

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning **07/01**, 20**22**, and ending **06/30**, 20**23**

**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 \$ **2,317,437,000**

**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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDING ACCESS TO HIGH QUALITY AND AFFORDABLE HIGHER EDUCATION, WORLD-CLASS RESEARCH, AND PUBLIC SERVICE THROUGH ITS CAMPUSES AND DISTANCE LEARNING PROGRAMS.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>17,702</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>34</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>223,000</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>57,709</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>409,915,000</b>	Current Year <b>333,102,000</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,127,549,000</b>	<b>1,139,574,000</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>45,536,000</b>	<b>63,641,000</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,269,000</b>	<b>1,845,000</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,586,269,000</b>	<b>1,538,162,000</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>236,302,000</b>	<b>205,097,000</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>848,298,000</b>	<b>857,035,000</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>13,086,000</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>388,162,000</b>	<b>417,502,000</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,472,762,000</b>	<b>1,479,634,000</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>113,507,000</b>	<b>58,528,000</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>3,835,400,000</b>	End of Year <b>3,926,300,000</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>947,918,000</b>	<b>959,109,000</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,887,482,000</b>	<b>2,967,191,000</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **DAVID MARINO, VP FOR FINANCE AND TREASURER** Date: \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

**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 \$ 598,352,000 including grants of \$ 40,256,000 ) (Revenue \$ 926,918,000 )  
INSTRUCTION - INCLUDES UNDERGRADUATE, GRADUATE, PROFESSIONAL, NON-CREDIT CONTINUING EDUCATION, AND DISTANCE LEARNING PROGRAMS.

**4b** (Code: ) (Expenses \$ 202,987,000 including grants of \$ 2,666,000 ) (Revenue \$ 0 )  
RESEARCH - INCLUDES GOVERNMENTAL SPONSORED, PRIVATE SPONSORED, AND NON-SPONSORED RESEARCH.

**4c** (Code: ) (Expenses \$ 149,844,000 including grants of \$ 1,761,000 ) (Revenue \$ 109,434,000 )  
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 \$ 326,369,000 including grants of \$ 160,415,000 ) (Revenue \$ 102,999,000 )

**4e** Total program service expenses 1,277,552,000

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, 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"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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
<b>22</b> 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"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> 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"/>
<b>26</b> 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"/>
<b>27</b> 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"/>
<b>28</b> 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):		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>29</b> 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"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>31</b> 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"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>34</b> 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"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

<b>1a</b>	2,502
<b>1b</b>	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	17,702		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country <b>IT, JA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>		✓	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person 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.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b>	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.		
	<b>1a</b> 34		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 34		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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>b</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"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	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"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</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. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>16b</b>			

**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, box 6 of 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) STANLEY DRAYTON HEAD COACH - FOOTBALL	50.0					✓	1,835,748	0	53,231	
(2) RODERICK CAREY FORMER HEAD COACH - FOOTBALL (THRU 12/21)						✓	1,655,000	0	0	
(3) YOSHIYA TOYODA SURGEON	50.0					✓	1,559,323	0	35,534	
(4) JASON WINGARD PRESIDENT (THRU 3/23)	46.0 4.0			✓			1,391,655	0	61,426	
(5) AARON MCKIE HEAD COACH - BASKETBALL (THRU 3/23)	50.0					✓	1,257,117	0	533	
(6) AMY J GOLDBERG DEAN - LEWIS KATZ SCHOOL OF MEDICINE, SURGEON	50.0					✓	1,085,052	0	40,945	
(7) MICHAEL WEAVER NEUROSURGEON	50.0					✓	1,013,635	0	41,740	
(8) RICHARD ENGLERT FORMER PRESIDENT (THRU 6/21, CURRENT PRESIDENT AS 10/23)						✓	800,000	0	84,159	
(9) KENNETH KAISER SENIOR VP - COO	50.0			✓			682,023	0	67,728	
(10) GREGORY MANDEL SENIOR VP AND PROVOST	50.0			✓			663,129	0	67,728	
(11) JOANNE EPPS INTERIM PRESIDENT (AS OF 4/23 THRU 9/23)	50.0			✓			620,000	0	81,460	
(12) ARTHUR JOHNSON VP - DIRECTOR OF ATHLETICS	50.0			✓			603,811	0	62,754	
(13) KEVIN G CLARK FORMER EXEC. VP AND COO (THRU 6/21)						✓	610,000	0	56,314	
(14) MICHAEL B GEBHARDT VP - SECRETARY	50.0			✓			572,611	0	67,189	

**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) HAI-LUNG DAI VP - INTERNATIONAL AFFAIRS (THRU 6/22)	50.0			✓				465,669	0	66,493
(16) WILLIAM BERGMAN FORMER VP - PUBLIC AFFAIRS (THRU 8/21)							✓	435,000	0	59,780
(17) VALERIE I HARRISON VP - DEI	50.0			✓				429,168	0	54,774
(18) DAVID MARINO INTERIM TREASURER (THRU 3/22), THEREAFTER VP - FINANCE AND TREASURER	50.0			✓				397,228	0	65,309
(19) CAMERON ETEZADY INTERIM UNIVERSITY COUNSEL (THRU 3/22), THEREAFTER VP - UNIVERSITY COUNSEL	50.0			✓				386,367	0	66,016
(20) JAMES CAWLEY FORMER VP - INSTITUTIONAL ADVANCEMENT (THRU 8/21)							✓	382,500	0	58,738
(21) SHARON BOYLE VP - HUMAN RESOURCES (AS OF 3/22)	50.0			✓				367,373	0	67,389
(22) GENNARO J LEVA VP - PLANNING AND CAPITAL PROJECTS	50.0			✓				375,303	0	58,053
(23) ANNE NADOL FORMER VP - SECRETARY (THRU 8/21)							✓	370,000	0	53,151
(24) THERESA A POWELL VP - STUDENT AFFAIRS (THRU 1/23)	50.0			✓				348,939	0	48,078
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								18,306,651	0	1,318,522
<b>c Total from continuation sheets to Part VII, Section A</b>								1,650,708	0	264,191
<b>d Total (add lines 1b and 1c)</b>								19,957,359	0	1,582,713

**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 2,174

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

**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	29,830,000
UNIVERSAL PROTECTION SERVICES, LLC, 161 WASHINGTON ST., CONSHOHOCKEN, PA 19428	SECURITY SERVICES	11,468,000
CARITAS MANAGEMENT LLC, 2501 SEAPORT DRIVE, SH 200, CHESTER, PA 19013-2249	CONSTRUCTION SERVICES	7,125,000
COLLINS & COLLINS MECHANICAL INCORPORATED, 821 CEDAR STREET, BRISTOL, PA 19007-5211	MECHANICAL SERVICES	7,027,000
EAGLES STADIUM OPERATOR, LLC, 1 NOVACARE WAY, PHILADELPHIA, PA 19145-5900	STADIUM SVCS 2022 AND 2023 SEASONS	4,690,000
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	79	



