00	\$33,348,000.00
Equipment - Commonwealth of Pennsylvania	\$23,943,000.00	\$19,612,000.00	\$4,331,000.00
Equipment & Library Books	\$405,653,000.00	\$218,765,000.00	\$186,888,000.00
Construction in Progress	\$69,565,000.00	\$0.00	\$69,565,000.00
Buildings - Commonwealth of Pennsylvania	\$225,169,000.00	\$137,199,000.00	\$87,970,000.00
Land & Land Improvements - Commonwealth of	\$11,612,000.00	\$1,219,000.00	\$10,393,000.00
<b>Total:</b>	<b>\$1,320,250,000.00</b>	<b>\$599,647,000.00</b>	<b>\$720,603,000.00</b>

**Statement 10**

Form: 990

Page: 4

Part: IV

Question: 58

**TEMPLE UNIVERSITY**

**23-1365971**

**Other Assets**

<b>Asset Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Self Insurance Trust Funds	\$4,279,000.00	\$4,504,000.00
Deposits with Trustees	\$124,660,000.00	\$107,000,000.00
Funds Held in Trust by Others	\$25,537,000.00	\$28,315,000.00
<b>Total:</b>	<b>\$154,476,000.00</b>	<b>\$139,819,000.00</b>

**Statement 11**

Form: 990

Page: 4

Part: IV

Question: 64a

**TEMPLE UNIVERSITY****23-1365971****Tax Exempt Bond Liabilities**

<b>Purpose:</b>	PHEFA 1984 refunding, Dormatory construction and Student Activity Center	
<b>Issue Date:</b>	06/01/1998	
<b>Original Amount:</b>	\$195,315,000.00	
<b>Amount of issue outstanding:</b>	\$33,016,000.00	
<b>Unexpended Proceeds:</b>	\$0.00	
<b>Facility used by 3rd Party:</b>	No	
<b>Percent used by 3rd Party:</b>		
<b>Obligation is a Mortgage:</b>	No	
<b>Maturity Date:</b>		
<b>Repayment Terms:</b>		
<b>Interest Rate:</b>		
<b>Security Provided by Borrower:</b>		
<b>Contingent Liability:</b>	No	<i>If 'Yes', this record will not be included in the total returned to the Form 990.</i>
<b>Purpose:</b>	Design, install, construct and develop certain capital projects	
<b>Issue Date:</b>	06/01/2006	
<b>Original Amount:</b>	\$364,340,000.00	
<b>Amount of issue outstanding:</b>	\$362,729,000.00	
<b>Unexpended Proceeds:</b>	\$107,000,000.00	
<b>Facility used by 3rd Party:</b>	No	
<b>Percent used by 3rd Party:</b>		
<b>Obligation is a Mortgage:</b>	No	
<b>Maturity Date:</b>		
<b>Repayment Terms:</b>		
<b>Interest Rate:</b>		
<b>Security Provided by Borrower:</b>		
<b>Contingent Liability:</b>	No	<i>If 'Yes', this record will not be included in the total returned to the Form 990.</i>
<b>Purpose:</b>	Fund various equipment expenditures, capital projects, and related costs	
<b>Issue Date:</b>	04/23/2007	
<b>Original Amount:</b>	\$120,594,000.00	
<b>Amount of issue outstanding:</b>	\$120,594,000.00	
<b>Unexpended Proceeds:</b>	\$0.00	
<b>Facility used by 3rd Party:</b>	No	
<b>Percent used by 3rd Party:</b>		
<b>Obligation is a Mortgage:</b>	No	
<b>Maturity Date:</b>		
<b>Repayment Terms:</b>		
<b>Interest Rate:</b>		
<b>Security Provided by Borrower:</b>		
<b>Contingent Liability:</b>	No	<i>If 'Yes', this record will not be included in the total returned to the Form 990.</i>
<b>Total Due:</b>	<b>\$516,339,000.00</b>	

