

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01, **2021**, and ending 06/30, **20 22**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
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 23-1365971

E Telephone number (215) 204-7366

F Name and address of principal officer: KENNETH KAISER - SENIOR VP - COO
SAME AS C ABOVE

G Gross receipts \$ 2,263,374,000

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

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

J Website: ▶ WWW.TEMPLE.EDU

K Form of organization: Corporation Trust Association Other ▶ _____

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDING ACCESS TO HIGH QUALITY AND AFFORDABLE HIGHER EDUCATION, WORLD-CLASS RESEARCH, AND PUBLIC SERVICE THROUGH ITS CAMPUSES AND DISTANCE LEARNING PROGRAMS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>34</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>34</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>21,069</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>34</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>173,000</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>21,422</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>346,844,000</u>	<u>409,915,000</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,086,424,000</u>	<u>1,127,549,000</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>94,429,000</u>	<u>45,536,000</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,773,000</u>	<u>3,269,000</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,529,470,000</u>	<u>1,586,269,000</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>204,217,000</u>	<u>236,302,000</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>836,436,000</u>	<u>848,298,000</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>13,049,000</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>323,372,000</u>	<u>388,162,000</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,364,025,000</u>	<u>1,472,762,000</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>165,445,000</u>	<u>113,507,000</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>3,873,437,000</u>	<u>3,835,400,000</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>970,499,000</u>	<u>947,918,000</u>
		<u>2,902,938,000</u>	<u>2,887,482,000</u>	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
DAVID MARINO, VP FOR FINANCE AND TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
PROVIDING ACCESS TO HIGH QUALITY AND AFFORDABLE HIGHER EDUCATION, WORLD-CLASS RESEARCH, AND PUBLIC SERVICE THROUGH ITS CAMPUSES AND DISTANCE LEARNING PROGRAMS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 598,480,000 including grants of \$ 38,625,000) (Revenue \$ 944,096,000)
INSTRUCTION - INCLUDES UNDERGRADUATE, GRADUATE, PROFESSIONAL, NON-CREDIT CONTINUING EDUCATION, AND DISTANCE LEARNING PROGRAMS.

4b (Code:) (Expenses \$ 199,198,000 including grants of \$ 2,454,000) (Revenue \$ 0)
RESEARCH - INCLUDES GOVERNMENTAL SPONSORED, PRIVATE SPONSORED, AND NON-SPONSORED RESEARCH.

4c (Code:) (Expenses \$ 150,096,000 including grants of \$ 1,655,000) (Revenue \$ 96,692,000)
AUXILIARY ENTERPRISES - INCLUDES STUDENT HOUSING AND DINING FACILITIES, TICKET SALES FOR ATHLETIC AND COMMUNITY EVENTS, OTHER ATHLETIC DEPARTMENT REVENUES, PARKING SERVICES, AND OTHER MISCELLANEOUS ACTIVITIES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 343,214,000 including grants of \$ 193,567,000) (Revenue \$ 86,588,000)

4e Total program service expenses ▶ 1,290,988,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21,069		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country ▶ <u>IT, JA, UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 34		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [PA](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
[DAVID MARINO, VP FOR FINANCE AND TREASURER, 1805 NORTH BROAD ST, PHILADELPHIA, PA 19122-6094, \(215\) 204-7366](#)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODERICK CAREY HEAD COACH - FOOTBALL (THRU 12/21)	50.0					✓	2,311,391	0	51,580	
(2) YOSHIYA TOYODA SURGEON	50.0					✓	1,822,360	0	37,759	
(3) AARON MCKIE HEAD COACH - BASKETBALL	50.0					✓	1,212,296	0	533	
(4) AMY J GOLDBERG SURGEON	50.0					✓	1,138,270	0	37,604	
(5) GERARD J CRINER PULMONOLOGIST	50.0					✓	1,010,221	0	34,275	
(6) RICHARD ENGLERT PRESIDENT (THRU 6/21)	46.0 4.0			✓			819,908	0	82,981	
(7) JASON WINGARD PRESIDENT (AS OF 7/21)	46.0 4.0			✓			730,289	0	44,496	
(8) JOANNE EPPS EXEC. VP & PROVOST (THRU 8/21)	50.0			✓			630,157	0	71,518	
(9) KEVIN G CLARK EXEC. VP AND COO (THRU 8/21)	50.0			✓			632,097	0	52,979	
(10) KENNETH KAISER VP, CFO AND TREASURER (THRU 8/21), THEREAFTER SENIOR VP - COO	50.0			✓			530,818	0	64,083	
(11) MICHAEL B GEBHARDT VP - CHIEF OF STAFF, INTERIM SECRETARY	50.0			✓			482,951	0	63,609	
(12) JAMES CAWLEY VP - INSTITUTIONAL ADVANCEMENT (THRU 8/21)	50.0			✓			481,192	0	64,696	
(13) HAI-LUNG DAI VP - INTERNATIONAL AFFAIRS	50.0			✓			458,508	0	63,147	
(14) WILLIAM T BERGMAN VP - PUBLIC AFFAIRS (THRU 8/21)	50.0			✓			456,682	0	56,893	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GREGORY MANDEL INTERIM PROVOST (AS OF 8/21), THEREAFTER SENIOR VP AND PROVOST	50.0			✓			449,224	0	64,084	
(16) MICHELE M MASUCCI VP - RESEARCH	50.0			✓			441,210	0	52,161	
(17) ANNE NADOL VP - SECRETARY (THRU 8/21)	50.0			✓			385,138	0	64,263	
(18) GENNARO J LEVA VP - PLANNING AND CAPITAL PROJECTS	50.0			✓			367,724	0	54,499	
(19) THERESA A POWELL VP - STUDENT AFFAIRS	50.0			✓			343,137	0	48,573	
(20) DAVID MARINO INTERIM TREASURER (THRU 3/22), THEREAFTER VP - FINANCE AND TREASURER	50.0			✓			286,213	0	48,338	
(21) VALERIE I HARRISON SR. ADVISOR TO PRESIDENT (THRU 8/21), THEREAFTER VP - DEI	50.0			✓			282,811	0	36,184	
(22) SHARON BOYLE VP - HUMAN RESOURCES (AS OF 3/22)	50.0			✓			265,419	0	48,024	
(23) CAMERON ETEZADY INTERIM UNIVERSITY COUNSEL (THRU 3/22), THEREAFTER VP - UNIVERSITY COUNSEL	50.0			✓			238,986	0	41,937	
(24) LARRY BRANDOLPH INTERIM CHIEF INFORMATION OFFICER (AS OF 9/21)	50.0			✓			230,275	0	43,182	
(25) (SEE STATEMENT)										
1b Subtotal							16,007,277	0	1,227,398	
c Total from continuation sheets to Part VII, Section A							319,687	0	41,562	
d Total (add lines 1b and 1c)							16,326,964	0	1,268,960	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2,108