**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		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 10,000					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 227,987,000					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 105,105,000					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 11,240,000					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		333,102,000				
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b>		TUITION AND FEES	611310	912,760,000	912,760,000	0		
<b>b</b>		SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	611310	14,158,000	14,158,000	0		
<b>c</b>		AUXILIARY ENTERPRISES	611310	109,434,000	109,211,000	223,000		
<b>d</b>		PATIENT CARE ACTIVITIES	621111	3,333,000	3,333,000	0		
<b>e</b>		OTHER	611310	99,889,000	99,889,000	0		
<b>f</b>		All other program service revenue . . . . .		0	0	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		1,139,574,000				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		67,348,000	0	0		
	<b>4</b>	Income from investment of tax-exempt bond proceeds		35,000	0	0		
	<b>5</b>	Royalties . . . . .		182,000	0	0		
	<b>6a</b>	Gross rents . . . . .	(i) Real	3,243,000				
			(ii) Personal					
			<b>6b</b>	Less: rental expenses	1,580,000			
			<b>6c</b>	Rental income or (loss)	1,663,000	0		
	<b>d</b>	Net rental income or (loss) . . . . .		1,663,000	0	0		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	773,953,000				
			(ii) Other		0			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	777,695,000	0		
			<b>7c</b>	Gain or (loss) . . . . .	(3,742,000)	0		
	<b>d</b>	Net gain or (loss) . . . . .		(3,742,000)	0	0		
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 0					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 0					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0		0		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 0					
			<b>9b</b> 0					
<b>c</b> Net income or (loss) from gaming activities . . . . .				0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b> 0						
		<b>10b</b> 0						
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0	0	0		
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>	-----						
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	All other revenue . . . . .		0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,538,162,000	1,139,351,000	223,000	65,486,000		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	12,296,000	12,296,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	192,801,000	192,801,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	8,219,000	0	7,809,000	410,000
<b>6</b> 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
<b>7</b> Other salaries and wages . . . . .	674,162,000	573,471,000	92,352,000	8,339,000
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	46,944,000	40,077,000	6,237,000	630,000
<b>9</b> Other employee benefits . . . . .	78,255,000	63,455,000	13,304,000	1,496,000
<b>10</b> Payroll taxes . . . . .	49,455,000	42,728,000	6,168,000	559,000
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	6,442,000	996,000	5,446,000	0
<b>c</b> Accounting . . . . .	503,000	107,000	396,000	0
<b>d</b> Lobbying . . . . .	841,000	841,000	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	4,487,000	193,000	4,173,000	121,000
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	9,060,000	6,135,000	2,914,000	11,000
<b>13</b> Office expenses . . . . .	137,311,000	108,327,000	27,861,000	1,123,000
<b>14</b> Information technology . . . . .	39,821,000	24,349,000	15,134,000	338,000
<b>15</b> Royalties . . . . .	175,000	170,000	5,000	0
<b>16</b> Occupancy . . . . .	45,344,000	45,343,000	0	1,000
<b>17</b> Travel . . . . .	19,510,000	18,264,000	1,194,000	52,000
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	10,000	10,000	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	1,917,000	1,766,000	145,000	6,000
<b>20</b> Interest . . . . .	17,742,000	17,509,000	233,000	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	112,050,000	112,050,000	0	0
<b>23</b> Insurance . . . . .	6,144,000	519,000	5,625,000	0
<b>24</b> 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.)				
<b>a</b> <u>BAD DEBTS - PATIENT CARE</u> . . . . .	542,000	542,000	0	0
<b>b</b> <u>BAD DEBTS - GRANTS</u> . . . . .	11,383,000	11,383,000	0	0
<b>c</b> <u>BAD DEBTS - STUDENTS</u> . . . . .	4,220,000	4,220,000	0	0
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,479,634,000	1,277,552,000	188,996,000	13,086,000
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	206,000	<b>1</b>	190,000
	<b>2</b> Savings and temporary cash investments . . . . .	307,620,000	<b>2</b>	326,074,000
	<b>3</b> Pledges and grants receivable, net . . . . .	61,367,000	<b>3</b>	58,211,000
	<b>4</b> Accounts receivable, net . . . . .	157,211,000	<b>4</b>	138,572,000
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	32,863,000	<b>7</b>	29,356,000
	<b>8</b> Inventories for sale or use . . . . .	482,000	<b>8</b>	709,000
	<b>9</b> Prepaid expenses and deferred charges . . . . .	53,624,000	<b>9</b>	69,401,000
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,105,233,000		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,571,089,000	1,566,417,000	<b>10c</b> 1,534,144,000
	<b>11</b> Investments—publicly traded securities . . . . .	904,771,000	<b>11</b>	991,472,000
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	643,792,000	<b>12</b>	676,088,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	107,047,000	<b>15</b>	102,083,000
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,835,400,000	<b>16</b>	3,926,300,000	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	259,452,000	<b>17</b>	280,689,000
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	95,343,000	<b>19</b>	112,830,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	411,447,000	<b>20</b>	391,691,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	2,830,000	<b>21</b>	2,699,000
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	178,846,000	<b>23</b>	171,200,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	947,918,000	<b>26</b>	959,109,000
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,336,515,000	<b>27</b>	2,366,541,000
	<b>28</b> Net assets with donor restrictions . . . . .	550,967,000	<b>28</b>	600,650,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	2,887,482,000	<b>32</b>	2,967,191,000
<b>33</b> Total liabilities and net assets/fund balances . . . . .	3,835,400,000	<b>33</b>	3,926,300,000	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,538,162,000
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,479,634,000
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,528,000
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,887,482,000
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	21,181,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,967,191,000

