

PUBLIC DISCLOSURE COPY

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20 18.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

A  Check box if address changed

B Exempt under section

- 501( C )( 3 )
- 408(e)  220(e)
- 408A  530(a)
- 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**1805 NORTH BROAD, WACHMAN HALL, 1108**

City or town, state or province, country, and ZIP or foreign postal code  
**PHILADELPHIA, PA 19122-6094**

D Employer identification number (Employees' trust, see instructions.)  
**23-1365971**

E Unrelated business activity codes (See instructions.)  
**812930**

C Book value of all assets at end of year  
**3,468,422,000**

F Group exemption number (See instructions.) ▶

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ▶ **PARKING REVENUE FROM UNRELATED EVENTS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DAVID MARINO, CONTROLLER** Telephone number ▶ **(215) 204-7366**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0		0		
b	Less returns and allowances	0				
	<b>c Balance ▶</b>		<b>1c</b>	0		
2	Cost of goods sold (Schedule A, line 7)		<b>2</b>	0		
3	Gross profit. Subtract line 2 from line 1c		<b>3</b>	0		0
4a	Capital gain net income (attach Schedule D)		<b>4a</b>	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>	0		0
c	Capital loss deduction for trusts		<b>4c</b>	0		0
5	Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>	0		0
6	Rent income (Schedule C)		<b>6</b>	0	0	0
7	Unrelated debt-financed income (Schedule E)		<b>7</b>	0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>	0	0	0
10	Exploited exempt activity income (Schedule I)		<b>10</b>	0	0	0
11	Advertising income (Schedule J)		<b>11</b>	0	0	0
12	Other income (See instructions; attach schedule)		<b>12</b>	220,189		220,189
13	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	220,189	0	220,189

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	0
15	Salaries and wages		<b>15</b>	28,973
16	Repairs and maintenance		<b>16</b>	650
17	Bad debts		<b>17</b>	0
18	Interest (attach schedule)		<b>18</b>	0
19	Taxes and licenses		<b>19</b>	33,647
20	Charitable contributions (See instructions for limitation rules)		<b>20</b>	0
21	Depreciation (attach Form 4562)		<b>21</b>	8,136
22	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	0
			<b>22b</b>	8,136
23	Depletion		<b>23</b>	0
24	Contributions to deferred compensation plans		<b>24</b>	0
25	Employee benefit programs		<b>25</b>	7,267
26	Excess exempt expenses (Schedule I)		<b>26</b>	0
27	Excess readership costs (Schedule J)		<b>27</b>	0
28	Other deductions (attach schedule)		<b>28</b>	64,080
29	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	142,753
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	77,436
31	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	0
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	77,436
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>	1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	76,436

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2017)

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> <b>See instructions</b> and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): <b>(1)</b> \$ <u>50,000</u> <b>(2)</b> \$ <u>25,000</u> <b>(3)</b> \$ <u>1,436</u>			
<b>b</b> Enter organization's share of: <b>(1)</b> Additional 5% tax (not more than \$11,750) \$ <u>0</u> <b>(2)</b> Additional 3% tax (not more than \$100,000) \$ <u>0</u>			
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	<u>15,137</u>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>		
<b>37 Proxy tax.</b> See instructions	<b>37</b>		
<b>38 Alternative minimum tax</b>	<b>38</b>		
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>		
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	<u>15,137</u>	

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>			
<b>b</b> Other credits (see instructions)	<b>41b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>41c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>			
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	<u>0</u>		
<b>42</b> Subtract line 41e from line 40	<b>42</b>	<u>15,137</u>		
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	<u>0</u>		
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	<u>15,137</u>		
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	<u>290</u>		
<b>b</b> 2017 estimated tax payments	<b>45b</b>	<u>16,000</u>		
<b>c</b> Tax deposited with Form 8868	<b>45c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>			
<b>e</b> Backup withholding (see instructions)	<b>45e</b>			
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>			
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <u>0</u> Total	<b>45g</b>	<u>0</u>		
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	<u>16,290</u>		
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>			
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	<u>0</u>		
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	<u>1,153</u>		
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <u>1,153</u> <b>Refunded</b>	<b>50</b>	<u>0</u>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>BD, IT, JA, UK</b>	<b>Yes</b>	<b>No</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b> <u>0</u>		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **VP, CFO AND TREASURER**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	0
<b>2</b> Purchases . . . . .	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	0
<b>3</b> Cost of labor . . . . .	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0			✓

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . .		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
		0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . .			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . .				0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0	0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0	0			0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0	0	0		0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶	0	0				0
<b>Totals, Part II (lines 1–5)</b> . . . . . ▶	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			0

Description	Amount
<b>UNRELATED PARKING REVENUE</b>	
(1) PARKING REVENUE UNRELATED EVENTS	183,191
(2) SECTION 512(A)(7) UBI FROM DISALLOWED PARKING FRINGE BENEFITS	36,998
<b>Total</b>	<b>220,189</b>
<b>Total for Part I, Line 12</b>	<b>220,189</b>