**Statement 12**

Form: 990

Page: 4

Part: IV

Question: 64b

**TEMPLE UNIVERSITY**

23-1365971

**Mortgages and Other Notes Payable**

<b>Type:</b>	Non-Mortgage
<b>Lender's Name:</b>	PNC Bank
<b>Original Amount:</b>	\$3,225,000.00
<b>Balance Due:</b>	\$3,225,000.00
<b>Date of Note:</b>	07/01/2006
<b>Maturity Date:</b>	06/30/2007
<b>Repayment Terms:</b>	Revolving Line of Credit
<b>Interest Rate:</b>	1.15
<b>Security Provided by Borrower:</b>	None
<b>Purpose of Loan:</b>	Operations
<b>Description of Consideration:</b>	None
<b>FMV of Consideration:</b>	\$0.00
<b>Relationship:</b>	None
<b>Type:</b>	Mortgage
<b>Lender's Name:</b>	
<b>Original Amount:</b>	\$204,000.00
<b>Balance Due:</b>	\$204,000.00
<b>Date of Note:</b>	
<b>Maturity Date:</b>	
<b>Repayment Terms:</b>	
<b>Interest Rate:</b>	
<b>Security Provided by Borrower:</b>	
<b>Purpose of Loan:</b>	
<b>Description of Consideration:</b>	
<b>FMV of Consideration:</b>	
<b>Relationship:</b>	
<b>Type:</b>	Non-Mortgage
<b>Lender's Name:</b>	JFR
<b>Original Amount:</b>	\$186,000.00
<b>Balance Due:</b>	\$186,000.00
<b>Date of Note:</b>	07/01/2005
<b>Maturity Date:</b>	06/30/2008
<b>Repayment Terms:</b>	.
<b>Interest Rate:</b>	0
<b>Security Provided by Borrower:</b>	None
<b>Purpose of Loan:</b>	Equipment (capital leases)
<b>Description of Consideration:</b>	None
<b>FMV of Consideration:</b>	\$0.00
<b>Relationship:</b>	None
<b>Total Due:</b>	<b>\$3,615,000.00</b>

Statement 13  
Form: 990  
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Part: IV  
Question: 65

TEMPLE UNIVERSITY  
23-1365971

**Other Liabilities**

<b>Liability Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Agency Funds	\$1,995,000.00	\$1,708,000.00
<b>Total:</b>	<b>\$1,995,000.00</b>	<b>\$1,708,000.00</b>

**Statement 14**

Form: 990

Page: 5

Part: IV-A

Question: b(4)

**TEMPLE UNIVERSITY**

**23-1365971**

**Revenue Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Eliminate Unreal G/L. Consol entities that file seperate 990's. Tax vs book Capital Adds & Deprec	\$904,830,000.00
<b>Total:</b>	<b>\$904,830,000.00</b>

**Statement 15**

Form: 990

Page: 5

Part: IV-B

Question: b(4)

**TEMPLE UNIVERSITY**

**23-1365971**

**Expense Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Eliminate Unreal G/L, Consol entities that file seperate 990's, Tax vs book Capital Adds & Deprec	\$860,769,000.00
<b>Total:</b>	<b>\$860,769,000.00</b>

**Statement 16**

Form: 990

Page: 5

Part: V

Question:

**TEMPLE UNIVERSITY****23-1365971****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Armbrister Clarence	50	\$353,000.00	\$43,000.00	\$59,000.00
Title: Senior Vice President Addr 1: 300 Sullivn Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Bergman William T	50	\$228,000.00	\$41,000.00	\$40,000.00
Title: Vice President Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Dorph Martin D	50	\$189,000.00	\$36,000.00	\$33,000.00
Title: VP,CFO and Treasurer Addr 1: 300 Sulliva Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States Compensation Explanation: (07/06 thru 01/07)				
Englert Richard M	50	\$275,000.00	\$48,000.00	\$34,000.00
Title: Interim Provost Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Hart Ann Weaver	50	\$465,000.00	\$67,000.00	\$40,000.00
Title: President Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Moore George E	50	\$336,000.00	\$56,000.00	\$89,000.00
Title: University Counsel & Secretary Addr 1: 300 Sulliva Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
O'Rourke Timothy	50	\$273,000.00	\$48,000.00	\$65,000.00
Title: VP - Computer Services Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Powell Theresa A	50	\$213,000.00	\$33,000.00	\$26,000.00
Title: VP - Student Affairs Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Reinstein Robert J	50	\$349,000.00	\$58,000.00	\$50,000.00
Title: Vice President Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Soprano Kenneth	50	\$222,000.00	\$35,000.00	\$10,000.00
Title: VP - Research & Graduate Studies Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Sullivan Stuart P	50	\$289,000.00	\$38,000.00	\$58,000.00
Title: VP - Development Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States				
Wagner Anthony E	50	\$47,000.00	\$7,000.00	\$37,000.00
Title: Senior Vice President, CFO and Treasurer Addr 1: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States Compensation Explanation: (05/07 thru 06/07)				
<b>TOTALS</b>		<b>\$3,239,000.00</b>	<b>\$510,000.00</b>	<b>\$541,000.00</b>