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	✓	
<b>c</b> 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.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</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) MICHELE M MASUCCI ----- VP - RESEARCH (THRU 9/22)	50.0 -----			✓				300,875	0	50,315
(26) MARY BURKE ----- VP - INSTITUTIONAL ADVANCEMENT (AS OF 3/22)	50.0 -----			✓				290,082	0	47,863
(27) STEPHEN NAPPI ----- INTERIM VP - RESEARCH (AS OF 10/22 THRU 7/23)	50.0 -----			✓				257,379	0	45,628
(28) LARRY BRANDOLPH ----- INTERIM VP - INFORMATION TECHNOLOGY (THRU 3/23), THEREAFTER VP - INFORMATION TECHNOLOGY	50.0 -----			✓				256,348	0	45,653
(29) STEPHANIE IVES ----- INTERIM VP - STUDENT AFFAIRS (AS OF 1/23 THRU 3/23)	50.0 -----			✓				230,432	0	39,148
(30) OLAN GARRETT ----- INTERIM VP - STUDENT AFFAIRS (AS OF 4/23 THRU 2/24)	50.0 -----			✓				172,550	0	23,877
(31) JENNIFER GRIFFIN ----- VP - PUBLIC SAFETY (AS OF 8/22)	50.0 -----			✓				143,042	0	11,707
(32) ANTHONY J MCINTYRE ----- TRUSTEE	1.0 -----	✓						0	0	0
(33) BARRY ARKLES ----- TRUSTEE	3.0 -----	✓						0	0	0
(34) BRET S. PERKINS ----- TRUSTEE (COMMONWEALTH APPOINTEE)	5.0 -----	✓						0	0	0
(35) CHARLES E RYAN ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(36) CHRISTINE M TARTAGLIONE ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(37) CHRISTOPHER W MCNICHOL ----- TRUSTEE (COMMONWEALTH APPOINTEE)	3.0 -----	✓						0	0	0
(38) DEBORAH M FRETZ ----- TRUSTEE (COMMONWEALTH APPOINTEE)	4.0 -----	✓						0	0	0
(39) DREW KATZ ----- TRUSTEE	1.0 -----	✓						0	0	0
(40) III JOSEPH W MARSHALL ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(41) J WILLIAM MILLS ----- TRUSTEE	1.0 -----	✓						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			
(42) JANE SCACCETTI ----- TRUSTEE	8.0 -----	✓						0	0	0
(43) JOHN F STREET ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(44) JOSEPH F CORADINO ----- TRUSTEE	4.0 -----	✓						0	0	0
(45) JR LEON O MOULDER ----- TRUSTEE	4.0 -----	✓						0	0	0
(46) JR LEWIS F GOULD ----- TRUSTEE (COMMONWEALTH APPOINTEE)	2.0 -----	✓						0	0	0
(47) JUDITH A FELGOISE ----- TRUSTEE	1.0 -----	✓						0	0	0
(48) KELLYN HODGES ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(49) LEONAD BARRACK ----- TRUSTEE	4.0 -----	✓						0	0	0
(50) LON R GREENBERG ----- TRUSTEE	5.0 -----	✓						0	0	0
(51) MARGUERITE LENFEST ----- TRUSTEE	1.0 -----	✓						0	0	0
(52) MARINA KATS ----- TRUSTEE	3.0 -----	✓						0	0	0
(53) MICHAEL E BREEZE ----- TRUSTEE	2.0 -----	✓						0	0	0
(54) MICHAEL H REED ----- TRUSTEE	6.0 -----	✓						0	0	0
(55) MITCHELL L MORGAN ----- TRUSTEE (CHAIR)	21.0 -----	✓						0	0	0
(56) NELSON A DIAZ ----- TRUSTEE	1.0 -----	✓						0	0	0
(57) PATRICK J EIDING ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(58) PATRICK M BROWNE ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(59) PATRICK V LARKIN ----- TRUSTEE (COMMONWEALTH APPOINTEE)	1.0 -----	✓						0	0	0
(60) PAUL G CURCILLO ----- TRUSTEE	1.0 -----	✓						0	0	0
(61) PHILIP C RICHARDS ----- TRUSTEE	7.0 -----	✓						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			
(62) SANDRA HARMON-WEISS ----- TRUSTEE	1.0 -----	✓					0	0	0
(63) SOLOMON C LUO ----- TRUSTEE	1.0 -----	✓					0	0	0
(64) STEPHEN G CHARLES ----- TRUSTEE	2.0 -----	✓					0	0	0
(65) TAMRON HALL ----- TRUSTEE	1.0 -----	✓					0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION	<b>Employer identification number</b> 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)(vi)**. (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 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>					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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

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](http://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 <b>TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION</b>	Employer identification number <b>23-1365971</b>
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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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?	✓		3,000
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		842,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		9,000
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			854,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."**

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

**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

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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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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-2 for questions about art collections, including dollar amounts for revenue and assets.

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, 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
<b>1a</b> Beginning of year balance	817,685,000	886,058,000	688,479,000	696,319,000	698,037,000
<b>b</b> Contributions	23,896,000	17,030,000	22,289,000	13,893,000	13,135,000
<b>c</b> Net investment earnings, gains, and losses	64,141,000	(55,818,000)	198,664,000	2,230,000	11,437,000
<b>d</b> Grants or scholarships	32,132,000	29,514,000	26,878,000	26,063,000	26,290,000
<b>e</b> Other expenditures for facilities and programs	(656,000)	71,000	(3,504,000)	(2,100,000)	0
<b>f</b> Administrative expenses		0	0	0	0
<b>g</b> End of year balance	874,246,000	817,685,000	886,058,000	688,479,000	696,319,000

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

- a** Board designated or quasi-endowment 35.65 %
- b** Permanent endowment 50.90 %
- c** Term endowment 13.45 %

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:

	Yes	No
<b>(i)</b> Unrelated organizations	✓	
<b>(ii)</b> Related organizations		✓
<b>b</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
<b>1a</b> Land	0	127,665,000		127,665,000
<b>b</b> Buildings	0	2,134,614,000	1,056,096,000	1,078,518,000
<b>c</b> Leasehold improvements	0	37,683,000	29,544,000	8,139,000
<b>d</b> Equipment	0	761,259,000	485,449,000	275,810,000
<b>e</b> Other	0	44,012,000	0	44,012,000
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,534,144,000

**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) <b>LLCS, POOLED FUNDS &amp; OTHER MISC CLOSELY HELD INVESTMENTS</b>	676,088,000	END OF YEAR MARKET VALUE
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	676,088,000	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

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

**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.

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

**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

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**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
<p>SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS</p>	<p>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.</p>
<p>SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT</p>	<p>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.</p>
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>TEMPLE UNIVERSITY'S ENDOWMENT IS USED TO PROVIDE FUNDS IN SUPPORT OF ITS MISSION, SUCH AS SCHOLARSHIPS AND ENDOWED CHAIRS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>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.</p>



**SCHEDULE E  
(Form 990)**

**Schools**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**2022**

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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**

	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? . . . . .	✓	
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? . . . . .	✓	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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 . . . . . <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? . . . . .	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
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.	✓	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		✓
b Admissions policies? . . . . .		✓
c Employment of faculty or administrative staff? . . . . .		✓
d Scholarships or other financial assistance? . . . . .		✓
e Educational policies? . . . . .		✓
f Use of facilities? . . . . .		✓
g Athletic programs? . . . . .		✓
h Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		✓
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	✓	
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.	✓	
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II . . . . .	✓	

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

(SEE STATEMENT)

Area with horizontal dashed lines for supplemental information.