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK RECEIVABLES LLC, 1101 MARKET STREET, PHILADELPHIA, PA 19107	FOOD MANAGEMENT SERVICES	24,036,000
UNIVERSAL PROTECTION SERVICES, LLC, 161 WASHINGTON ST., CONSHOHOCKEN, PA 19428	SECURITY SERVICES	11,313,000
COLLINS & COLLINS MECHANICAL INCORPORATED, 821, CEDAR STREET, BRISTOL, PA 19007-5211	MECHANICAL SERVICES	7,599,000
MAYFIELD SITE CONTRACTORS INC., 596 SWEDELAND ROAD, KING OF PRUSSIA, PA 19406-2795	CONSTRUCTION SERVICES	6,101,000
TARGET BUILDING CONSTRUCTION, 1124 CHESTER PIKE, CRUM LYNEE, PA 19022-1225	CONSTRUCTION SERVICES	5,236,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	81	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 10,000					
	e	Government grants (contributions)	1e 314,910,000					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 94,995,000					
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,475,000					
	h	Total. Add lines 1a-1f ▶		409,915,000				
	Program Service Revenue			Business Code				
2a		TUITION AND FEES	611310	931,199,000	931,199,000	0		
b		SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	611310	12,897,000	12,897,000	0		
c		AUXILIARY ENTERPRISES	611310	96,692,000	96,519,000	173,000		
d		PATIENT CARE ACTIVITIES	621111	3,124,000	3,124,000	0		
e		OTHER	611310	83,637,000	83,637,000	0		
f		All other program service revenue		0	0	0		
g		Total. Add lines 2a-2f ▶		1,127,549,000				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		42,581,000	0	0		
	4	Income from investment of tax-exempt bond proceeds ▶		1,000	0	0		
	5	Royalties ▶		1,021,000	0	0		
	6a	Gross rents	(i) Real	3,771,000	0			
			(ii) Personal					
			6b	Less: rental expenses	1,523,000	0		
			6c	Rental income or (loss)	2,248,000	0		
	d	Net rental income or (loss) ▶		2,248,000	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	678,536,000	0			
			(ii) Other					
			7b	Less: cost or other basis and sales expenses	675,582,000	0		
			7c	Gain or (loss)	2,954,000	0		
	d	Net gain or (loss) ▶		2,954,000	0	0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0					
	b	Less: direct expenses	8b 0					
	c	Net income or (loss) from fundraising events . . . ▶		0		0		
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
9b			Less: direct expenses	0				
c			Net income or (loss) from gaming activities . . . ▶		0	0	0	
10a	Gross sales of inventory, less returns and allowances	10a	0					
		b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory . . . ▶		0	0	0	
Miscellaneous Revenue			Business Code					
	11a	-----		0	0	0		
	b	-----		0	0	0		
	c	-----		0	0	0		
	d	All other revenue		0	0	0		
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See instructions ▶		1,586,269,000	1,127,376,000	173,000	48,805,000		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,186,000	12,186,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	224,116,000	224,116,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	8,447,000	0	7,970,000	477,000
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	669,630,000	576,140,000	85,207,000	8,283,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,299,000	38,934,000	5,744,000	621,000
9	Other employee benefits	76,398,000	62,682,000	12,251,000	1,465,000
10	Payroll taxes	48,524,000	42,272,000	5,696,000	556,000
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	6,384,000	702,000	5,682,000	0
c	Accounting	467,000	102,000	365,000	0
d	Lobbying	861,000	861,000	0	0
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,635,000	268,000	4,266,000	101,000
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	8,303,000	6,669,000	1,614,000	20,000
13	Office expenses	133,586,000	115,142,000	17,342,000	1,102,000
14	Information technology	40,762,000	24,760,000	15,628,000	374,000
15	Royalties	438,000	438,000	0	0
16	Occupancy	39,536,000	39,536,000	0	0
17	Travel	14,692,000	13,622,000	1,029,000	41,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11,000	11,000	0	0
19	Conferences, conventions, and meetings	1,429,000	1,289,000	133,000	7,000
20	Interest	18,450,000	18,191,000	259,000	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	108,987,000	108,987,000	0	0
23	Insurance	5,927,000	386,000	5,539,000	2,000
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>BAD DEBTS - PATIENT CARE</u>	104,000	104,000	0	0
b	<u>BAD DEBTS - STUDENTS</u>	3,590,000	3,590,000	0	0
c	-----				
d	-----				
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	1,472,762,000	1,290,988,000	168,725,000	13,049,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	218,000	1	206,000
	2 Savings and temporary cash investments	309,365,000	2	307,620,000
	3 Pledges and grants receivable, net	70,816,000	3	61,367,000
	4 Accounts receivable, net	136,059,000	4	157,211,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	36,679,000	7	32,863,000
	8 Inventories for sale or use	477,000	8	482,000
	9 Prepaid expenses and deferred charges	31,138,000	9	53,624,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,046,067,000		
	b Less: accumulated depreciation	10b 1,479,650,000	1,581,236,000	10c 1,566,417,000
	11 Investments—publicly traded securities	927,546,000	11	904,771,000
	12 Investments—other securities. See Part IV, line 11	668,772,000	12	643,792,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	111,131,000	15	107,047,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,873,437,000	16	3,835,400,000	
Liabilities	17 Accounts payable and accrued expenses	261,652,000	17	259,452,000
	18 Grants payable	0	18	0
	19 Deferred revenue	89,372,000	19	95,343,000
	20 Tax-exempt bond liabilities	435,293,000	20	411,447,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,989,000	21	2,830,000
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	182,193,000	23	178,846,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	970,499,000	26	947,918,000
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,319,666,000	27	2,336,515,000
	28 Net assets with donor restrictions	583,272,000	28	550,967,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	2,902,938,000	32	2,887,482,000	
33 Total liabilities and net assets/fund balances	3,873,437,000	33	3,835,400,000	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,586,269,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,472,762,000
3	Revenue less expenses. Subtract line 2 from line 1	3	113,507,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,902,938,000
5	Net unrealized gains (losses) on investments	5	(128,963,000)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,887,482,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CINDY LEAVITT ----- VP - INFORMATION TECHNOLOGY SERVICES (THRU 8/21)	50.0 -----			✓				232,275	0	39,808
(26) ARTHUR JOHNSON ----- VP - DIRECTOR OF ATHLETICS (AS OF 10/21)	50.0 -----			✓				87,412	0	1,754
(27) ANTHONY J MCINTYRE ----- TRUSTEE	4.0 -----	✓						0	0	0
(28) BARRY ARKLES ----- TRUSTEE	2.0 -----	✓						0	0	0
(29) BRET S. PERKINS ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(30) CHARLES E RYAN ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(31) CHRISTINE M TARTAGLIONE ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(32) CHRISTOPHER W MCNICHOL ----- TRUSTEE (COMMONWEALTH APPOINTEE)	11.0 -----	✓						0	0	0
(33) DANIEL H POLETT ----- TRUSTEE	8.0 -----	✓						0	0	0
(34) DEBORAH M FRETZ ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(35) DREW KATZ ----- TRUSTEE	1.0 -----	✓						0	0	0
(36) III JOSEPH W MARSHALL ----- TRUSTEE (COMMONWEALTH APPOINTEE)	8.0 -----	✓						0	0	0
(37) J WILLIAM MILLS ----- TRUSTEE	6.0 -----	✓						0	0	0
(38) JANE SCACCETTI ----- TRUSTEE	3.0 -----	✓						0	0	0
(39) JOHN F STREET ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(40) JOSEPH F CORADINO ----- TRUSTEE	6.0 -----	✓						0	0	0
(41) JR LEON O MOULDER ----- TRUSTEE	6.0 -----	✓						0	0	0
(42) JR LEWIS F GOULD ----- TRUSTEE (COMMONWEALTH APPOINTEE)	8.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(43) JUDITH A FELGOISE ----- TRUSTEE	2.0 -----	✓						0	0	0
(44) LEONAD BARRACK ----- TRUSTEE	7.0 -----	✓						0	0	0
(45) LON R GREENBERG ----- TRUSTEE	3.0 -----	✓						0	0	0
(46) MARGUERITE LENFEST ----- TRUSTEE	2.0 -----	✓						0	0	0
(47) MARINA KATS ----- TRUSTEE	3.0 -----	✓						0	0	0
(48) MICHAEL E BREEZE ----- TRUSTEE	3.0 -----	✓						0	0	0
(49) MICHAEL H REED ----- TRUSTEE	8.0 -----	✓						0	0	0
(50) MITCHELL L MORGAN ----- TRUSTEE (CHAIR)	18.0 -----	✓						0	0	0
(51) NELSON A DIAZ ----- TRUSTEE	7.0 -----	✓						0	0	0
(52) PATRICK J EIDING ----- TRUSTEE (COMMONWEALTH APPOINTEE)	4.0 -----	✓						0	0	0
(53) PATRICK M BROWNE ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(54) PATRICK V LARKIN ----- TRUSTEE (COMMONWEALTH APPOINTEE)	8.0 -----	✓						0	0	0
(55) PAUL G CURCILLO ----- TRUSTEE	6.0 -----	✓						0	0	0
(56) PHILIP C RICHARDS ----- TRUSTEE	11.0 -----	✓						0	0	0
(57) SANDRA HARMON-WEISS ----- TRUSTEE	5.0 -----	✓						0	0	0
(58) SOLOMON C LUO ----- TRUSTEE	9.0 -----	✓						0	0	0
(59) STEPHEN G CHARLES ----- TRUSTEE	7.0 -----	✓						0	0	0
(60) TAMRON HALL ----- TRUSTEE	5.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	Employer identification number 23-1365971
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	Employer identification number 23-1365971
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		1,000
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		872,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		10,000
i Other activities?		✓	
j Total. Add lines 1c through 1i			883,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I</p>	<p>A 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, STATE AND LOCAL LEGISLATION AND REGULATIONS ON MATTERS DIRECTLY AFFECTING THE UNIVERSITY'S EXEMPT PURPOSE.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION; Employer identification number: 23-1365971

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2b for questions about art and historical treasures, including dollar amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	886,058,000	688,479,000	696,319,000	698,037,000	627,853,000
b Contributions	17,030,000	22,289,000	13,893,000	13,135,000	48,755,000
c Net investment earnings, gains, and losses	(55,818,000)	198,664,000	2,230,000	11,437,000	45,994,000
d Grants or scholarships	29,514,000	26,878,000	26,063,000	26,290,000	24,565,000
e Other expenditures for facilities and programs	71,000	(3,504,000)	(2,100,000)	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	817,685,000	886,058,000	688,479,000	696,319,000	698,037,000