Statement 17

Form: 990

Page: 6

Part: V

Question: 75

TEMPLE UNIVERSITY

23-1365971

**Compensation from Related Organizations**

<b>Employee</b>	<b>EIN</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Marshall Joseph W III	232825881	\$953,000.00	\$57,000.00	\$0.00
<b>Related Org</b>	Temple University Health System Inc			
<b>Comp. Explanation</b>	Mr. Marshall is a full time employee of Temple University Health System (EIN 23-2825881) and is paid in accordance with his employment by the Health System. Mr. Marshall receives no compensation, employee benefits or expense allowances in connection with his duties as a Commonwealth appointed Trustee of Temple University's Board of Trustees. Note: Temple University is the sole member of Temple University Health System and appoints the Temple University Health System Board of Trustees.			
<b>Relationship</b>	Member of Temple University Board of Trustees			
<b>Total:</b>		<b>\$953,000.00</b>	<b>\$57,000.00</b>	<b>\$0.00</b>

**Statement 18**

Form: 990

Page: 6

Part: V-B

Question:

**TEMPLE UNIVERSITY****23-1365971****Former Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Loans and Advances</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Adamany David W Addr: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States	\$0.00	\$250,000.00	\$23,000.00	\$0.00
Liacouras Peter J Addr: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States	\$0.00	\$5,620.00	\$0.00	\$0.00
Malmud Leon S Addr: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States Compensation Explanation: Note: Leon Malmud is a full-time employee of the University and is paid in accordance with his duties as an employee. He receives no compensation, employee benefits or expense allowances with regard to his former position as an officer.	\$0.00	\$368,000.00	\$31,000.00	\$0.00
Schwartz Ira M Addr: 300 Sullivan Hall Addr 2: 1330 West Berks Street CSZ: Philadelphia, PA 19122-6087 Country: United States	\$0.00	\$32,000.00	\$0.00	\$0.00
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$655,620.00</b>	<b>\$54,000.00</b>	<b>\$0.00</b>

**Statement 19**

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Page: 6

Part: VI

Question: 80 b

**TEMPLE UNIVERSITY****23-1365971****Related Organizations**

<b>Description</b>	<b>Exempt</b>
Temple East Real Estate Inc	Yes
VT Holdings Inc	No
Temple Professional Associates Northeastern Reg	Yes
Temple University Hospital Inc	Yes
Episcopal Hospital	Yes
Temple Corporation	No
Virtual Temple Inc	No
Global Technology Management Corp	No
TUHS Insurance Company LTD	Yes
Sugarloaf Club Inc	No
Temple University General Alumni Association Inc	Yes
Temple University Law Foundation	Yes
Jeanes Hospital Auxiliary	Yes
Temple Educational Support Services LTD	Yes
Good Samaritan Insurance Company LTD	Yes
Greater Philadelphia Health Services Corp	Yes
Greater Philadelphia Health Services II Corp	Yes
Temple Physicians & Surgeons Inc	Yes
TUMP Offices Inc	Yes
Temple Healthcare Services Inc	Yes
Temple Physicians Inc	Yes
Temple University Children's Medical Center	Yes
Temple University Health System Inc	Yes
Temple University Health System Foundation	Yes
Temple University School of Podiatric Medicine In	Yes
Greater Philadelphia Health Services III Corp	Yes
Jeanes Hospital	Yes
Temple East Inc	Yes
Temple Health System Transport Team Inc	Yes

**Statement 20**

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Part: VI

Question: 91b

**TEMPLE UNIVERSITY**

**23-1365971**

**Foreign Accounts**

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**Foreign Account List**

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Bermuda

Italy

Japan

United Kingdom (England, N. Ireland, Scotland, and Wales)

**Statement 21**

Form: 990

Page: 8

Part: VI

Question: 91c

**TEMPLE UNIVERSITY**

**23-1365971**

**Foreign Offices**

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**Foreign Office List**

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Italy

Japan

United Kingdom (England, N. Ireland, Scotland, and Wales)

**Statement 22**

Form: 990

Page: 8

Part: VIII

Question:

**TEMPLE UNIVERSITY****23-1365971****Relationship of Activities**

<b>Line No</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b>
93 b	Patient care: provides health care through Temple Clinical Physicians Practice Plans. During the year the estimated costs of providing care to those who were unable to pay were \$24,510,000.
103 e	Student Health Services: provides health services for the University's student population.
103 c	Student telephone fees: telephone service is an integral part of the student housing environment (see item 93c).
103 a	Other: includes GED testing, student fines and other revenues supporting various University related activities.
103 d	Library fines and courtesy cards: supports library activities benefitting the student population.
93 c	Auxiliary Enterprises: provides Student housing and meals, intercollegiate athletics and parking facilities for students and staff.
93 d	Sales & services of Educational Activities: primarily supports student publications and dental student training, via dental clinics which provide access to dental care for low income families.
93 a	Tuition and fees: supports student services, instruction and research.

**Statement 23**

Form: 990

Page: 8

Part: IX

Question:

**TEMPLE UNIVERSITY****23-1365971****Taxable Subsidiaries**

<b>Name and Address</b>	<b>Pct</b>	<b>Income</b>	<b>Assets</b>
Global Technology Management Corporation	100.00 %	\$0.00	\$0.00
EIN 23-3007767 Addr: 400 Carnell Hall 1803 North Broad Addr 2: CSZ: Philadelphia, PA 19122 Cntry: Kuwait <b>Nature of Bus. Activities</b> Inactive			
Temple Corporation	100.00 %	\$0.00	\$0.00
EIN 23-2384785 Addr: 400 Carnell Hall 1803 North Broad Addr 2: CSZ: Philadelphia, PA 19122 Cntry: Kuwait <b>Nature of Bus. Activities</b> Inactive			
Sugarloaf Club Inc	100.00 %	\$0.00	\$0.00
EIN 23-7417742 Addr: 400 Carnell Hall 1803 North Broad Addr 2: CSZ: Philadelphia, PA 19122 Cntry: Kuwait <b>Nature of Bus. Activities</b> Discontinued January 2005			
VT Holdings Inc	100.00 %	\$0.00	\$0.00
EIN 23-3054833 Addr: 1013 Centre Road Addr 2: CSZ: Wilmington, DE 19805 Cntry: Kuwait <b>Nature of Bus. Activities</b> Inactive			
Virtual Temple Inc	100.00 %	\$0.00	\$0.00
EIN 23-3054835 Addr: 400 Carnell Hall 1803 North Broad Addr 2: CSZ: Philadelphia, PA 19122 Cntry: Kuwait <b>Nature of Bus. Activities</b> Inactive			

**Statement 24**

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 Part: XI  
 Question: 106

**TEMPLE UNIVERSITY**  
**23-1365971**

**Transfers to Controlled Entities**

<b>(A) Name and Address</b>	<b>(B) EIN</b>	<b>(D) Amount</b>
TEMPLE UNIVERSITY HEALTH SYSTEM INC  Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Rent	232825881	\$3,253,000.00
TEMPLE UNIVERSITY HEALTH SYSTEM INC  Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Other	232825881	\$3,385,000.00
Good Samaritan Insuarnc Company LTD  Addr: PO Box HM 1179 Addr 2: Cedar House 41 Cedar Avenue CSZ: Cntry: Bermuda Expln: Reinsurance Premiums	000000000	\$8,761,000.00
TEMPLE UNIVERSITY HEALTH SYSTEM INC  Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Ave CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Salaries and fringe benefits, primarily for resident doctors.	232825881	\$1,892,000.00
<b>TOTALS</b>		<b>\$17,291,000.00</b>

**Statement 25**

Form: 990

Page: 9

Part: XI

Question: 107

**TEMPLE UNIVERSITY****23-1365971****Transfers Received From Controlled Entities**

<b>(A) Name and Address</b>	<b>(B) EIN</b>	<b>(D) Amount</b>
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$3,775,000.00
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Transfers for health care initiatives		
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$14,218,000.00
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: TUHS Non-preferred Appropriation		
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$16,698,000.00
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Facilities costs		
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$40,979,000.00
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Medical School Support - Program support		
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$1,754,000.00
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Rent		
Temple Educational Support Services LTD	000000000	\$1,000,000.00
Addr: 2-8-12 Minami Azabu Minato-Ku Addr 2: CSZ: Cntry: Japan Expln: Management Fee		
TEMPLE UNIVERSITY HEALTH SYSTEM INC	232825881	\$7,975,000.00
Addr: TUHS Corporate Office - 4th Floor		