**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

**2022**

**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](http://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	623,774
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	2	10	PROGRAM SERVICES	INSTRUCTION AT LOCATIONS IN ROME, ITALY AND LONDON, ENGLAND.	4,707,694
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	3	13			5,331,468
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	3	13			5,331,468

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> (SEE STATEMENT)	72-0423889	501 (C)(3)	388,565				RESEARCH SUBCONTRACT
<b>(2)</b> ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE, BRONX, NY 14061	83-0621846	501 (C)(3)	17,780				RESEARCH SUBCONTRACT
<b>(3)</b> ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD, PHILADELPHIA, PA 19141	23-2290323	501 (C)(3)	30,094				RESEARCH SUBCONTRACT
<b>(4)</b> (SEE STATEMENT)	53-0183246	501 (C)(3)	160,365				RESEARCH SUBCONTRACT
<b>(5)</b> (SEE STATEMENT)	26-1413610	501 (C)(3)	38,823				RESEARCH SUBCONTRACT
<b>(6)</b> (SEE STATEMENT)	13-3078199	N/A	663,692				RESEARCH SUBCONTRACT
<b>(7)</b> (SEE STATEMENT)	47-0049123	115	260,789				RESEARCH SUBCONTRACT
<b>(8)</b> (SEE STATEMENT)	37-6000511	501 (C)(3)	178,714				RESEARCH SUBCONTRACT
<b>(9)</b> BOSTON UNIVERSITY ONE SILBER WAY, BOSTON, MA 02215	04-2103547	501 (C)(3)	124,524				RESEARCH SUBCONTRACT
<b>(10)</b> (SEE STATEMENT)	95-4044252	501 (C)(3)	80,658				RESEARCH SUBCONTRACT
<b>(11)</b> (SEE STATEMENT)	46-4404323	501 (C)(3)	51,532				RESEARCH SUBCONTRACT
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 73

**3** Enter total number of other organizations listed in the line 1 table 33

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	23,090	192,801,000	0		
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