Description	Amount
<b>UNRELATED PARKING REVENUE</b>	
(1) TAXES	33,647
<b>Total for Part II, Line 19</b>	<b>33,647</b>

Description	Amount
<b>UNRELATED PARKING REVENUE</b>	
(1) PROPERTY INSURANCE	1,547
(2) PROTECTION - CONTRACT	25,368
(3) TELEPHONE	397
(4) UTILITIES	167
(5) ADMINISTRATIVE OVERHEAD	32,443
(6) OTHER	4,158
(7)	
(8)	
(9) AMORTIZATION	0
<b>Total</b>	<b>64,080</b>
<b>Total for Part II, Line 28</b>	<b>64,080</b>



1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	76,436
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	50,000
3	Subtract line 2 from line 1	26,436
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	25,000
5	Subtract line 4 from line 3	1,436
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	1,436
7	Subtract line 6 from line 5	0
8	Enter 15% of line 2	7,500
9	Enter 25% of line 4	6,250
10	Enter 34% of line 6	488
11	Enter 35% of line 7	0
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of: (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	0
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of: (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	0
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	15,137

Date	Amount
03/14/2018	16,000
<b>Totals</b>	<b>16,000</b>

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**  
▶ **Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).**

OMB No. 1545-0123

Name <b>TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION</b>	Employer identification number <b>23-1365971</b>
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**Part I Apportionment Plan Information**

- 1 Type of controlled group:
  - a  Parent-subsidiary group
  - b  Brother-sister group
  - c  Combined group
  - d  Life insurance companies only
  
- 2 This corporation has been a member of this group:
  - a  For the entire year.
  - b  From \_\_\_\_\_, 20 \_\_\_\_\_, until \_\_\_\_\_, 20 \_\_\_\_\_.
  
- 3 This corporation consents and represents to:
  - a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on 06/30, 20 18, and for all succeeding tax years.
  - b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, 20 \_\_\_\_\_, and for all succeeding tax years.
  - c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
  - d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20 \_\_\_\_\_, and for all succeeding tax years.
  
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
  - a  Elected by the component members of the group.
  - b  Required for the component members of the group.
  
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
  - a  No apportionment plan is in effect and none is being adopted.
  - b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, 20 \_\_\_\_\_, and for all succeeding tax years.
  
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?  
See instructions.
  - a  Yes.
    - (i)  The statute of limitations for this year will expire on \_\_\_\_\_, 20 \_\_\_\_\_.
    - (ii)  On \_\_\_\_\_, 20 \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20 \_\_\_\_\_.
  - b  No. The members may not adopt or amend an apportionment plan.
  
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
  - a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
  - b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
  - c  The corporation has a short tax year that does not include December 31.

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
		(c) 15%	(d) 25%	(e) 34%	(f) 35%	
<b>1</b> TEMPLE UNIVERSITY ----- 231365971	18-06	50,000	25,000	25,000	225,000	325,000
<b>2</b> AMERICAN ONCOLOGIC HOSPITAL ----- 231352156	18-06	0	0	0	0	0
<b>3</b> EPISCOPAL HOSPITAL ----- 231365351	18-06	0	0	0	0	0
<b>4</b> FOX CHASE CANCER CENTER MEDICAL GROUP, INC. ----- 454540585	18-06	0	0	0	0	0
<b>5</b> FOX CHASE LIMITED ----- 232396731	18-06	0	0	0	0	0
<b>6</b> FOX CHASE NETWORK, INC. ----- 232467337	18-06	0	0	0	0	0
<b>7</b> GLOBAL TECHNOLOGY MANAGEMENT CORP. ----- 233007767	18-06	0	0	0	0	0
<b>8</b> INSTITUTE FOR CANER RESEARCH ----- 236296135	18-06	0	0	0	0	0
<b>9</b> JEANES HOSPITAL ----- 232826045	18-06	0	0	0	0	0
<b>10</b> (SEE STATEMENT) -----						
<b>Total</b>		50,000	25,000	25,000	225,000	325,000

Schedule O (Form 1120) (Rev. 12-2012)

**Part III** Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
<b>1</b> TEMPLE UNIVERSITY	0	0	0	0	0	0	0	
<b>2</b> AMERICAN ONCOLOGIC HOSPITAL	0	0	0	0	0	0	0	
<b>3</b> EPISCOPAL HOSPITAL	0	0	0	0	0	0	0	
<b>4</b> FOX CHASE CANCER CENTER MEDICAL GROUP, INC.	0	0	0	0	0	0	0	
<b>5</b> FOX CHASE LIMITED	0	0	0	0	0	0	0	
<b>6</b> FOX CHASE NETWORK, INC.	0	0	0	0	0	0	0	
<b>7</b> GLOBAL TECHNOLOGY MANAGEMENT CORP.	0	0	0	0	0	0	0	
<b>8</b> INSTITUTE FOR CANER RESEARCH	0	0	0	0	0	0	0	
<b>9</b> JEANES HOSPITAL	0	0	0	0	0	0	0	
<b>10</b> (SEE STATEMENT)								
<b>Total</b>	0	0	0	0	0	0	0	