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

- a** Board designated or quasi-endowment 36.58 %
- b** Permanent endowment 51.36 %
- c** Term endowment 12.06 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,602,000		122,602,000
b Buildings		2,108,366,000	994,108,000	1,114,258,000
c Leasehold improvements		36,134,000	28,560,000	7,574,000
d Equipment		745,519,000	456,982,000	288,537,000
e Other		33,446,000	0	33,446,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,566,417,000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) <u>LLCS, POOLED FUNDS & OTHER MISC CLOSELY HELD INVESTMENTS</u>	643,792,000	END OF YEAR MARKET VALUE
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	643,792,000	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	TEMPLE UNIVERSITY LIBRARIES' SPECIAL COLLECTIONS INCLUDE THE CHARLES BLOCKSON AFRO-AMERICAN COLLECTION, WHICH INCLUDES OVER 50,000 ITEMS LARGELY CONSISTING OF PUBLISHED MATERIAL AND ART WORK DATING FROM 1581 TO THE PRESENT, DOCUMENTING THE AFRICAN DIASPORIC EXPERIENCE, AND THE SPECIAL COLLECTIONS RESEARCH CENTER WHICH INCLUDES OVER 90,000 FEET OF ARCHIVES AND MANUSCRIPT MATERIAL IN THE URBAN ARCHIVES, PHILADELPHIA JEWISH ARCHIVES, UNIVERSITY ARCHIVES, AND OTHER MANUSCRIPT COLLECTIONS, AS WELL AS HALF A MILLION RARE BOOKS DATING FROM 2250 BCE TO THE PRESENT. THESE MATERIALS SUPPORT UNIVERSITY INSTRUCTION AND RESEARCH FOR STUDENTS, FACULTY, AND ADMINISTRATORS, AS WELL AS PROJECTS INVESTIGATED BY EVERYONE FROM THE GENERAL PUBLIC IN PHILADELPHIA TO RESEARCHERS FROM ALL OVER THE WORLD.
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	AGENCY FUNDS MAY BE ESTABLISHED FOR OUTSIDE ACTIVITIES THAT SUPPORT OR ENHANCE THE MISSION OF THE UNIVERSITY AND WHERE THERE IS MUTUAL BENEFIT IN THE UNIVERSITY ACTING AS FISCAL AGENT FOR THE PRINCIPAL. THE ACTIVITIES MUST DIRECTLY OR INDIRECTLY PROVIDE SERVICES OR BENEFITS TO THE UNIVERSITY'S PROGRAMS OR TO ITS STUDENTS, STAFF, PATIENTS, OR FACULTY.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	TEMPLE UNIVERSITY'S ENDOWMENT IS USED TO PROVIDE FUNDS IN SUPPORT OF ITS MISSION, SUCH AS SCHOLARSHIPS AND ENDOWED CHAIRS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	SUBSTANTIALLY ALL OF THE INDIVIDUAL COMPONENTS OF THE UNIVERSITY ARE NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS THROUGH 2014 HAVE BEEN EXAMINED BY THE INTERNAL REVENUE SERVICE. GAAP REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNIVERSITY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

**SCHEDULE E
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>TEMPLE UNIVERSITY INCLUDES ITS NONDISCRIMINATORY POLICY AS AN INTEGRAL PART OF CLASSIFIED ADS, COLLEGE BULLETINS, CATALOGS, ALUMNI REVIEW MAGAZINES, AND MOST OTHER MAJOR PUBLICATIONS.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part II

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

Return Reference - Identifier	Explanation
<p>SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY</p>	<p>SCHEDULE E, QUESTION 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY: TEMPLE UNIVERSITY RECEIVES AN ANNUAL APPROPRIATION FROM THE COMMONWEALTH OF PENNSYLVANIA IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL AND GENERAL OPERATIONS. ADDITIONALLY, THE UNIVERSITY RECEIVES FEDERAL SUPPORT IN THE FORM OF PELL GRANTS, PERKINS LOANS AND OTHER FEDERAL FUNDS, AS WELL AS FUNDS FROM THE COMMONWEALTH AND VARIOUS LOCAL AGENCIES. THESE FUNDS ARE AWARDED TO TEMPLE'S STUDENTS BASED ON NEED OR ACADEMIC ACHIEVEMENT.</p>
<p>SCHEDULE E, PART I, LINE 6(B) - REVOCATION OR SUSPENSION OF GOVERNMENTAL AID OR ASSISTANCE</p>	<p>SINCE JULY 1, 1985 THE UNIVERSITY HAS MET THE FEDERALLY DEFINED DEFAULT RATES AND THE SUSPENSION HAS BEEN LIFTED. FROM DECEMBER 31, 1984 THRU JUNE 30, 1985 FINANCIAL AID WAS TEMPORARILY SUSPENDED FROM THE HPL PROGRAM IN THE DENTAL, MEDICAL AND PHARMACY SCHOOLS FOR FAILURE TO MEET FEDERALLY DEFINED DEFAULT RATES.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	1	3	PROGRAM SERVICES	INSTRUCTION AT TOKYO, JAPAN CAMPUS	415,000
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	2	12	PROGRAM SERVICES	INSTRUCTION AT LOCATIONS IN ROME, ITALY AND LONDON, ENGLAND.	4,771,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	15			5,186,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	3	15			5,186,000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	TEMPLE RECEIVES FINANCIAL STATEMENTS FROM ITS WHOLLY OWNED SUBSIDIARY TEMPLE EDUCATIONAL SUPPORT SERVICES (TESS), LOCATED IN TOKYO, JAPAN . PAYMENTS TO TESS ARE IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL MISSION. TEMPLE RECEIVES FINANCIAL REPORTS FROM ITS CAMPUS IN ROME AND LONDON PROGRAM. ALL PAYMENTS ARE IN SUPPORT OF THE UNIVERSITY'S EDUCATIONAL MISSION. TEMPLE ALSO HAS AN ANNUAL CONSOLIDATED AUDIT WHICH INCLUDES THE ACCOUNTS OF ALL SUBSIDIARIES AND COMPONENTS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	72-0423889	501 (C)(3)	404,878				RESEARCH SUBCONTRACT
(2) (SEE STATEMENT)	99-9999999	N/A	106,478				RESEARCH SUBCONTRACT
(3) ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD, PHILADELPHIA, PA 19141	23-2290323	501 (C)(3)	14,746				RESEARCH SUBCONTRACT
(4) (SEE STATEMENT)	53-0183246	501 (C)(3)	89,602				RESEARCH SUBCONTRACT
(5) (SEE STATEMENT)	04-2103881	501 (C)(3)	23,851				RESEARCH SUBCONTRACT
(6) (SEE STATEMENT)	26-1413610	501 (C)(3)	111,177				RESEARCH SUBCONTRACT
(7) (SEE STATEMENT)	13-3078199	N/A	785,972				RESEARCH SUBCONTRACT
(8) (SEE STATEMENT)	47-0049123	115	117,769				RESEARCH SUBCONTRACT
(9) (SEE STATEMENT)	37-6000511	501 (C)(3)	11,751				RESEARCH SUBCONTRACT
(10) BOSTON UNIVERSITY ONE SILBER WAY, BOSTON, MA 02215	04-2103547	501 (C)(3)	52,164				RESEARCH SUBCONTRACT
(11) BOVE, GEOFFREY M.. 405 MILLS ROAD, KENNEBUNKPORT, ME 04046	99-9999999	N/A	57,816				RESEARCH SUBCONTRACT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 76