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## 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) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, CLEVELAND , OH 44106	34-1018992	501 (C)(3)	727,541				RESEARCH SUBCONTRACT
(13) CENTER FOR INDEPENDENT LIVING OF NCPA 210 MARKET ST., SUITE A, WILLIAMSPORT, PA 17701	23-2926556	501 (C)(3)	23,397				RESEARCH SUBCONTRACT
(14) CFD RESEARCH CORPORATION 215 WYNN DRIVE NORTHWEST FLOOR 5, HUNTSVILLE, AL 35805-1926	63-0944385	N/A	31,038				RESEARCH SUBCONTRACT
(15) CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH ST. AND CIVIC CENTER BLVD., PHILADELPHIA, PA 19104	23-1352166	501 (C)(3)	242,067				RESEARCH SUBCONTRACT
(16) CHRISTIANACARE HEALTH SYSTEM PO BOX 1668, WILMINGTON, DE 19899	52-1479538	501 (C)(3)	35,482				RESEARCH SUBCONTRACT
(17) CITY OF PHILADELPHIA 1515 ARCH STREET, PHILADELPHIA, PA 19102	23-6003047	115	103,577				RESEARCH SUBCONTRACT
(18) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, CLEVELAND , OH 44195	34-0714585	501 (C)(3)	67,042				RESEARCH SUBCONTRACT
(19) COMMUNITY LIVING AND SUPPORT SERVICES INC 1400 SOUTH BRADDOCK AVENUE, PITTSBURGH, PA 15218	25-0987252	501 (C)(3)	44,259				RESEARCH SUBCONTRACT
(20) COMMUNITY RESOURCES FOR INDEPENDENCE INCORPORATED 3410 WEST 12TH STREET, ERIE, PA 16505	25-1640170	501 (C)(3)	10,511				RESEARCH SUBCONTRACT
(21) COMPUTING RESEARCH ASSOCIATION 1828 L STREET, SUITE NW 800, WASHINGTON, DC 20036	52-1622336	501 (C)(3)	5,908				RESEARCH SUBCONTRACT
(22) CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET STREET , PHILADELPHIA, PA 19133	23-2051143	501 (C)(3)	43,946				RESEARCH SUBCONTRACT
(23) COOPER HEALTH SYSTEM 1 FEDERAL STREET, SUITE NW 400A, CAMDEN, NJ 08103-1088	21-0634462	501 (C)(3)	101,300				RESEARCH SUBCONTRACT
(24) CORIELL INSTITUTE FOR MEDICAL RESEARCH 403 HADDON AVE, CAMDEN, NJ 08103	21-0672684	501 (C)(3)	48,070				RESEARCH SUBCONTRACT
(25) DREXEL UNIVERSITY 3141 CHESTNUT STREET, PHILADELPHIA, PA 19103	23-1352630	501 (C)(3)	881,723				RESEARCH SUBCONTRACT
(26) DUKE UNIVERSITY BOX 90754, DURHAM, NC 27708	56-0532129	501 (C)(3)	136,163				RESEARCH SUBCONTRACT
(27) ECTORS AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	115	179,801				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
(28) EMMA PENDLETON BRADLEY HOSPITAL 1011 VETERANS MEM. HWY., RIVERSIDE, RI 02915	05-0258806	501 (C)(3)	28,519				RESEARCH SUBCONTRACT
(29) EXCISION BIOTHERAPEUTICS INC. 499 JACKSON STREET, SAN FRANCISCO, CA 94111	99-9999999	N/A	320,905				RESEARCH SUBCONTRACT
(30) FORSYTH DENTAL INFIRMIRY 140 FENWAY, BOSTON, MA 02115-3799	04-2104230	N/A	16,756				RESEARCH SUBCONTRACT
(31) FOX CHASE CANCER CENTER 333 COTTMAN AVENUE, PHILADELPHIA, PA 19111	23-6296135	501 (C)(3)	19,294				RESEARCH SUBCONTRACT
(32) FOX CHASE CHEMICAL DIVERSITY CENTER INC 3805 OLD EASTON ROAD, DOYLESTOWN, PA 18902	26-3652213	N/A	60,743				RESEARCH SUBCONTRACT
(33) GEISINGER 100 NORTH ACADEMY AVE, DANVILLE , PA 17822	24-0795959	501 (C)(3)	42,000				RESEARCH SUBCONTRACT
(34) GENERAL HOSPITAL PO BOX 3215, LANCASTER, PA 17604	23-6525768	501 (C)(3)	25,691				RESEARCH SUBCONTRACT
(35) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, FAIRFAX, VA 22030	54-1603842	501 (C)(3)	34,305				RESEARCH SUBCONTRACT
(36) HMH HOSPITALS CORPORATION 343 THORNALL STREET FL 8, EDISON, NJ 08837	22-3474145	501 (C)(3)	367,005				RESEARCH SUBCONTRACT
(37) INDIANA UNIVERSITY PO BOX 500, BLOOMINGTON, IN 47402	35-6018940	501 (C)(3)	65,393				RESEARCH SUBCONTRACT
(38) JOHNS HOPKINS UNIVERSITY GARLAND HALL SUITE 300, BALTIMORE, MD 21218	52-0595110	501 (C)(3)	245,557				RESEARCH SUBCONTRACT
(39) LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING 713 N 13TH ST, ALLENTOWN, PA 18102	23-2610549	501 (C)(3)	40,743				RESEARCH SUBCONTRACT
(40) LIFE AND INDEPENDENCE FOR TODAY 503 E ARCH ST, ST. MARYS, PA 15857	25-1732868	501 (C)(3)	19,000				RESEARCH SUBCONTRACT
(41) LIVE AND LEARN SOCIETY 785 QUINTANA ROAD SUITE 219, MORRO BAY, CA 93442-1943	47-1706989	N/A	16,500				RESEARCH SUBCONTRACT
(42) LOCK HAVEN UNIVERSITY FOUNDATION 10 SUSQUEHANNA AVENUE, LOCK HAVEN, PA 17745	23-7007734	501 (C)(3)	7,699				RESEARCH SUBCONTRACT
(43) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	13,503				RESEARCH SUBCONTRACT
(44) MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE ST, CHARLESTON, SC 29425	57-6028985	501 (C)(3)	67,175				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
(45) MIRIAM HOSPITAL 164 SUMMIT AVE, PROVIDE, RI 02906	05-0258905	501 (C)(3)	33,812				RESEARCH SUBCONTRACT
(46) MONELL CHEMICAL SENSES CENTER 3500 MARKET ST, PHILADELPHIA, PA 19104	23-2020897	501 (C)(3)	121,711				RESEARCH SUBCONTRACT
(47) MONTGOMERY COUNTY INTERMEDIATE UNIT 2 WEST LAFAYETTE STREET, NORRISTOWN, PA 19401	23-2984263	501 (C)(3)	137,299				RESEARCH SUBCONTRACT
(48) NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 50 WATER STREET, NEW YORK, NY 10004	13-2655001	501 (C)(3)	30,000				RESEARCH SUBCONTRACT
(49) NEW YORK UNIVERSITY 105 EAST 17TH STREET, NEW YORK, NY 10003	13-5562308	501 (C)(3)	20,527				RESEARCH SUBCONTRACT
(50) NORTH CENTRAL ORGANIZED REGIONALLY 1300 W LEHIGH AVE, PHILADELPHIA, PA 19132	23-7399017	501 (C)(3)	45,000				RESEARCH SUBCONTRACT
(51) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501 (C)(3)	127,671				RESEARCH SUBCONTRACT
(52) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501 (C)(3)	79,826				RESEARCH SUBCONTRACT
(53) NUEVA ESPERANZA INC 4261 N 5TH STREET , PHILADELPHIA, PA 19140	23-2952060	501 (C)(3)	47,564				RESEARCH SUBCONTRACT
(54) OLD DOMINION UNIVERSITY 4111 MONARCH WAY STE 204, NORFOLK, VA 23508	54-6068198	501 (C)(3)	13,989				RESEARCH SUBCONTRACT
(55) OSHUN FAMILY CENTER PO BOX 5116, PHILADELPHIA, PA 19141	83-3999474	501 (C)(3)	144,265				RESEARCH SUBCONTRACT
(56) PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE 4170 CITY AVE, PHILADELPHIA, PA 19131	22-2691757	501 (C)(3)	6,162				RESEARCH SUBCONTRACT
(57) PUBLIC HEALTH INSTITUTE 555 12TH STREET FL 10, OAKLAND, CA 94607	94-1646278	501 (C)(3)	64,622				RESEARCH SUBCONTRACT
(58) REGENTS OF THE U OF CA IRVINE 120 THEORY STE 200, IRVINE, CA 92617	95-2226406	115	73,079				RESEARCH SUBCONTRACT
(59) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1111 FRANKLIN STREET, OAKLAND, CA 94607	94-3067788	115	198,379				RESEARCH SUBCONTRACT
(60) REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKLEY 2195 HEARST AVENUE ROOM 120, BERKLEY, CA 94720	94-6002123	115	385,334				RESEARCH SUBCONTRACT
(61) REGENTS OF THE UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET, ANN ARBOR, MI 48109	38-6006309	115	17,306				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) REGENTS OF THE UNIVERSITY OF MINNESOTA 1300 S 2ND ST SUITE 206, MINNEAPOLIS, MN 55454	41-6007513	115	129,660				RESEARCH SUBCONTRACT
(63) REGENTS UNIV OF CALIFORNIA LA 405 HILGARD AVENUE, LOS ANGELES, CA 90095-1432	95-6006143	501 (C)(3)	315,349				RESEARCH SUBCONTRACT
(64) RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 , ALBANY , NY 12201	14-1368361	501 (C)(3)	79,701				RESEARCH SUBCONTRACT
(65) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK 230 WEST 41 STREET, NEW YORK, NY 10036	13-1988190	501 (C)(3)	6,929				RESEARCH SUBCONTRACT