(A) Name and Address	(B) EIN	(D) Amount
Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Charges for inter-company services		
<b>TEMPLE UNIVERSITY HEALTH SYSTEM INC</b>	<b>232825881</b>	<b>\$13,685,000.00</b>
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Cost pass throughs		
<b>TEMPLE UNIVERSITY HEALTH SYSTEM INC</b>	<b>232825881</b>	<b>\$18,814,000.00</b>
Addr: TUHS Corporate Office - 4th Floor Addr 2: 2450 Hunting Park Avenue CSZ: Philadelphia, PA 19129 Cntry: United States Expln: Medical School Support - Physician's effort		
<b>TOTALS</b>		<b>\$118,898,000.00</b>

**Statement 26**  
Form: Schedule A  
Page: 2  
Part: III  
Question: 3a

**TEMPLE UNIVERSITY**  
23-1365971

**Explanation of Grant Determination**

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**Explanation of grant qualifications**

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Most disbursements in the furtherance of the institution's exempt programs are made directly for salary and similar expenses, incurred directly in the active conduct of the activities constituting the exempt purpose or function for which the institution is organized and operated. Otherwise, disbursements in the furtherance of the institution's exempt programs are made in accordance with procedures or subject to conditions, established by the institution's Board of Trustees, designed to insure that individuals and organizations receiving disbursements from the institution in furtherance of its exempt program are adequately investigated to insure that they are qualifying recipients. Students receiving scholarships and fellowships are judged worthy by the institution's assessment on the basis of academic achievement, financial need, and/or other similar standards.

**Statement 27**  
Form: Schedule A  
Page: 5  
Part: V  
Question: 31

**TEMPLE UNIVERSITY**  
**23-1365971**

**Publicize Racially Nondiscriminatory Policy**

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**Explanation/Description**

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Temple University includes its nondiscriminatory policy as an integral part of classified ads, college bulletins, catalogs, alumni review magazines, and most other major publications.

**Statement 28**  
Form: Schedule A  
Page: 5  
Part: V  
Question: 34

**TEMPLE UNIVERSITY**  
23-1365971

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**Financial Assistance**

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**Explanation**

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Temple University receives major funding from the Commonwealth of Pennsylvania in the form of a general appropriation. The University also receives substantial funding from the federal government and the Commonwealth of Pennsylvania for student aid, research, training and public service in the form of grants and contracts. 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.

**Statement 29**  
Form: Schedule A  
Page: 6  
Part: VI-B  
Question:

**TEMPLE UNIVERSITY**  
**23-1365971**

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**Description of Lobbying Activity**

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**Explanation of Lobbying Activities**

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A substantial portion of the University's revenues are derived from appropriation legislation enacted by the Commonwealth of Pennsylvania. The University responds to information requests from the State assembly, and attempts to assure that the amount of the Commonwealth Appropriation is sufficient to meet the University's needs. In addition, the University will occasionally request variances in local ordinances in order to facilitate campus improvements and capital construction. To accomplish these objectives the University engages the services of independent contractors who provide information to influence federal legislation and regulations on matters directly affecting the University's exempt purpose. Total expenses associated with these activities were \$314,000.

**Statement 30**  
Form: Schedule A  
Page: 7  
Part: VII  
Question: 51 d

**TEMPLE UNIVERSITY**  
23-1365971

**Transfers to and Transactions with Noncharitable Exempt Organizations**

<b>Line No</b>	<b>Amount</b>	<b>Name of Organization</b>
51a(i)	\$197,000.00	Diamond Club Inc
		Operating subsidy for faculty and staff
51c	\$168,000.00	Diamond Club inc
		FMV of shared utilities provided at no charge for faculty and staff
<b>Total:</b>	<b>\$365,000.00</b>	

**Statement 31**  
Form: Schedule A  
Page: 7  
Part: VII  
Question: 52 b

**TEMPLE UNIVERSITY**  
23-1365971

**Relationships with Noncharitable Exempt Organizations**

<b>Name of Organization</b>	<b>Type</b>
TUMP Offices Inc	Title Holding Corp.
Affiliated 501(c)(2) organization holding title to property for the benefit of Temple University.	
Diamond Club Inc	Social Club
Affiliaed 501(c)(7) social club benefitting the full-time employees of Temple University.	