3 Enter total number of other organizations listed in the line 1 table ▶ 35

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) CAL STATE LA 5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032	95-4044252	501 (C)(3)	93,260				RESEARCH SUBCONTRACT
(13) CALLED TO SERVE CDC 3600 NORTH BROAD STREET, PHILADELPHIA, PA 19140-4108	46-4404323	501 (C)(3)	114,658				RESEARCH SUBCONTRACT
(14) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND , OH 44106	34-1018992	501 (C)(3)	668,394				RESEARCH SUBCONTRACT
(15) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604, NEW YORK, NY 10004-3819	13-3843322	501 (C)(3)	274,895				RESEARCH SUBCONTRACT
(16) CENTER FOR INDEPENDENT LIVING OF NCPA 210 MARKET ST., SUITE A, WILLIAMSPORT, PA 17701	23-2926556	501 (C)(3)	10,504				RESEARCH SUBCONTRACT
(17) CFD RESEARCH CORPORATION 215 WYNN DRIVE NORTHWEST FLOOR 5, HUNTSVILLE, AL 35805-1926	63-0944385	N/A	51,403				RESEARCH SUBCONTRACT
(18) CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH ST. AND CIVIC CENTER BLVD., PHILADELPHIA, PA 19104	23-1352166	501 (C)(3)	328,470				RESEARCH SUBCONTRACT
(19) CHRISTIANACARE HEALTH SYSTEM PO BOX 1668, WILMINGTON, DE 19899	52-1479538	501 (C)(3)	17,398				RESEARCH SUBCONTRACT
(20) CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0537130	501 (C)(3)	6,882				RESEARCH SUBCONTRACT
(21) CLEAN AIR COUNCIL 135 S 19TH STREET SUITE 300, PHILADELPHIA, PA 19103	23-1683461	501 (C)(3)	7,000				RESEARCH SUBCONTRACT
(22) COMMUNITY LIVING AND SUPPORT SERVICES INC 1400 SOUTH BRADDOCK AVENUE, PITTSBURGH, PA 15218	25-0987252	501 (C)(3)	24,340				RESEARCH SUBCONTRACT
(23) COMMUNITY RESOURCES FOR INDEPENDENCE INCORPORATED 3410 WEST 12TH STREET, ERIE, PA 16505	25-1640170	501 (C)(3)	21,013				RESEARCH SUBCONTRACT
(24) CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET STREET , PHILADELPHIA, PA 19133	23-2051143	501 (C)(3)	157,333				RESEARCH SUBCONTRACT
(25) CORIELL INSTITUTE FOR MEDICAL RESEARCH 403 HADDON AVE, CAMDEN, NJ 08103	21-0672684	501 (C)(3)	38,997				RESEARCH SUBCONTRACT
(26) DIAKON CHILD, FAMILY & COMMUNITY MINISTRIES 1 S HOME AVENUE, TOPTON, PA 19562	46-5390969	501 (C)(3)	23,000				RESEARCH SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) DREXEL UNIVERSITY 3141 CHESTNUT STREET, PHILADELPHIA, PA 19103	23-1352630	501 (C)(3)	675,655				RESEARCH SUBCONTRACT
(28) DUKE UNIVERSITY BOX 90754, DURHAM, NC 27708	56-0532129	501 (C)(3)	32,996				RESEARCH SUBCONTRACT
(29) ECONOMY LEAGUE OF GREATER PHILADELPHIA 1800 JOHN F KENNEDY BLVD SUITE 400, PHILADELPHIA, PA 19102	23-1352264	501 (C)(3)	50,000				RESEARCH SUBCONTRACT
(30) EMMA PENDLETON BRADLEY HOSPITAL 1011 VETERANS MEM. HWY., RIVERSIDE, RI 02915	05-0258806	501 (C)(3)	22,505				RESEARCH SUBCONTRACT
(31) EMORY UNIVERSITY 1599 CLIFTON DECATUR ROAD, ATLANTA, GA 30322	58-0566256	501 (C)(3)	43,250				RESEARCH SUBCONTRACT
(32) FINDINGS GROUP LLC 125 E TRINITY PLACE SUITE 249, DECATUR, GA 30030	99-9999999	N/A	61,722				RESEARCH SUBCONTRACT
(33) FLORIDA STATE UNIVERSITY 600 W COLLEGE AVE, TALLAHASSEE, FL 32306	59-1961248	501 (C)(3)	28,543				RESEARCH SUBCONTRACT
(34) FORSYTH DENTAL INFIRMIRY 140 FENWAY, BOSTON, MA 02115-3799	04-2104230	N/A	32,441				RESEARCH SUBCONTRACT
(35) FOX CHASE CANCER CENTER 333 COTTMAN AVENUE, PHILADELPHIA, PA 19111	23-6296135	501 (C)(3)	67,409				RESEARCH SUBCONTRACT
(36) FOX CHASE CHEMICAL DIVERSITY CENTER INC 3805 OLD EASTON ROAD, DOYLESTOWN, PA 18902	26-3652213	N/A	18,880				RESEARCH SUBCONTRACT
(37) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, FAIRFAX, VA 22030	54-1603842	501 (C)(3)	32,485				RESEARCH SUBCONTRACT
(38) HMH HOSPITALS CORPORATION 343 THORNALL STREET FL 8, EDISON, NJ 08837	22-3474145	501 (C)(3)	312,290				RESEARCH SUBCONTRACT
(39) JOHNS HOPKINS UNIVERSITY GARLAND HALL SUITE 300, BALTIMORE, MD 21218	52-0595110	501 (C)(3)	180,511				RESEARCH SUBCONTRACT
(40) LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING 713 N 13TH ST, ALLENTOWN, PA 18102	23-2610549	501 (C)(3)	15,814				RESEARCH SUBCONTRACT
(41) LIFE AND INDEPENDENCE FOR TODAY 503 E ARCH ST, ST. MARYS, PA 15857	25-1732868	501 (C)(3)	11,140				RESEARCH SUBCONTRACT
(42) LIVE AND LEARN SOCIETY 785 QUINTANA ROAD SUITE 219, MORRO BAY, CA 93442-1943	47-1706989	N/A	16,500				RESEARCH SUBCONTRACT
(43) LUTHERAN SETTLEMENT HOUSE 1340 FRANKFORD AVENUE, PHILADELPHIA, PA 19125	23-1352365	501 (C)(3)	61,115				RESEARCH SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) MAGEE WOMEN'S RESEARCH INSTITUTE AND FOUNDATION 3339 WARD STREET, PITTSBURGH, PA 15213-4430	25-1462312	N/A	11,546				RESEARCH SUBCONTRACT
(45) MATERNITY CARE COALITION 2000 HAMILTON ST, PHILADELPHIA, PA 19130	23-2200410	501 (C)(3)	188,499				RESEARCH SUBCONTRACT
(46) MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE ST, CHARLESTON, SC 29425	57-6028985	501 (C)(3)	6,000				RESEARCH SUBCONTRACT
(47) MIRIAM HOSPITAL 164 SUMMIT AVE, PROVIDE, RI 02906	05-0258905	501 (C)(3)	20,245				RESEARCH SUBCONTRACT
(48) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST, PHILADELPHIA, PA 19104	23-2020897	501 (C)(3)	266,799				RESEARCH SUBCONTRACT
(49) NORTH CENTRAL ORGANIZED REGIONALLY 1300 W LEHIGH AVE, PHILADELPHIA, PA 19132	23-7399017	501 (C)(3)	70,000				RESEARCH SUBCONTRACT
(50) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501 (C)(3)	123,505				RESEARCH SUBCONTRACT
(51) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501 (C)(3)	11,498				RESEARCH SUBCONTRACT
(52) OHIO STATE UNIVERSITY 901 WOODY HAYES DR, COLUMBUS , OH 43210	31-6025986	115	6,000				RESEARCH SUBCONTRACT
(53) OHIO UNIVERSITY PO BOX 869, ATHENS, OH 45701	31-6402269	501 (C)(3)	14,756				RESEARCH SUBCONTRACT
(54) OLD DOMINION UNIVERSITY 4111 MONARCH WAY STE 204, NORFOLK, VA 23508	54-6068198	501 (C)(3)	47,583				RESEARCH SUBCONTRACT
(55) OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING, CORVALLIS, OR 97331	61-1730890	115	9,737				RESEARCH SUBCONTRACT
(56) PACE UNIVERSITY 1 PACE PLAZA, NEW YORK, NY 10038	13-5562314	501 (C)(3)	10,844				RESEARCH SUBCONTRACT
(57) PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE 4170 CITY AVE, PHILADELPHIA, PA 19131	22-2691757	501 (C)(3)	18,484				RESEARCH SUBCONTRACT
(58) PHILADELPHIA HOUSING AUTHORITY 1234 MARKET STREET SUITE 17, PHILADELPHIA, PA 19107	23-1664406	501 (C)(3)	182,249				RESEARCH SUBCONTRACT
(59) PHILADELPHIA YOUTH FOR CHANGE CHARTER SCHOOL 1231 NORTH BROAD STREET 5TH FLOOR, PHILADELPHIA, PA 19122	23-2728467	501 (C)(3)	10,486				RESEARCH SUBCONTRACT
(60) PROJECT HOME 1515 FAIRMOUNT AVENUE, PHILADELPHIA, PA 19130-2996	23-2555950	501 (C)(3)	125,076				RESEARCH SUBCONTRACT
(61) PROVIDENCE CENTER 2557 N 5TH ST, PHILADELPHIA, PA 19133	23-2901291	501 (C)(3)	35,819				RESEARCH SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(62) PUBLIC HEALTH INSTITUTE 555 12TH STREET FL 10, OAKLAND, CA 94607	94-1646278	501 (C)(3)	77,135				RESEARCH SUBCONTRACT
(63) REGENTS OF THE U OF CA IRVINE 120 THEORY STE 200, IRVINE, CA 92617	95-2226406	115	65,100				RESEARCH SUBCONTRACT
(64) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1111 FRANKLIN STREET, OAKLAND, CA 94607	94-3067788	115	377,720				RESEARCH SUBCONTRACT
(65) REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR, LA JOLLA, CA 92093	95-6006144	115	146,728				RESEARCH SUBCONTRACT
(66) REGENTS OF THE UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET, ANN ARBOR, MI 48109	38-6006309	115	29,871				RESEARCH SUBCONTRACT
(67) REGENTS OF THE UNIVERSITY OF MINNESOTA 1300 S 2ND ST SUITE 206, MINNEAPOLIS, MN 55454	41-6007513	115	172,230				RESEARCH SUBCONTRACT
(68) REGENTS UNIV OF CALIFORNIA LA 405 HILGARD AVENUE, LOS ANGELES, CA 90095-1432	95-6006143	501 (C)(3)	393,096				RESEARCH SUBCONTRACT
(69) RUTGERS UNIVERSITY 57 US RT 1, NEW BRUNSWICK, NJ 08901	22-6001086	115	244,295				RESEARCH SUBCONTRACT
(70) STATE UNIVERSITY OF IOWA 105 JESSUP RD, IOWA CITY, IA 52242	42-6004813	115	17,030				RESEARCH SUBCONTRACT
(71) STATENS SERUM INSTITUT C/O TU GRANT ACCTG., PHILADELPHIA, PA 19122	99-9999999	N/A	189,000				RESEARCH SUBCONTRACT
(72) STEPPINGSTONE SCHOLARS INC 1301 CECIL B MOORE AVE, PHILADELPHIA, PA 19122	42-1612131	501 (C)(3)	540,585				RESEARCH SUBCONTRACT