(66) RUTGERS UNIVERSITY 57 US RT 1, NEW BRUNSWICK, NJ 08901	22-6001086	115	15,796				RESEARCH SUBCONTRACT
(67) SETON HALL UNIVERSITY 400 S ORANGE AVE, SOUTH ORANGE, NJ 07079	22-1500645	501 (C)(3)	176,603				RESEARCH SUBCONTRACT
(68) STATE OF MARYLAND 620 W. LEXINGTON ST., BALTIMORE, MD 21201	52-6002033	N/A	40,025				RESEARCH SUBCONTRACT
(69) STATE UNIVERSITY OF IOWA 105 JESSUP RD, IOWA CITY, IA 52242	42-6004813	115	26,970				RESEARCH SUBCONTRACT
(70) STEPPINGSTONE SCHOLARS INC 1301 CECIL B MOORE AVE, PHILADELPHIA, PA 19122	42-1612131	501 (C)(3)	173,417				RESEARCH SUBCONTRACT
(71) STRATEGIC EDUCATION RESEARCH PARTNERSHIP INSTITUTE 1100 CONNECTICUT AVE NW, WASHINGTON, DC 20036-4119	30-0231116	N/A	130,563				RESEARCH SUBCONTRACT
(72) SUCCESSFUL AGING CAREER INST 46 GARRETT ROAD, UPPER DARBY, PA 19082	99-9999999	N/A	18,650				RESEARCH SUBCONTRACT
(73) THE FINDINGS GROUP LLC 125 E TRINITY PLACE SUITE 249, DECATUR, GA 30030	99-9999999	N/A	117,835				RESEARCH SUBCONTRACT
(74) THE PENNSYLVANIA STATE UNIVERSITY BURROWES STREET, STATE COLLEGE, PA 16801	24-6000376	115	67,835				RESEARCH SUBCONTRACT
(75) THIRD SECTOR NEW ENGLAND INC LINCOLN PLAZA, 89 SOUTH ST, BOSTON, MA 02111	04-2261109	501 (C)(3)	13,612				RESEARCH SUBCONTRACT
(76) THOMAS JEFFERSON UNIVERSITY 111 S 11TH ST, PHILADELPHIA, PA 19107	23-2829095	501 (C)(3)	174,151				RESEARCH SUBCONTRACT
(77) TRANSITIONAL PATHS TO INDEPENDENT LIVING 69 EAST BEAU ST, WASHINGTON, PA 15301	25-1622789	501 (C)(3)	21,376				RESEARCH SUBCONTRACT
(78) TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET, NEW YORK, NY 10025	13-5598093	501 (C)(3)	9,200				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) TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, HANOVER, NH 03755	02-0222111	501 (C)(3)	49,366				RESEARCH SUBCONTRACT
(80) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, SUITE 305, PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	208,791				RESEARCH SUBCONTRACT
(81) ULTIMATE BLOCK PARTY INC 313 BUCK LANE, HAVERFORD, PA 19041-1108	27-2766069	N/A	36,363				RESEARCH SUBCONTRACT
(82) UNITED CEREBRAL PALSY OF CENTRAL PENNSYLVANIA 55 UTLEY DRIVE, CAMP HILL, PA 17011	23-1433882	501 (C)(3)	26,964				RESEARCH SUBCONTRACT
(83) UNITED CEREBRAL PALSY OF NORTHEASTERN PENNSYLVANIA 425 WYOMING AVE, SCRANTON, PA 18503	24-0818346	501 (C)(3)	8,865				RESEARCH SUBCONTRACT
(84) UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VALLEY DRIVE, RESTON, VA 20192	53-0196958	N/A	100,000				RESEARCH SUBCONTRACT
(85) UNIV OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, BIRMINGHAM, AL 35294	63-6001138	115	22,054				RESEARCH SUBCONTRACT
(86) UNIVERSITY OF BRITISH COLUMBIA C/O TU GRANT ACCTG., PHILADELPHIA, PA 19122	98-6001255	501 (C)(3)	54,215				RESEARCH SUBCONTRACT
(87) UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD, ORLANDO, FL 32816	59-2924021	115	91,767				RESEARCH SUBCONTRACT
(88) UNIVERSITY OF DELAWARE 220 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	501 (C)(3)	269,864				RESEARCH SUBCONTRACT
(89) UNIVERSITY OF HOUSTON 5000 GULF FWY, HOUSTON, TX 77204	74-6001399	115	7,948				RESEARCH SUBCONTRACT
(90) UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN STREET, BOSTON, MA 02110	04-3167352	501 (C)(3)	32,302				RESEARCH SUBCONTRACT
(91) UNIVERSITY OF PENNSYLVANIA 3440 MARKET STREET, PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	388,609				RESEARCH SUBCONTRACT
(92) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE, PITTSBURGH, PA 15260	25-0965591	501 (C)(3)	708,908				RESEARCH SUBCONTRACT
(93) UNIVERSITY OF SOUTH CAROLINA PO BOX 751475, CHARLOTTE, NC 28275	57-6001153	115	26,682				RESEARCH SUBCONTRACT
(94) UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD, TAMPA, FL 33612	59-2959590	501 (C)(3)	5,611				RESEARCH SUBCONTRACT
(95) UNIVERSITY OF TENNESSEE 1331 CIRCLE PARK DR, KNOXVILLE, TN 37996	62-6001636	115	65,989				RESEARCH SUBCONTRACT
(96) UNIVERSITY OF TEXAS HEALTH SCIENCES 7000 FANNIN STREET, HOUSTON, TX 77030	74-1761309	115	249,802				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 WASHINGTON 1410 NE CAMPUS PARKWAY, SEATTLE , WA 98195	91-6001537	115	72,536				RESEARCH SUBCONTRACT
(98) VIRGINIA COMMONWEALTH UNIVERSITY 821 W. FRANKLIN ST., RICHMOND, VA 23284	54-6001758	115	8,848				RESEARCH SUBCONTRACT
(99) VIRGINIA TECH 300 TURNER STREET, SUITE 4200, BLACKSBURG, VA 24061	54-6001805	115	40,271				RESEARCH SUBCONTRACT
(100) WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD., WINSTON SALEM, NC 27157	56-0532138	501 (C)(3)	15,659				RESEARCH SUBCONTRACT
(101) WASHINGTON UNIVERSITY ONE BROOKINGS DR, SAINT LOUIS, MO 63130	43-0653611	501 (C)(3)	472,530				RESEARCH SUBCONTRACT
(102) WAYNE STATE UNIVERSITY 5057 WOODWARD SUITE 6409, DETROIT, MI 48202	38-6028429	501 (C)(3)	5,131				RESEARCH SUBCONTRACT
(103) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 341 PINE TREE ROAD, ITHACA , NY 14850	15-0532082	501 (C)(3)	34,284				RESEARCH SUBCONTRACT
(104) WEST CHESTER UNIVERSITY 700 SOUTH CHURCH STREET, WEST CHESTER, PA 19383	23-2417773	115	21,416				RESEARCH SUBCONTRACT
(105) WISTAR INSTITUTE 3601 SPRUCE ST, PHILADELPHIA, PA 19104	23-6434390	501 (C)(3)	49,836				RESEARCH SUBCONTRACT
(106) YALE UNIVERSITY PO BOX 2038, NEW HAVEN , CT 06521	06-0646973	501 (C)(3)	89,164				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"> <li>* COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) ANNUALLY AND AS EARLY AS JANUARY 1 (TEMPLE'S PRIORITY DEADLINE IS MARCH 1)</li> <li>* SIGN STATEMENTS ON THE FAFSA STATING THAT:               <ul style="list-style-type: none"> <li>* YOU ARE NOT IN DEFAULT ON A FEDERAL STUDENT LOAN AND DO NOT OWE MONEY ON A FEDERAL STUDENT GRANT AND</li> <li>* YOU WILL USE FEDERAL STUDENT AID ONLY FOR EDUCATIONAL PURPOSES</li> <li>* COMPLY WITH TEMPLE UNIVERSITY'S SATISFACTORY ACADEMIC PROGRESS STANDARDS</li> <li>* REMAIN IN GOOD STANDING ON EDUCATIONAL LOANS AND GRANTS PER THE NATIONAL STUDENT LOAN DATABASE SYSTEM (NSLDS)</li> <li>* 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)</li> <li>* BE ENROLLED IN AN ELIGIBLE DEGREE PROGRAM AT TEMPLE UNIVERSITY</li> <li>* BE A CITIZEN OR ELIGIBLE NON-CITIZEN WITH A VALID SOCIAL SECURITY NUMBER</li> <li>* HAVE A HIGH SCHOOL DIPLOMA OR RECOGNIZED EQUIVALENT</li> <li>* BE REGISTERED FOR THE SELECTIVE SERVICE IF YOU ARE MALE AND 18-25 YEARS OF AGE</li> <li>* COMPLY WITH ANY AND ALL FEDERAL VERIFICATION REQUESTS MADE BY STUDENT FINANCIAL SERVICES</li> </ul> </li> </ul> <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>
(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>BIG PICTURE PHILADELPHIA</p> <p>2300 WEST MASTER STREET, PHILADELPHIA, PA 19121-4996</p>
(6) 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>
(7) 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>
(8) 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>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CAL STATE LA</p> <p>5151 STATE UNIVERSITY DR, LOS ANGELES, CA 90032</p>
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CALLED TO SERVE CDC</p> <p>3600 NORTH BROAD STREET, PHILADELPHIA, PA 19140-4108</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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