Schedule O (Form 1120) (Rev. 12-2012)

**Part IV Other Apportionments** (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
<b>1</b> TEMPLE UNIVERSITY	0	0	0	0	0
<b>2</b> AMERICAN ONCOLOGIC HOSPITAL	0	0	0	0	0
<b>3</b> EPISCOPAL HOSPITAL	0	0	0	0	0
<b>4</b> FOX CHASE CANCER CENTER MEDICAL GROUP, INC.	0	0	0	0	0
<b>5</b> FOX CHASE LIMITED	0	0	0	0	0
<b>6</b> FOX CHASE NETWORK, INC.	0	0	0	0	0
<b>7</b> GLOBAL TECHNOLOGY MANAGEMENT CORP.	0	0	0	0	0
<b>8</b> INSTITUTE FOR CANER RESEARCH	0	0	0	0	0
<b>9</b> JEANES HOSPITAL	0	0	0	0	0
<b>10</b> (SEE STATEMENT)					
<b>Total</b>	0	0	0	0	0

Schedule O (Form 1120) (Rev. 12-2012)

**Part II**

## Taxable Income Apportionment (continued)

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr- Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
(10) TEMPLE CENTER FOR POPULATION HEALTH, LLC	464556027	18-06	0	0	0	0	0
(11) TEMPLE FACULTY PRACTICE PLAN, INC.	232790607	18-06	0	0	0	0	0
(12) TEMPLE HEALTH SYSTEM TRANSPORT TEAM, INC.	755084023	18-06	0	0	0	0	0
(13) TEMPLE PHYSICIANS, INC.	232790607	18-06	0	0	0	0	0
(14) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION	232916108	18-06	0	0	0	0	0
(15) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	232825881	18-06	0	0	0	0	0
(16) TEMPLE UNIVERSITY HOSPITAL, INC.	232825878	18-06	0	0	0	0	0
(17) TUMP OFFICES INC.	911872296	18-06	0	0	0	0	0

**Part III**

## Income Tax Apportionment (continued)

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (add columns (b) through (g))
(10) TEMPLE CENTER FOR POPULATION HEALTH, LLC	0	0	0	0	0	0	0
(11) TEMPLE FACULTY PRACTICE PLAN, INC.	0	0	0	0	0	0	0
(12) TEMPLE HEALTH SYSTEM TRANSPORT TEAM, INC.	0	0	0	0	0	0	0
(13) TEMPLE PHYSICIANS, INC.	0	0	0	0	0	0	0
(14) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION	0	0	0	0	0	0	0
(15) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	0	0	0	0	0	0	0
(16) TEMPLE UNIVERSITY HOSPITAL, INC.	0	0	0	0	0	0	0
(17) TUMP OFFICES INC.	0	0	0	0	0	0	0



**Part IV**

Other Apportionments (continued)

(a) Group member's name	(a) Accumulated earnings credit	(b) AMT exemption amount	(c) Phaseout of AMT exemption amount	(d) Penalty for failure to pay estimated tax	(e) Other
(10) TEMPLE CENTER FOR POPULATION HEALTH, LLC	0	0	0	0	0
(11) TEMPLE FACULTY PRACTICE PLAN, INC.	0	0	0	0	0
(12) TEMPLE HEALTH SYSTEM TRANSPORT TEAM, INC.	0	0	0	0	0
(13) TEMPLE PHYSICIANS, INC.	0	0	0	0	0
(14) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION	0	0	0	0	0
(15) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	0	0	0	0	0
(16) TEMPLE UNIVERSITY HOSPITAL, INC.	0	0	0	0	0
(17) TUMP OFFICES INC.	0	0	0	0	0

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYS</b>	Business or activity to which this form relates <b>812930</b>	Identifying number <b>23-1365971</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	<b>510,000</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	<b>0</b>
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>510,000</b>
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	<b>0</b>
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	<b>510,000</b>
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	<b>0</b>
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	<b>0</b>
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	<b>0</b>
<b>10</b> Carryover of disallowed deduction from line 13 of your 2016 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	<b>77,436</b>
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	<b>0</b>
<b>13</b> Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	<b>13</b>	<b>0</b>

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)** (See instructions.)

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property.)** (See instructions.)

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2017	<b>17</b>	<b>8,136</b>
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	<b>0</b>
<b>22</b> <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>8,136</b>
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	0
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0		0		0		0		0		0	
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2017 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2017 tax year . . . . .				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0