(73) STRATEGIC EDUCATION RESEARCH PARTNERSHIP INSTITUTE 1100 CONNECTICUT AVE NW, WASHINGTON, DC 20036-4119	30-0231116	N/A	98,687				RESEARCH SUBCONTRACT
(74) SUCCESSFUL AGING CAREER INST 46 GARRETT ROAD, UPPER DARBY, PA 19082	99-9999999	N/A	25,200				RESEARCH SUBCONTRACT
(75) THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH, JACKSONVILLE, FL 32256	59-0634433	501 (C)(3)	38,521				RESEARCH SUBCONTRACT
(76) THE PENNSYLVANIA STATE UNIVERSITY BURROWES STREET, STATE COLLEGE, PA 16801	24-6000376	115	231,726				RESEARCH SUBCONTRACT
(77) THE RESEARCH FOUNDATION OF SUNY 35 STATE STREET, ALBANY, NY 12207	14-1368361	501 (C)(3)	35,455				RESEARCH SUBCONTRACT
(78) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	501 (C)(3)	221,244				RESEARCH SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(79) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229	74-1761309	115	129,267				RESEARCH SUBCONTRACT
(80) THOMAS JEFFERSON UNIVERSITY 111 S 11TH ST, PHILADELPHIA, PA 19107	23-2829095	501 (C)(3)	338,569				RESEARCH SUBCONTRACT
(81) TRANSITIONAL PATHS TO INDEPENDENT LIVING 69 EAST BEAU ST, WASHINGTON, PA 15301	25-1622789	501 (C)(3)	11,013				RESEARCH SUBCONTRACT
(82) TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, HANOVER, NH 03755	02-0222111	501 (C)(3)	29,892				RESEARCH SUBCONTRACT
(83) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, SUITE 305, PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	27,294				RESEARCH SUBCONTRACT
(84) UNITED CEREBRAL PALSY OF CENTRAL PENNSYLVANIA 55 UTLEY DRIVE, CAMP HILL, PA 17011	23-1433882	501 (C)(3)	35,825				RESEARCH SUBCONTRACT
(85) UNITED CEREBRAL PALSY OF NORTHEASTERN PENNSYLVANIA 425 WYOMING AVE, SCRANTON, PA 18503	24-0818346	501 (C)(3)	19,640				RESEARCH SUBCONTRACT
(86) UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VALLEY DRIVE, RESTON, VA 20192	53-0196958	N/A	74,000				RESEARCH SUBCONTRACT
(87) UNIV OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, BIRMINGHAM, AL 35294	63-6001138	115	23,573				RESEARCH SUBCONTRACT
(88) UNIV OF LOUISVILLE RESEARCH 2215 S BROOK ST, LOUISVILLE, KY 40208	61-1029626	501 (C)(3)	14,944				RESEARCH SUBCONTRACT
(89) UNIVERSITY OF BRITISH COLUMBIA C/O TU GRANT ACCTG., PHILADELPHIA, PA 19122	98-6001255	501 (C)(3)	10,586				RESEARCH SUBCONTRACT
(90) UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	501 (C)(3)	240,101				RESEARCH SUBCONTRACT
(91) UNIVERSITY OF FLORIDA W UNIVERSITY AVE, GAINSVILLE, FL 32601	59-6002052	115	15,703				RESEARCH SUBCONTRACT
(92) UNIVERSITY OF HOUSTON 5000 GULF FWY, HOUSTON, TX 77204	74-6001399	115	97,178				RESEARCH SUBCONTRACT
(93) UNIVERSITY OF MARYLAND 3112 LEE BUILDING, COLLEGE PARK, MD 20742	52-6002033	115	12,550				RESEARCH SUBCONTRACT
(94) UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN STREET, BOSTON, MA 02110	04-3167352	501 (C)(3)	38,775				RESEARCH SUBCONTRACT
(95) UNIVERSITY OF NEBRASKA 985045 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-0001	47-0049123	501 (C)(3)	41,620				RESEARCH SUBCONTRACT
(96) UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD, BIDDEFORD, ME 04005	01-0211810	501 (C)(3)	23,645				RESEARCH SUBCONTRACT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(97) UNIVERSITY OF NORTH CAROLINA AT GREENSBORO 1400 SPRING GARDEN STREET, GREENSBORO, NC 27402	56-6001393	501 (C)(3)	57,414				RESEARCH SUBCONTRACT
(98) UNIVERSITY OF PENNSYLVANIA 3440 MARKET STREET, PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	386,519				RESEARCH SUBCONTRACT
(99) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	501 (C)(3)	386,757				RESEARCH SUBCONTRACT
(100) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD, TAMPA, FL 33612	59-2959590	501 (C)(3)	7,954				RESEARCH SUBCONTRACT
(101) UNIVERSITY OF TENNESSEE 1331 CIRCLE PARK DR, KNOXVILLE, TN 37996	62-6001636	115	36,240				RESEARCH SUBCONTRACT
(102) UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150, SALT LAKE CITY, UT 84112	87-6000525	115	81,527				RESEARCH SUBCONTRACT
(103) UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY, SEATTLE , WA 98195	91-6001537	115	114,317				RESEARCH SUBCONTRACT
(104) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE, LARAMIE, WY 82701	83-6000331	115	17,202				RESEARCH SUBCONTRACT
(105) VIRGINIA COMMONWEALTH UNIVERSITY 821 W. FRANKLIN ST., RICHMOND, VA 23284	54-6001758	115	25,352				RESEARCH SUBCONTRACT
(106) VIRGINIA TECH 300 TURNER STREET, SUITE 4200, BLACKSBURG, VA 24061	54-6001805	115	13,968				RESEARCH SUBCONTRACT
(107) WASHINGTON UNIVERSITY ONE BROOKINGS DR, SAINT LOUIS, MO 63130	43-0653611	501 (C)(3)	354,320				RESEARCH SUBCONTRACT
(108) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 341 PINE TREE ROAD, ITHACA , NY 14850	15-0532082	501 (C)(3)	20,087				RESEARCH SUBCONTRACT
(109) WILLIAM MARSH RICE UNIVERSITY POST OFFICE BOX 1892, HOUSTON, TX 77251-1892	74-1109620	501 (C)(3)	5,704				RESEARCH SUBCONTRACT
(110) WISTAR INSTITUTE 3601 SPRUCE ST, PHILADELPHIA, PA 19104	23-6434390	501 (C)(3)	10,872				RESEARCH SUBCONTRACT
(111) YALE UNIVERSITY PO BOX 2038, NEW HAVEN , CT 06521	06-0646973	501 (C)(3)	132,159				RESEARCH SUBCONTRACT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>FINANCIAL AID ELIGIBILITY REQUIREMENTS</p> <ul style="list-style-type: none"> * COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) ANNUALLY AND AS EARLY AS JANUARY 1 (TEMPLE'S PRIORITY DEADLINE IS MARCH 1) * SIGN STATEMENTS ON THE FAFSA STATING THAT: * YOU ARE NOT IN DEFAULT ON A FEDERAL STUDENT LOAN AND DO NOT OWE MONEY ON A FEDERAL STUDENT GRANT AND * YOU WILL USE FEDERAL STUDENT AID ONLY FOR EDUCATIONAL PURPOSES * COMPLY WITH TEMPLE UNIVERSITY'S SATISFACTORY ACADEMIC PROGRESS STANDARDS * REMAIN IN GOOD STANDING ON EDUCATIONAL LOANS AND GRANTS PER THE NATIONAL STUDENT LOAN DATABASE SYSTEM (NSLDS) * REMAIN ENROLLED AT LEAST PART-TIME PER SEMESTER FOR FEDERAL LOANS (6 CREDITS AS AN UNDERGRADUATE STUDENT AND 4.5 CREDITS AS A GRADUATE STUDENT) * BE ENROLLED IN AN ELIGIBLE DEGREE PROGRAM AT TEMPLE UNIVERSITY * BE A CITIZEN OR ELIGIBLE NON-CITIZEN WITH A VALID SOCIAL SECURITY NUMBER * HAVE A HIGH SCHOOL DIPLOMA OR RECOGNIZED EQUIVALENT * BE REGISTERED FOR THE SELECTIVE SERVICE IF YOU ARE MALE AND 18-25 YEARS OF AGE * COMPLY WITH ANY AND ALL FEDERAL VERIFICATION REQUESTS MADE BY STUDENT FINANCIAL SERVICES <p>RESEARCH ADMINISTRATION PROCESSING AN AWARD - NEGOTIATION OF SUBAWARD(S) IF THE UNIVERSITY RECEIVES AN AWARD AND A PORTION OF THE ACTIVITY IS TO BE SUB-CONTRACTED TO ANOTHER ENTITY, SPONSORED PROGRAMS ASSISTS THE PI IN DEVELOPMENT OF A SUB-CONTRACT WHICH OUTLINES THE SUB-CONTRACTOR'S ROLE IN MEETING THE REQUIREMENTS OF THE AWARD. SPONSORED PROGRAMS FORWARDS THE SUB-CONTRACT TO THE SUB-CONTRACTOR FOR REVIEW AND SIGNATURE. UPON RETURN OF THE EXECUTED DOCUMENT, THE PI SHOULD COMPLETE A FINANCIAL IMPACT STATEMENT. SPONSORED PROGRAMS FORWARDS THE SUB-CONTRACT AND FINANCIAL IMPACT STATEMENT TO UNIVERSITY COUNSEL, WHERE REVIEW AND APPROPRIATE SIGNATURE(S) AND SEAL (IF NECESSARY) ARE OBTAINED. WHEN THE UNIVERSITY IS THE RECIPIENT OF A SUB-CONTRACT SIMILAR PROCEDURES ARE FOLLOWED.</p>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND</p> <p>800 EAST COMMERCE ROAD SUITE 203, HARAHAN, LA 70123-3400</p>
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>AGENCIA ESTATAL CONSEJO SUPERIOR DE INVESTIGACIONES</p> <p>C/O TU GRANT ACCTG., PHILADELPHIA, PA 19122</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES</p> <p>1307 NEW YORK AVENUE, NW, WASHINGTON, DC 20005</p>
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BETH ISRAEL DEACONESS MEDICAL CENTER INC</p> <p>330 BROOKLINE AVENUE, BOSTON, MA 02215</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIG PICTURE PHILADELPHIA</p> <p>2300 WEST MASTER STREET, PHILADELPHIA, PA 19121-4996</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BIOQUAL INCORPORATED</p> <p>9600 MEDICAL CENTER DRIVE, ROCKVILLE, MD 20850</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA</p> <p>3835 HOLDREGE STREET, LINCOLN , NE 68503</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS</p> <p>506 S WRIGHT STREET, URBANA, IL 61801</p>
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SCHOLARSHIPS AND TUITION REMISSION TO ATTEND TEMPLE UNIVERSITY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