Employer identification number

23-1365971

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	1b <input checked="" type="checkbox"/>	
<p><b>2</b> 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>	2 <input checked="" type="checkbox"/>	
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> 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>	4a <input checked="" type="checkbox"/>	4b <input type="checkbox"/>
	4c <input type="checkbox"/>	4c <input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a <input type="checkbox"/>	5a <input checked="" type="checkbox"/>
	5b <input type="checkbox"/>	5b <input checked="" type="checkbox"/>
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a <input type="checkbox"/>	6a <input checked="" type="checkbox"/>
	6b <input type="checkbox"/>	6b <input checked="" type="checkbox"/>
<p><b>7</b> 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>	7 <input checked="" type="checkbox"/>	
<p><b>8</b> 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>	8 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	9 <input type="checkbox"/>	

**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				
(SEE STATEMENT)	(i)							
	(ii)							
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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					
(1) STANLEY DRAYTON HEAD COACH - FOOTBALL	(i)	301,789	0	1,533,959	31,260	21,971	1,888,979	0
	(ii)	0	0	0	0	0	0	0
(2) RODERICK CAREY FORMER HEAD COACH - FOOTBALL (THRU 12/21)	(i)	1,505,000	150,000	0	0	0	1,655,000	0
	(ii)	0	0	0	0	0	0	0
(3) YOSHIYA TOYODA SURGEON	(i)	184,281	150,000	1,225,042	17,955	17,579	1,594,857	0
	(ii)	0	0	0	0	0	0	0
(4) JASON WINGARD PRESIDENT (THRU 3/23)	(i)	979,089	150,000	262,566	33,035	28,391	1,453,081	0
	(ii)	0	0	0	0	0	0	0
(5) AARON MCKIE HEAD COACH - BASKETBALL (THRU 3/23)	(i)	399,184	110,000	747,933	0	533	1,257,650	0
	(ii)	0	0	0	0	0	0	0
(6) AMY J GOLDBERG DEAN - LEWIS KATZ SCHOOL OF MEDICINE, SURGEON	(i)	386,552	25,000	673,500	33,035	7,910	1,125,997	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL WEAVER NEUROSURGEON	(i)	181,139	0	832,496	17,955	23,785	1,055,375	0
	(ii)	0	0	0	0	0	0	0
(8) RICHARD ENGLERT FORMER PRESIDENT (THRU 6/21, CURRENT PRESIDENT AS 10/23)	(i)	800,000	0	0	61,000	23,159	884,159	0
	(ii)	0	0	0	0	0	0	0
(9) KENNETH KAISER SENIOR VP - COO	(i)	652,023	30,000	0	39,868	27,860	749,751	0
	(ii)	0	0	0	0	0	0	0
(10) GREGORY MANDEL SENIOR VP AND PROVOST	(i)	617,533	30,000	15,596	39,868	27,860	730,857	0
	(ii)	0	0	0	0	0	0	0
(11) JOANNE EPPS INTERIM PRESIDENT (AS OF 4/23 THRU 9/23)	(i)	619,580	0	420	61,000	20,460	701,460	0
	(ii)	0	0	0	0	0	0	0
(12) ARTHUR JOHNSON VP - DIRECTOR OF ATHLETICS	(i)	509,231	50,000	44,580	33,035	29,719	666,565	0
	(ii)	0	0	0	0	0	0	0
(13) KEVIN G CLARK FORMER EXEC. VP AND COO (THRU 6/21)	(i)	610,000	0	0	33,035	23,279	666,314	0
	(ii)	0	0	0	0	0	0	0
(14) MICHAEL B GEBHARDT VP - SECRETARY	(i)	464,111	20,000	88,500	39,868	27,321	639,800	0
	(ii)	0	0	0	0	0	0	0
(15) HAI-LUNG DAI VP - INTERNATIONAL AFFAIRS (THRU 6/22)	(i)	400,669	15,000	50,000	39,868	26,625	532,162	0
	(ii)	0	0	0	0	0	0	0
(16) WILLIAM BERGMAN FORMER VP - PUBLIC AFFAIRS (THRU 8/21)	(i)	435,000	0	0	39,368	20,412	494,780	0
	(ii)	0	0	0	0	0	0	0
(17) VALERIE I HARRISON VP - DEI	(i)	308,169	15,000	105,999	39,868	14,906	483,942	0
	(ii)	0	0	0	0	0	0	0
(18) DAVID MARINO INTERIM TREASURER (THRU 3/22), THEREAFTER VP - FINANCE AND TREASURER	(i)	367,054	20,000	10,174	39,868	25,441	462,537	0
	(ii)	0	0	0	0	0	0	0
(19) CAMERON ETEZADY	(i)	353,932	20,000	12,435	39,868	26,148	452,383	0

(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				
INTERIM UNIVERSITY COUNSEL (THRU 3/22), THEREAFTER VP - UNIVERSITY COUNSEL	(ii)	0	0	0	0	0	0	0
(20) JAMES CAWLEY FORMER VP - INSTITUTIONAL ADVANCEMENT (THRU 8/21)	(i)	382,500	0	0	38,160	20,578	441,238	0
	(ii)	0	0	0	0	0	0	0
(21) SHARON BOYLE VP - HUMAN RESOURCES (AS OF 3/22)	(i)	347,373	20,000	0	39,868	27,521	434,762	0
	(ii)	0	0	0	0	0	0	0
(22) GENNARO J LEVA VP - PLANNING AND CAPITAL PROJECTS	(i)	354,534	20,000	769	33,035	25,018	433,356	0
	(ii)	0	0	0	0	0	0	0
(23) ANNE NADOL FORMER VP - SECRETARY (THRU 8/21)	(i)	370,000	0	0	39,868	13,283	423,151	0
	(ii)	0	0	0	0	0	0	0
(24) THERESA A POWELL VP - STUDENT AFFAIRS (THRU 1/23)	(i)	337,002	10,000	1,937	39,868	8,210	397,017	0
	(ii)	0	0	0	0	0	0	0
(25) MICHELE M MASUCCI VP - RESEARCH (THRU 9/22)	(i)	294,183	0	6,692	37,067	13,248	351,190	0
	(ii)	0	0	0	0	0	0	0
(26) MARY BURKE VP - INSTITUTIONAL ADVANCEMENT (AS OF 3/22)	(i)	286,745	0	3,337	35,752	12,111	337,945	0
	(ii)	0	0	0	0	0	0	0
(27) STEPHEN NAPPI INTERIM VP - RESEARCH (AS OF 10/22 THRU 7/23)	(i)	227,923	8,000	21,456	24,111	21,517	303,007	0
	(ii)	0	0	0	0	0	0	0
(28) LARRY BRANDOLPH INTERIM VP - INFORMATION TECHNOLOGY (THRU 3/23), THEREAFTER VP - INFORMATION TECHNOLOGY	(i)	223,428	2,500	30,420	23,641	22,012	302,001	0
	(ii)	0	0	0	0	0	0	0
(29) STEPHANIE IVES INTERIM VP - STUDENT AFFAIRS (AS OF 1/23 THRU 3/23)	(i)	228,232	2,200	0	23,341	15,807	269,580	0
	(ii)	0	0	0	0	0	0	0
(30) OLAN GARRETT INTERIM VP - STUDENT AFFAIRS (AS OF 4/23 THRU 2/24)	(i)	170,235	1,655	660	15,817	8,060	196,427	0
	(ii)	0	0	0	0	0	0	0
(31) JENNIFER GRIFFIN VP - PUBLIC SAFETY (AS OF 8/22)	(i)	118,749	0	24,293	11,427	280	154,749	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: RODERICK CAREY - EFFECTIVE DECEMBER 31, 2021, RODERICK CAREY'S EMPLOYMENT AS HEAD COACH - FOOTBALL CONCLUDED. SEPARATION PAYMENTS EQUAL TO HIS CURRENT CONTRACT TOTALING \$1,655,000 WERE PAID MONTHLY DURING CALENDAR YEAR 2022. KEVIN CLARK - EFFECTIVE FEBERARY 28, 2022, KEVIN CLARK'S EMPLOYMENT AS SENIOR ADVISOR TO THE PRESIDENT CONCLUDED. PRIOR TO HIS ROLE AS SENIOR ADVISOR TO THE PRESIDENT, KEVIN CLARK WAS THE EXECUTIVE VP AND COO (THRU 6/21). SEPARATION PAYMENTS EQUAL TO HIS CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES TOTALING \$555,000 WERE PAID MONTHLY DURING CALENDAR YEAR 2022. WILLIAM T BERGMAN - EFFECTIVE AUGUST 31, 2021, WILLIAM TBERGMAN'S EMPLOYMENT AS VP - PUBLIC AFFAIRS CONCLUDED. SEPARATION PAYMENTS EQUAL TO HIS CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES TOTALING \$495,000 WERE PAID MONTHLY DURING CALENDAR YEAR 2022. 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 \$441,000 WERE PAID MONTHLY DURING CALENDAR YEAR 2022. 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 \$423,000 WERE PAID MONTHLY DURING CALENDAR YEAR 2022.
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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
<b>A</b>	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>B</b>	PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT, SECOND SERIES 2016	23-2237287	717794BS9	02/18/2016	91,258,537	SEE SCHEDULE K, PART VI		✓		✓		✓
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	80,365,000		0					
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0					
<b>3</b>	Total proceeds of issue . . . . .	293,686,244		91,258,537					
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0					
<b>5</b>	Capitalized interest from proceeds . . . . .	669,013		0					
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0					
<b>7</b>	Issuance costs from proceeds . . . . .	1,430,000		518,666					
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0					
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0					
<b>10</b>	Capital expenditures from proceeds . . . . .	94,413,197		0					
<b>11</b>	Other spent proceeds . . . . .	197,174,035		90,739,871					
<b>12</b>	Other unspent proceeds . . . . .	0		0					
<b>13</b>	Year of substantial completion . . . . .	2019		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓		✓					
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	✓			✓				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓					
<b>17</b>	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) 2022

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓					
<b>b</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?	✓		✓					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>d</b> 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?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0.57 %		0.80 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0.00 %		0.00 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0.57 %		0.80 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓		✓				
<b>b</b> Exception to rebate? . . . . .		✓		✓				
<b>c</b> 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					
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓				



**Part IV Arbitrage** *(continued)*

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

[\(SEE STATEMENT\)](#)

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public Inspection**

Name of the organization <b>TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION</b>	Employer identification number <b>23-1365971</b>
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**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.

1	(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)													
<b>Total</b>							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					



**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) <a href="#">SUBSTANTIAL CONTRIBUTOR</a>	<a href="#">SUBSTANTIAL CONTRIBUTOR</a>	\$187,000	<a href="#">LEGAL SERVICES</a>		<input checked="" type="checkbox"/>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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](http://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 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	16,000	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 . . . . .	✓	37	10,607,081	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 . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	2	520,000	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( ARCHIVAL RECORDS ) . . . . .	✓	3	16,250	MARKET VALUE
26 Other ( FOOD FOR EVENT ) . . . . .	✓	1	1,395	MARKET VALUE
27 Other ( COMPUTER EQUIPMENT ) . . . . .	✓	2	29,562	MARKET VALUE
28 Other ( MUSICAL INSTRUMENT ) . . . . .	✓	1	50,000	MARKET VALUE

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 3 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 OTHER - FOOD FOR EVENT NUMBER OF ITEMS CONTRIBUTED OTHER - COMPUTER EQUIPMENT NUMBER OF ITEMS CONTRIBUTED OTHER - MUSICAL INSTRUMENT 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 \$326,369,000 INCLUDING GRANTS OF \$160,415,000)(REVENUE \$102,999,000)  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 <a href="http://www.temple.edu/about/public-information">HTTP://WWW.TEMPLE.EDU/ABOUT/PUBLIC-INFORMATION</a>
FORM 990, PART VII, SECTION B - INDEPENDENT CONTRACTORS -	DURING THE PERIOD PRESENTED, PAYMENTS TO EAGLES STADIUM OPERATOR, LLC, FOR THE USE OF LINCOLN FINANCIAL FIELD, INLCUDED PAYMENTS FOR THE 2022 AND 2023 FOOTBALL SEASONS.
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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) TEMPLE FALLEN HEROES FUND, LLC (92-2478669) 300 SULLIVAN HALL, 1330 W BERKS ST, PHILADELPHIA, PA 19122	CHARITY	PA			TEMPLE UNIVERSITY
(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) CHH COMMUNITY HEALTH (88-3577015) TUHS CORP., 3509 N. BROAD STREET, PHILADELPHIA, PA 19140	HEALTH CARE	PA	501(C)(3)	3	TEMPLE UNIVERISTY HEALTH SYSTEM INC	✓	
(3) 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	✓	
(4) 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	✓	
(5) 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	✓	
(6) 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	✓	
(7) (SEE STATEMENT)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

**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)(SEE STATEMENT)-----									
(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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s)		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s)	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s)		✓
<b>e</b> Loans or loan guarantees by related organization(s)		✓
<b>f</b> Dividends from related organization(s)		✓
<b>g</b> Sale of assets to related organization(s)		✓
<b>h</b> Purchase of assets from related organization(s)		✓
<b>i</b> Exchange of assets with related organization(s)		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
<b>o</b> Sharing of paid employees with related organization(s)	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses	✓	
<b>r</b> Other transfer of cash or property to related organization(s)		✓
<b>s</b> 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 <b>(1)</b>	C	10,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. <b>(2)</b>	O	211,235,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. <b>(3)</b>	Q	125,372,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. <b>(4)</b>	K	75,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM, INC. <b>(5)</b>	O	2,170,000	FMV
(SEE STATEMENT) <b>(6)</b>			

**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. 1-14-29 TAISHIDO, SETAGAYA-KU, TOKYO, JA	EDUCATION	JAPAN	TEMPLE UNIVERSITY		5,443,755	53,037,000	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.	Q	1,928,000	FMV
(7) TEMPLE EDUCATIONAL SUPPORT SERVICES, LTD.,	L	2,050,000	FMV



# Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

# 2022

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](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

**TEMPLE UNIVERSITY - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION**

EIN or SSN

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	1,538,162,000
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 2022 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  | 5-13-24 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
	Firm's address				Phone no.