23-1365971

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	✓	
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	✓	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RODERICK CAREY HEAD COACH - FOOTBALL (THRU 12/21)	(i)	293,353	200,000	1,818,038	31,274	20,306	2,362,971	0
	(ii)	0	0	0	0	0	0	0
2 YOSHIYA TOYODA SURGEON	(i)	183,368	0	1,638,992	18,144	19,615	1,860,119	0
	(ii)	0	0	0	0	0	0	0
3 AARON MCKIE HEAD COACH - BASKETBALL	(i)	399,961	110,000	702,335	0	533	1,212,829	0
	(ii)	0	0	0	0	0	0	0
4 AMY J GOLDBERG SURGEON	(i)	186,717	0	951,553	24,644	12,960	1,175,874	0
	(ii)	0	0	0	0	0	0	0
5 GERARD J CRINER PULMONOLOGIST	(i)	180,889	0	829,332	17,919	16,356	1,044,496	0
	(ii)	0	0	0	0	0	0	0
6 RICHARD ENGLERT PRESIDENT (THRU 6/21)	(i)	794,908	0	25,000	60,741	22,240	902,889	0
	(ii)	0	0	0	0	0	0	0
7 JASON WINGARD PRESIDENT (AS OF 7/21)	(i)	483,748	0	246,541	31,274	13,222	774,785	0
	(ii)	0	0	0	0	0	0	0
8 JOANNE EPPS EXEC. VP & PROVOST (THRU 8/21)	(i)	598,049	30,000	2,108	52,074	19,444	701,675	0
	(ii)	0	0	0	0	0	0	0
9 KEVIN G CLARK EXEC. VP AND COO (THRU 8/21)	(i)	599,285	30,000	2,812	31,274	21,705	685,076	0
	(ii)	0	0	0	0	0	0	0
10 KENNETH KAISER VP, CFO AND TREASURER (THRU 8/21), THEREAFTER SENIOR VP - COO	(i)	500,818	30,000	0	37,774	26,309	594,901	0
	(ii)	0	0	0	0	0	0	0
11 MICHAEL B GEBHARDT VP - CHIEF OF STAFF, INTERIM SECRETARY	(i)	452,951	30,000	0	37,774	25,835	546,560	0
	(ii)	0	0	0	0	0	0	0
12 JAMES CAWLEY VP - INSTITUTIONAL ADVANCEMENT (THRU 8/21)	(i)	448,961	25,000	7,231	37,774	26,922	545,888	0
	(ii)	0	0	0	0	0	0	0
13 HAI-LUNG DAI VP - INTERNATIONAL AFFAIRS	(i)	393,508	15,000	50,000	37,774	25,373	521,655	0
	(ii)	0	0	0	0	0	0	0
14 WILLIAM T BERGMAN VP - PUBLIC AFFAIRS (THRU 8/21)	(i)	424,990	25,000	6,692	37,079	19,814	513,575	0
	(ii)	0	0	0	0	0	0	0
15 GREGORY MANDEL INTERIM PROVOST (AS OF 8/21), THEREAFTER SENIOR VP AND PROVOST	(i)	399,201	17,000	33,023	37,774	26,310	513,308	0
	(ii)	0	0	0	0	0	0	0
16 (SEE STATEMENT)	(i)							
	(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) MICHELE M MASUCCI VP - RESEARCH	(i)	416,210	25,000	0	37,774	14,387	493,371	0
	(ii)	0	0	0	0	0	0	0
(17) ANNE NADOL VP - SECRETARY (THRU 8/21)	(i)	346,398	30,000	8,740	37,774	26,489	449,401	0
	(ii)	0	0	0	0	0	0	0
(18) GENNARO J LEVA VP - PLANNING AND CAPITAL PROJECTS	(i)	347,724	20,000	0	31,274	23,225	422,223	0
	(ii)	0	0	0	0	0	0	0
(19) THERESA A POWELL VP - STUDENT AFFAIRS	(i)	331,200	10,000	1,937	37,774	10,799	391,710	0
	(ii)	0	0	0	0	0	0	0
(20) DAVID MARINO INTERIM TREASURER (THRU 3/22), THEREAFTER VP - FINANCE AND TREASURER	(i)	256,781	10,000	19,432	28,228	20,110	334,551	0
	(ii)	0	0	0	0	0	0	0
(21) VALERIE I HARRISON SR. ADVISOR TO PRESIDENT (THRU 8/21), THEREAFTER VP - DEI	(i)	267,811	15,000	0	28,869	7,315	318,995	0
	(ii)	0	0	0	0	0	0	0
(22) SHARON BOYLE VP - HUMAN RESOURCES (AS OF 3/22)	(i)	255,419	10,000	0	27,718	20,306	313,443	0
	(ii)	0	0	0	0	0	0	0
(23) CAMERON ETEZADY INTERIM UNIVERSITY COUNSEL (THRU 3/22), THEREAFTER VP - UNIVERSITY COUNSEL	(i)	202,736	12,500	23,750	21,331	20,606	280,923	0
	(ii)	0	0	0	0	0	0	0
(24) LARRY BRANDOLPH INTERIM CHIEF INFORMATION OFFICER (AS OF 9/21)	(i)	216,755	4,000	9,520	22,876	20,306	273,457	0
	(ii)	0	0	0	0	0	0	0
(25) CINDY LEAVITT VP - INFORMATION TECHNOLOGY SERVICES (THRU 8/21)	(i)	215,952	11,000	5,323	27,297	12,511	272,083	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	THE UNIVERSITY AUTHORIZES BUSINESS OR FIRST-CLASS TRAVEL FOR CERTAIN EMPLOYEES WHEN FLIGHTS EXCEED SIX HOURS IN DURATION (EXCLUDING LAYOVERS).
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	THE UNIVERSITY PROVIDES TRAVEL REIMBURSEMENT FOR CERTAIN SENIOR OFFICER'S SPOUSES, WHERE A LEGITIMATE BUSINESS PURPOSE EXISTS FOR THE SPOUSE TO ACCOMPANY THE OFFICER.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	IN ACCORDANCE WITH THE PRESIDENT'S EMPLOYMENT AGREEMENT, THE UNIVERSITY PROVIDES THE PRESIDENT A HOUSING ALLOWANCE.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE UNIVERSITY PAYS FOR A SOCIAL CLUB MEMBERSHIP THAT ITS PRESIDENT AND OTHER UNIVERSITY PERSONNEL USE PRIMARILY FOR BUSINESS PURPOSES.
SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES	IN ACCORDANCE WITH THE PRESIDENT'S EMPLOYMENT AGREEMENT, THE UNIVERSITY PROVIDES THE PRESIDENT A CAR AND DRIVER FOR UNIVERSITY BUSINESS.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS CONTINGENT ON SEPARATION FROM THE ORGANIZATION: WILLIAM T BERGMAN - EFFECTIVE AUGUST 31, 2021, WILLIAM T BERGMAN'S EMPLOYMENT AS VP - PUBLIC AFFAIRS CONCLUDED. SEPARATION PAYMENTS EQUAL TO HIS CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES TOTALING \$154,000 WERE PAID MONTHLY DURING THE REMAINING MONTHS OF CALENDAR YEAR 2021. JAMES CAWLEY - EFFECTIVE AUGUST 31, 2021, JAMES CAWLEY'S EMPLOYMENT AS VP - INSTITUTIONAL ADVANCEMENT CONCLUDED. SEPARATION PAYMENTS EQUAL TO HIS CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES TOTALING \$150,000 WERE PAID MONTHLY DURING THE REMAINING MONTHS OF CALENDAR YEAR 2021. ANNE NADOL - EFFECTIVE AUGUST 31, 2021, ANNE NADOL'S EMPLOYMENT AS VP - SECRETARY CONCLUDED. SEPARATION PAYMENTS EQUAL TO HER CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES TOTALING \$104,000 WERE PAID MONTHLY DURING THE REMAINING MONTHS OF CALENDAR YEAR 2021.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	ADDITIONAL PAYMENTS WERE PAID TO PHYSICIANS AND ATHLETICS COACHES WHO MET PRIOR FISCAL YEAR ORGANIZATIONAL GOALS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT, FIRST SERIES OF 2015 AND FIRST SERIES OF 2016	23-2237287	717794AM3	07/08/2015	291,571,763	SEE SCHEDULE K, PART VI		✓		✓		✓
B	PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT, SECOND SERIES 2016	23-2237287	717794BS9	02/18/2016	91,258,537	SEE SCHEDULE K, PART VI		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	67,375,000		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	293,686,244		91,258,537					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	669,013		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,430,000		518,666					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	94,413,197		0					
11	Other spent proceeds	197,174,035		90,739,871					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2019		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✓			✓				
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓					
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.55 %		0.77 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		0.00 %		%		%
6 Total of lines 4 and 5		0.55 %		0.77 %		%		%
7 Does the bond issue meet the private security or payment test?		✓		✓				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓				
b Exception to rebate?		✓		✓				
c No rebate due?	✓		✓					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		07/01/2020		07/20/2020				
3 Is the bond issue a variable rate issue?		✓		✓				

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓		✓				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period? .		✓		✓				
7 Has the organization established written procedures to monitor the requirements of section 148?	✓		✓					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	✓		✓					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT, FIRST SERIES OF 2015 AND FIRST SERIES OF 2016 THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 07/01/2020
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT, SECOND SERIES 2016 THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 07/20/2020
SCHEDULE K, PART VI - SUPPLEMENTAL INFORMATION	<p>PART I, COLUMN (F), PURPOSE OF TAX EXEMPT BONDS:</p> <p>A)FIRST SERIES OF 2015 AND 2016 - REFUNDING OF PORTION OF THE OUTSTANDING TEMPLE UNIVERSITY REVENUE BONDS, FIRST SERIES OF 2006, DESIGN, DEVELOP, INSTALL AND CONSTRUCT VARIOUS CAPITAL PROJECTS, PAY FOR COSTS FOR ISSUING THE BONDS.</p> <p>B)SECOND SERIES OF 2016 - REFUNDING OF A PORTION OF THE OUTSTANDING TEMPLE UNIVERSITY REVENUE BONDS, FIRST SERIES OF 2006, PAY COSTS FOR ISSUING THE BONDS.</p> <p>PART II, LINE 3, COLUMN A - INCLUDES INVESTMENT EARNINGS OF \$2,114,418.</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

Employer identification number

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

23-1365971

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2021

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	\$119,000	LEGAL SERVICES		<input checked="" type="checkbox"/>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	2	40,000	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	45	2,669,560	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	2	23,000	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies	✓	3	728,730	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ARCHIVAL RECORDS)	✓	2	14,000	MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	ART - WORKS OF ART - NUMBER OF ITEMS CONTRIBUTED SECURITIES - PUBLICLY TRADED - NUMBER OF ITEMS CONTRIBUTED DRUGS AND MEDICAL SUPPLIES - NUMBER OF ITEMS CONTRIBUTED OTHER - ARCHIVAL RECORDS NUMBER OF ITEMS CONTRIBUTED

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer Identification Number
23-1365971

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$343,214,000 INCLUDING GRANTS OF \$193,567,000)(REVENUE \$86,588,000) OTHER PROGRAM SERVICES LISTED BELOW:
FORM 990, PART III, LINE 4D - QUESTION 4(D)	PATIENT CARE ACTIVITIES - PRIMARILY CONSIST OF ACTIVITIES PROVIDED BY THE SCHOOL OF PODIATRY.
FORM 990, PART III, LINE 4D - QUESTION 4(D)	SCHOLARSHIPS & FELLOWSHIPS - SCHOLARSHIPS INCLUDE 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.
FORM 990, PART III, LINE 4D - QUESTION 4(D)	PUBLIC SERVICE - INCLUDES EXPENDITURES FOR NON-INSTRUCTIONAL SERVICES BENEFICIAL TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>A. THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO ALLOW THE TIMELY AND EFFICIENT EXERCISE OF THE POWERS OF THE BOARD OF TRUSTEES, ON AN AS-NEEDED BASIS, IN THE INTERVALS BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF TRUSTEES, AND TO SERVE AS A FORUM FOR THE CONSIDERATION OF SIGNIFICANT INSTITUTIONAL ISSUES AND PRIORITIES THAT TRANSCEND THE JURISDICTION OF OTHER BOARD COMMITTEES.</p> <p>B. THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF: (I) THE CHAIR OF THE BOARD; (II) THE CHAIR OF EACH OF THE STANDING COMMITTEES; (III) THE CHAIR OF THE BOARD OF DIRECTORS OF TEMPLE UNIVERSITY HEALTH SYSTEM, INC.; AND (IV) UP TO THREE (3) ADDITIONAL TRUSTEE MEMBERS.</p> <p>C. OTHER THAN AS MAY BE SET FORTH IN THE BYLAWS OR APPLICABLE LAW, THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO EXERCISE ALL POWERS OF THE FULL BOARD OF TRUSTEES IN THE GOVERNANCE AND OPERATION OF THE UNIVERSITY, AND TO PERFORM ALL ACTIVITIES WITHIN THE SCOPE OF THIS CHARTER. THE CHAIR OF THE EXECUTIVE COMMITTEE SHALL, AT THE NEXT REGULARLY SCHEDULED BOARD MEETING, REPORT ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE. NOTWITHSTANDING THE FOREGOING, THE EXECUTIVE COMMITTEE SHALL NOT, UNLESS SPECIFICALLY AUTHORIZED BY THE BOARD OF TRUSTEES, CHANGE THE GENERAL EDUCATIONAL POLICY OF THE UNIVERSITY, ESTABLISH A NEW ACADEMIC DEPARTMENT, SCHOOL OR COLLEGE, OR CLOSE AN EXISTING ACADEMIC DEPARTMENT, SCHOOL OR COLLEGE OF THE UNIVERSITY.</p>
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE COMMONWEALTH OF PENNSYLVANIA APPOINTS 12 MEMBERS OF TEMPLE UNIVERSITY'S 36 MEMBER BOARD OF TRUSTEES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	TEMPLE UNIVERSITY'S FORM 990 IS REVIEWED BY MANAGEMENT, UNIVERSITY COUNSEL, OUTSIDE COUNSEL AND THE UNIVERSITY'S COMPLIANCE, AUDIT, AND RISK COMMITTEE PRIOR TO BEING SUBMITTED TO THE UNIVERSITY'S BOARD OF TRUSTEES.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	PERSONS SUBJECT TO THE UNIVERSITY'S CONFLICT OF INTEREST POLICIES SUBMIT ANNUAL DISCLOSURES REGARDING BUSINESS, CHARITABLE AND OTHER RELATIONSHIPS. WHERE A POTENTIAL CONFLICT IS IDENTIFIED IN SUCH DISCLOSURES, THE INFORMATION IS SUBJECT TO FURTHER REVIEW. IN THE CASE OF TRUSTEES, THESE SUBMISSIONS ARE REVIEWED BY A COMMITTEE OF THE BOARD OF TRUSTEES. IN THE CASE OF A FACULTY MEMBER OR EMPLOYEE, THESE SUBMISSIONS ARE REVIEWED BY THE COGNIZANT DEAN OR OFFICER AND UNIVERSITY COUNSEL. IN EACH CASE WHERE AN IDENTIFIED CONFLICT IS CONFIRMED, THE REVIEWING COMMITTEE OR OFFICIALS REQUIRE ACTION TO ELIMINATE THE CONFLICT OR ESTABLISH A MANAGEMENT PLAN TO ADDRESS THE CONFLICT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE UNIVERSITY'S DEPARTMENT OF HUMAN RESOURCES ENGAGES IN A REVIEW OF THE JOB RESPONSIBILITIES OF THE PRESIDENT, OBTAINS COMPARABILITY DATA AND PERFORMS A MARKET ANALYSIS OF PERSONS HOLDING SIMILAR POSITIONS IN OTHER PUBLIC AND PRIVATE UNIVERSITIES. THE UNIVERSITY OBTAINS INDEPENDENT REVIEW BY A THIRD PARTY CONTRACTOR REGARDING REASONABLENESS OF COMPENSATION OF THE PRESIDENT. DATA IS PROVIDED TO THE PRESIDENT AND TO THE EXECUTIVE COMPENSATION COMMITTEE, EACH COMPOSED OF INDIVIDUALS INDEPENDENT OF THE UNIVERSITY'S OFFICERS (PRESIDENT RECUSES AND ABSENTS HIMSELF FROM DISCUSSION AND VOTE ON HIS OWN COMPENSATION). THE OUTSIDE CONTRACTOR DOCUMENTS ITS REVIEW AND FINDINGS, AND CONTEMPORANEOUS MINUTES OF THE MEETINGS OF THE COMMITTEES ARE PRODUCED AND MAINTAINED.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE UNIVERSITY'S DEPARTMENT OF HUMAN RESOURCES ENGAGES IN A REVIEW OF THE JOB RESPONSIBILITIES OF THE OFFICERS, DEANS AND SENIOR STAFF, OBTAINS COMPARABILITY DATA AND PERFORMS A MARKET ANALYSIS OF PERSONS HOLDING SIMILAR POSITIONS IN OTHER PUBLIC AND PRIVATE UNIVERSITIES. THE UNIVERSITY OBTAINS INDEPENDENT REVIEW BY A THIRD PARTY CONTRACTOR REGARDING REASONABLENESS OF COMPENSATION OF THE OFFICERS, DEANS AND SENIOR STAFF. DATA IS PROVIDED TO THE PRESIDENT AND TO THE EXECUTIVE COMPENSATION COMMITTEE, EACH COMPOSED OF INDIVIDUALS INDEPENDENT OF THE UNIVERSITY'S OFFICERS. THE OUTSIDE CONTRACTOR DOCUMENTS ITS REVIEW AND FINDINGS, AND CONTEMPORANEOUS MINUTES OF THE MEETINGS OF THE COMMITTEES ARE PRODUCED AND MAINTAINED.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEB SITE HTTP://WWW.TEMPLE.EDU/ABOUT/PUBLIC-INFORMATION
FORM 990, PART VIII, LINE 5 - ROYALTIES	THE UNIVERSITY RECEIVES ROYALTY INCOME FROM SEVERAL SOURCES, PRIMARILY FROM PATENTS AND THE LICENSING OF INTELLECTUAL PROPERTY. THE LICENSED INTELLECTUAL PROPERTY TYPICALLY INCLUDES TECHNICAL KNOWLEDGE AND THE UNIVERSITY'S NAME AND LOGO, FOR EXAMPLE, IN CONNECTION WITH AN AFFINITY CREDIT CARD PROGRAM AND UNIVERSITY-RELATED SPORTS PUBLICATIONS AND SPECIAL EVENTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number
23-1365971

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TEMPLE CENTER FOR POPULATION HEALTH, LLC (46-4556027) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA			TEMPLE UNIVERSITY HEALTH SYSTEM, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN ONCOLOGIC HOSPITAL (23-1352156) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	
(2) EPISCOPAL HOSPITAL (23-1365351) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	12 TYPE I	TEMPLE UNIVERSITY HOSPITAL INC	✓	
(3) FOX CHASE CANCER CENTER MEDICAL GROUP, INC. (45-4540585) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	AMERICAN ONCOLOGIC HOSPITAL	✓	
(4) FOX CHASE NETWORK, INC. (23-2467337) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	12 TYPE II	AMERICAN ONCOLOGIC HOSPITAL	✓	
(5) INSTITUTE FOR CANCER RESEARCH (23-6296135) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	DE	501(C)(3)	4	AMERICAN ONCOLOGIC HOSPITAL	✓	
(6) JEANES HOSPITAL (23-2826045) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	
(7) (SEE STATEMENT)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>(SEE STATEMENT)</u>									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)	✓	
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TEMPLE UNIVERSITY ALUMNI ASSOCIATION	C	10,000	FMV
(1) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	O	196,903,000	FMV
(2) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	Q	110,524,000	FMV
(3) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	K	238,000	FMV
(4) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	O	1,052,000	FMV
(5) (SEE STATEMENT)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II

Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) TEMPLE HEALTH SYSTEM TRANSPORT TEAM, INC. (75-3084023) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	10	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	
(8) TEMPLE PHYSICIANS, INC. (23-2790607) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	10	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	
(9) TEMPLE UNIVERSITY HEALTH SYSTEM FOUNDATION (23-2916108) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	12 TYPE I	TEMPLE UNIVERSITY HOSPITAL INC	✓	
(10) TEMPLE UNIVERSITY HEALTH SYSTEM, INC. (23-2825881) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	12 TYPE I	TEMPLE UNIVERSITY	✓	
(11) TEMPLE UNIVERSITY HOSPITAL, INC. (23-2825878) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	
(12) TEMPLE UNIVERSITY ALUMNI ASSOCIATION (23-2930242) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	EDUCATION	PA	501(C)(3)	5	N/A		✓
(13) TEMPLE UNIVERSITY LAW FOUNDATION (23-6407459) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	EDUCATION	PA	501(C)(3)	12 TYPE III-FI	N/A		✓
(14) TEMPLE UNIVERSITY SCHOOL OF PODIATRIC MEDICINE, INC. (23-1596240) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	EDUCATION	PA	501(C)(3)	12 TYPE I	TEMPLE UNIVERSITY	✓	
(15) TUMP OFFICES INC. (91-1872296) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	INACTIVE	PA	501(C)(2)		TEMPLE UNIVERSITY	✓	
(16) TEMPLE FACULTY PRACTICE PLAN, INC. (83-1002191) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	✓	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FOX CHASE, LTD. (23-2396731) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	AMERICAN ONCOLOGIC HOSPITAL	C CORPORATION				✓	
(2) GLOBAL TECHNOLOGY MANAGEMENT CORP. (23-3007767) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	INACTIVE	PA	N/A	C CORPORATION			100.00		
(3) GOOD SAMARITAN INSURANCE CO., LTD. (98-1203425) P.O. BOX HM1179 CEDAR HOUSE, HAMILTON HM12, BD	INACTIVE	BERMUDA	N/A				100.00	✓	
(4) TEMPLE EDUCATIONAL SUPPORT SERVICES, LTD. 2-8-12 MINAMI AZABU, MINATO-KU, TOKYO, JA	EDUCATION	JAPAN	TEMPLE UNIVERSITY		2,148,700	48,278,000	100.00	✓	
(5) TUHS INSURANCE CO., LTD. (98-1203189) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	REINSURANCE	BERMUDA	TEMPLE UNIVERSITY HEALTH SYSTEM INC.				100.00	✓	
(6) TEMPLE HEALTH SUBSIDIARIES, INC. TUHS CORPORATE OFFICES, 2450 HUNTING PARK AVE., PHILADELPHIA, PA 19129	INACTIVE	PA							

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) TEMPLE UNIVERSITY HEALTH SYSTEM, INC.	P	1,176,000	FMV
(7) TEMPLE EDUCATIONAL SUPPORT SERVICES, LTD.	L	1,800,000	FMV

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2021, or tax year beginning 07/01, 2021, and ending 06/30, 20 22

2021

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
▶ Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

EIN or SSN

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

23-1365971

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,586,269,000
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.
- b 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 entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 5-11-23 | ▶ VP FOR FINANCE AND TREASURER
Signature of officer or person subject to tax Date Title, if applicable

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

I declare that I have reviewed the above return and that the entries on Form 8453-TE 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 entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, 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. 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 Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶ Phone no.