Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**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 for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024**

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

**C** Name of organization
PHILADELPHIA UNIVERSITY

% RONALD C KELLER CPA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1101 MARKET STREET SUITE 2004

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

**D Employer identification number**
23-1352294

E Telephone number
(215) 503-8344

**G** Gross receipts $ 173,330,141

**F** Name and address of principal officer:
SUSAN C ALDRIDGE PHD
1101 MARKET ST STE 2004
PHILADELPHIA, PA 19107

**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.jefferson.edu

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 1949

**M** State of legal domicile: PA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
TO IMPROVE LIVES AND PROVIDE STUDENTS WITH EXCEPTIONAL VALUE IN 21ST CENTURY PROFESSIONAL EDUCATION.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 20 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 19 |
| **5** | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | **5** | 1,249 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 19 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, Part I, line 11 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 3,223,722 | 4,339,877 |
| **9** | Program service revenue (Part VIII, line 2g) | 159,387,362 | 167,523,618 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 815,594 | 1,295,378 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 115,042 | 141,833 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 163,541,720 | 173,300,706 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 72,746,918 | 76,278,262 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 56,673,692 | 59,225,961 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) 353,272 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 44,104,647 | 46,904,235 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 173,525,257 | 182,408,458 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | -9,983,537 | -9,107,752 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 203,465,513 | 209,444,712 |
| **21** | Total liabilities (Part X, line 26) | 120,543,179 | 130,711,913 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | 82,922,334 | 78,732,799 |

## 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
THOMAS MARCHOZZI ACTING CFO
Type or print name and title

2025-05-15
Date

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | P00642486 |

Firm's name WithumSmithBrown PC — Firm's EIN

Firm's address 1835 MARKET STREET SUITE 1710
PHILADELPHIA, PA 191032945 — Phone no. (215) 546-2140

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission:

THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. WE ARE A UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION & TEXTILES, HEALTH, SCIENCE AND SOCIAL SCIENCE - INFUSED WITH THE LIBERAL ARTS.

**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 $ 163,610,678 including grants of $ 76,822,814 ) (Revenue $ 167,523,618 )

EXPENSES INCURRED IN PROVIDING AN EXPERIENTIAL EDUCATION AND PROVIDING MORE THAN 20 LABORATORIES AND STUDIOS FOR HANDS-ON EXPERIENCE IN ARCHITECTURE AND INTERIOR DESIGN, ENGINEERING, TEXTILE DESIGN, FASHION DESIGN, GRAPHIC DESIGN, INDUSTRIAL DESIGN, PHYSICIAN ASSISTANT STUDIES AND OTHER ALLIED HEALTH FIELDS, AS WELL AS FACULTY ACCESS TO THE MOST SOPHISTICATED TECHNOLOGY AVAILABLE. FOR ADDITIONAL INFORMATION, PLEASE REFER TO THE ORGANIZATIONS STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDED IN SCHEDULE O.

**4b** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** 163,610,678

## Part IV Checklist of Required Schedules

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 312 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 1,249 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | Yes |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | Yes |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | No |
| **b** | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | **5a** | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | **5c** | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | **6a** | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | **6b** | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | Yes |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | Yes |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | **8** | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | **16** | No |
| **17** | **Section 501(c)(21) organizations.** 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. | | | **17** | |

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | **1a** | 20 | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** | 19 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | Yes | |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | Yes | |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? | **10a** | | No |
| **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? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | **11a** | Yes | |
| **b** | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **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? | **16b** | | |

## 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 Form 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 in Schedule O)

**19** Describe in 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: RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344

## 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, or 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) MATT D BAKER PA-C DHSC<br>FORMER OFFICER | 55.0<br>0.0 | | | | | | X | 0 | 676,763 | 63,042 |
| (2) GEOFFREY CROMARTY EDD<br>SVP, OPERATIONS EAST FALLS | 55.0<br>0.0 | | | | X | | | 0 | 553,103 | 73,102 |
| (3) MICHAEL DRYER<br>DEAN, COLLEGE OF HEALTH PROF | 55.0<br>0.0 | | | | | X | | 407,943 | 0 | 31,032 |
| (4) RONALD G KANDER PHD<br>EXECUTIVE DEAN | 55.0<br>0.0 | | | | | X | | 298,415 | 0 | 135,419 |
| (5) WENDY JOY ROSS<br>DIR, CENTER OF AUTISM & ND | 55.0<br>0.0 | | | | | X | | 1,650 | 403,691 | 26,985 |
| (6) BARBARA KLINKHAMMER<br>EXEC DEAN, COLLEGE OF ARCHIT | 55.0<br>0.0 | | | | | X | | 374,409 | 0 | 39,594 |
| (7) SAQIB BAIG<br>Co-Dir, COPD PrOG & PROFESSOR | 55.0<br>0.0 | | | | | X | | 8,700 | 326,400 | 65,249 |
| (8) PATRICIA WELLENBACH<br>CHAIR - TRUSTEE | 5.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| (9) LESLIE J MCNAMARA<br>VICE CHAIR - TRUSTEE | 5.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| (10) MICHAEL E SNEED<br>VICE CHAIR - TRUSTEE | 5.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| (11) ROBERT S ADELSON ESQ<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| (12) JOSEPH G CACCHIONEMDFACC<br>TRUSTEE - CEO TJU/JEFF HEALTH | 60.0<br>0.0 | X | | X | | | | 0 | 0 | 0 |
| (13) STEPHEN P CRANE<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| (14) MIMI DRAKE<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| (15) JOHN J FUNG MD PHD<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| (16) LEA D KNIGHT<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |
| (17) MATTHEW S LEVITTIES<br>TRUSTEE | 5.0<br>0.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (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 | | | |
| (18) ANDREW MORRISROE<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (19) DEBRA L NESS<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (20) TIM O'ROURKE<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (21) MELANIE M PENNA<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (22) LAWRENCE S REICHLIN<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (23) RICHARD T RILEY<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (24) RAMONA ROGERS-WINDSOR<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (25) RICHARD C SHEERR<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (26) JOHN P SILVESTRI<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (27) TRISTA M WALKER<br>TRUSTEE | 5.00 | X | | | | | | 0 | 0 | 0 |
| (28) CRISTINA G CAVALIERI ESQ<br>SECRETARY | 60.00 | | | X | | | | 0 | 0 | 0 |
| (29) JOHN P MORDACH<br>TREASURER | 60.00 | | | X | | | | 0 | 0 | 0 |
| (30) SUSAN C ALDRIDGE PHD<br>PRESIDENT - TJU | 60.00 | | | X | | | | 0 | 0 | 0 |
| **1b Sub-Total** | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** | | | | | | | | 1,091,117 | 1,959,957 | 434,423 |

**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 114

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

## 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 |
|---|---|---|
| THOMAS JEFFERSON UNIVERSITY,<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107 | CORPORATE SERVICES | 18,797,780 |
| PARKHURST DINING SERVICES,<br>285 EAST WATERFRONT DRIVE SUITE 20<br>HOMESTEAD, PA 15120 | DINING/CATERING | 6,091,333 |
| TARGET BUILDING CONSTRUCTION INC,<br>1124 CHESTER PIKE<br>CRUM LYNNE, PA 190221225 | CONSTRUCTION | 4,675,775 |
| ARTHUR JACKSON COMPANY,<br>7025 WEST CHESTER PIKE<br>UPPER DARBY, PA 19082 | MAINTENANCE | 2,818,684 |
| FLORKOWSKI BUILDERS,<br>2725 EAST CAMBRIA STREET<br>PHILADELPHIA, PA 19134 | CONSTRUCTION | 1,956,659 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 25

## Part VIII Statement of Revenue

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|
| Contributions, Gifts, Grants, and OtherAmt Similar Amounts | | | | |
| 1a Federated campaigns . . | 1a | | | |
| b Membership dues . . | 1b | | | |
| c Fundraising events . . | 1c 95,424 | | | |
| d Related organizations | 1d | | | |
| e Government grants (contributions) | 1e 1,051,785 | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,192,668 | | | |
| g Noncash contributions included in lines 1a - 1f:$ | 1g 132,101 | | | |
| h **Total.** Add lines 1a-1f . . . . . | 4,339,877 | | | |
| Program Service Revenue | Business Code | | | |
| 2a TUITION & EDUCATION | 611310 | 147,104,027 | 147,104,027 | |
| b PROGRAM SERVICE RELATED REVENUE | 611310 | 20,419,591 | 20,419,591 | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other program service revenue. | | | | |
| g **Total.** Add lines 2a–2f. . . . . | 167,523,618 | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | 563,604 | | | 563,604 |
| 4 Income from investment of tax-exempt bond proceeds | 0 | | | |
| 5 Royalties . . . . . | 0 | | | |
| Other Revenue | (i) Real | (ii) Personal | | |
| 6a Gross rents 6a | | | | |
| b Less: rental expenses 6b | | | | |
| c Rental income or (loss) 6c | 0 | 0 | | |
| d Net rental income or (loss) . . . . . | 0 | | | |
| | (i) Securities | (ii) Other | | |
| 7a Gross amount from sales of assets other than inventory 7a | 731,774 | | | |
| b Less: cost or other basis and sales expenses 7b | | | | |
| c Gain or (loss) 7c | 731,774 | | | |
| d Net gain or (loss) . . . . . | 731,774 | | | 731,774 |
| 8a Gross income from fundraising events (not including $ 95,424 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a | 28,531 | | | |
| b Less: direct expenses 8b | 28,531 | | | |
| c Net income or (loss) from fundraising events . . | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 . . . 9a | 4,730 | | | |
| b Less: direct expenses 9b | 904 | | | |
| c Net income or (loss) from gaming activities . . | 3,826 | | | 3,826 |
| 10a Gross sales of inventory, less returns and allowances . . 10a | 0 | | | |
| b Less: cost of goods sold . . 10b | 0 | | | |
| c Net income or (loss) from sales of inventory . . | 0 | | | |
| OtherRevenueMiscAmt | Business Code | | | |
| 11a PARKING | 812930 | 138,007 | | 138,007 |
| b | | | | |
| c | | | | |
| d All other revenue . . . . | | | | |
| e **Total.** Add lines 11a–11d . . . . . | 138,007 | | | |
| 12 **Total revenue.** See instructions . . . . . | 173,300,706 | 167,523,618 | 0 | 1,437,211 |

## Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 72,659,046 | 72,659,046 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 3,619,216 | 3,619,216 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 48,152,881 | 39,895,846 | 7,978,809 | 278,226 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,454,345 | 1,955,615 | 498,730 | |
| 9 Other employee benefits | 5,383,051 | 4,289,199 | 1,093,852 | |
| 10 Payroll taxes | 3,235,684 | 2,578,183 | 657,501 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 409,203 | 37,837 | 371,366 | |
| c Accounting | 37,476 | | 37,476 | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 13,927,871 | 9,924,393 | 3,990,257 | 13,221 |
| 12 Advertising and promotion | 830,783 | 345,427 | 485,318 | 38 |
| 13 Office expenses | 2,345,815 | 1,807,770 | 521,630 | 16,415 |
| 14 Information technology | 2,047,009 | 127,799 | 1,910,303 | 8,907 |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 3,198,327 | 2,888,790 | 309,474 | 63 |
| 17 Travel | 1,180,913 | 1,150,892 | 23,952 | 6,069 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 132,936 | 119,893 | 12,947 | 96 |
| 20 Interest | 3,669,708 | 3,592,172 | 77,536 | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 7,334,584 | 7,330,289 | 4,295 | |
| 23 Insurance | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 3,461,729 | 3,461,432 | | 297 |
| b EDUCATION EXPENSES | 2,648,819 | 2,648,819 | | |
| c DUES & SUBSCRIPTIONS | 1,303,181 | 1,134,839 | 167,843 | 499 |
| d BOOKSTORE | 1,242,395 | 1,242,395 | | |
| e All other expenses | 3,133,486 | 2,800,826 | 303,219 | 29,441 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 182,408,458 | 163,610,678 | 18,444,508 | 353,272 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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 IX . . . . . ☑

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 993,019 | 1 | 1,018,023 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | 4,101,110 | 3 | 2,833,790 |
| | 4 | Accounts receivable, net | | 0 | 4 | 0 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 199,518 | 7 | 149,238 |
| | 8 | Inventories for sale or use | | 1,209,574 | 8 | 1,145,707 |
| | 9 | Prepaid expenses and deferred charges | | 66,920 | 9 | 47,983 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 186,075,316 | | | |
| | b | Less: accumulated depreciation | 10b 44,674,130 | 137,217,204 | 10c | 141,401,186 |
| | 11 | Investments—publicly traded securities | | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 57,074,307 | 13 | 60,834,829 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 2,603,861 | 15 | 2,013,956 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 203,465,513 | 16 | 209,444,712 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 10,370,201 | 17 | 12,601,327 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 1,767,200 | 19 | 1,221,997 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 1,016,211 | 23 | 354,082 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 107,389,567 | 25 | 116,534,507 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 120,543,179 | 26 | 130,711,913 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 40,843,027 | 27 | 33,702,307 |
| | 28 | Net assets with donor restrictions | | 42,079,307 | 28 | 45,030,492 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 82,922,334 | 32 | 78,732,799 |
| | 33 | Total liabilities and net assets/fund balances | | 203,465,513 | 33 | 209,444,712 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 173,300,706 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 182,408,458 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -9,107,752 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 82,922,334 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,912,717 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 5,500 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 78,732,799 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | Yes | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

# 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* for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**Name of the organization**
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## 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 **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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**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 failed 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 |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . 14

15 Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . 15

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

## 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | | | | | | |

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

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2022 Schedule A, Part III, line 15 . . . . . | 16 | |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2022** Schedule A, Part III, line 17 . . . . . | 18 | |

19a **33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? *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.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | |
| b | 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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.* | 4b | | |
| c | 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)? *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.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *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).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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? *If "Yes," provide detail in **Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 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))? *If "Yes," provide detail in **Part VI.*** | 9a | | |
| b | 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? *If "Yes," provide detail in **Part VI.*** | 9b | | |
| c | 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? *If "Yes," provide detail in **Part VI.*** | 9c | | |
| 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)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |

## Part IV Supporting Organizations (continued)

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

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

| | | | Yes | No |
|---|---|---|---|---|
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| b | Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

| | | | | |
|---|---|---|---|---|
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | 3b | | |

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

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

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (*explain in detail in **Part VI***): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | Current Year |
|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 ☐ 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)

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***) | **5** | |
| **6** Other distributions (*describe in* ***Part VI***). See instructions | **6** | |
| **7** **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions | **8** | |
| **9** Distributable amount for 2023 from Section C, line 6 | **9** | |
| **10** Line 8 amount divided by Line 9 amount | **10** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2023** | **(iii) Distributable Amount for 2023** |
|---|---|---|---|
| **1** Distributable amount for 2023 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2023: | | | |
| **a** From 2018. . . . . | | | |
| **b** From 2019. . . . . | | | |
| **c** From 2020. . . . . | | | |
| **d** From 2021. . . . . | | | |
| **e** From 2022. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2023 distributable amount | | | |
| **i** Carryover from 2018 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2023 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2023 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **7** **Excess distributions carryover to 2024.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2019. . . . . | | | |
| **b** Excess from 2020. . . . . | | | |
| **c** Excess from 2021. . . . . | | | |
| **d** Excess from 2022. . . . . | | | |
| **e** Excess from 2023. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# Schedule B

**(Form 990)**
Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

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

OMB No. 1545-0047

**2023**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| RESTRICTED | | $ RESTRICTED | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |

Name of organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |

Name of organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**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**
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## 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.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 3,811,628

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- **a** ☑ Public exhibition
- **b** ☑ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 |
|---|---|---|
| **c** | Beginning balance | **1c** |
| **d** | Additions during the year | **1d** |
| **e** | Distributions during the year | **1e** |
| **f** | Ending balance | **1f** |

**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 in Part XIII . . . . ☐

## Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance . . . . | 56,647,205 | 53,161,596 | 57,605,091 | 34,137,468 | 33,894,642 |
| **b** Contributions . . . | 1,581,606 | 1,990,648 | 2,558,978 | 15,439,467 | 1,191,621 |
| **c** Net investment earnings, gains, and losses | 5,605,708 | 4,867,660 | -4,170,834 | 10,542,164 | 817,200 |
| **d** Grants or scholarships . . . | | | | | |
| **e** Other expenditures for facilities and programs . . . | 3,497,003 | 3,372,699 | 2,831,639 | 2,514,008 | 1,765,995 |
| **f** Administrative expenses . . . . | | | | | |
| **g** End of year balance . . . . . | 60,337,516 | 56,647,205 | 53,161,596 | 57,605,091 | 34,137,468 |

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

- **a** Board designated or quasi-endowment ▶ 50.460 %
- **b** Permanent endowment ▶ 49.540 %
- **c** Term endowment ▶ .....

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 |
|---|---|---|
| **(i)** Unrelated organizations . . . . . **3a(i)** | | No |
| **(ii)** Related organizations . . . . . **3a(ii)** | Yes | |

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

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

## Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| **1a** Land . . . . . | | 16,670,000 | | 16,670,000 |
| **b** Buildings . . . . . | | 126,112,943 | 28,026,896 | 98,086,047 |
| **c** Leasehold improvements | | 10,773,675 | 1,113,483 | 9,660,192 |
| **d** Equipment . . . . . | | 20,811,371 | 11,843,412 | 8,967,959 |
| **e** Other . . . . . | | 11,707,327 | 3,690,339 | 8,016,988 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ | | | | 141,401,186 |

**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) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**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)ST & LT INVESTMENTS | 60,834,829 | F |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶ | 60,834,829 | |

**Part IX Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | 0 |
| OTHER LIABILITIES | 1,426,544 |
| TJU OBLIGATED GROUP LIABILITY | 115,107,963 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 116,534,507 |

**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 FIN 48 (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 | | | 1 | |
| 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 **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | |

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

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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 | Explanation |
|---|---|
| SCHEDULE D, PART III; QUESTION 4 | THE UNIVERSITY RECEIVED A CONTRIBUTION OF HISTORICAL PAPERS AND MEMORABILIA TO BE EXHIBITED AND USED FOR SCHOLARLY RESEARCH. IN HONOR OF SENATOR ARLEN SPECTER'S DONATION, THE UNIVERSITY OPENED THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE. THE MISSION OF THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE AT PHILADELPHIA UNIVERSITY IS TO FACILITATE AND PROMOTE PUBLIC SERVICE AND CIVIC EDUCATION IN A CROSS-DISCIPLINARY, NONPARTISAN SETTING. IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH, THE CENTER WILL PRESERVE, ORGANIZE, AND PROVIDE ACCESS TO SENATOR SPECTER'S HISTORIC ARCHIVE OF PAPERS, PHOTOGRAPHS, AND POLITICAL DOCUMENTS FOR THE BENEFIT OF RESEARCHERS AND SCHOLARS AND THE PUBLIC. THE HOME OF THE ARLEN SPECTER CENTER FOR PUBLIC SERVICE IS IN THE HISTORIC ROXBORO HOUSE AT PHILADELPHIA UNIVERSITY. BUILT CIRCA 1800, THE HOUSE WAS CONSIDERED A HISTORIC AND IMPORTANT TOUCHSTONE TO BOTH PHILADELPHIA AND AMERICA'S ORIGINS BY SENATOR SPECTER, MAKING IT THE IDEAL LOCATION FOR THE CENTER. |
| SCHEDULE D, PART V; QUESTION 4 | ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES. THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2024, AND JUNE 30, 2023; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS: TJU'S ENDOWMENTS CONSIST OF APPROXIMATELY 1,300 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE UNIVERSITY REPORTS ALL ENDOWMENT INVESTMENTS AT FAIR VALUE. CASH EQUIVALENTS IN ENDOWMENTS ARE TREATED AS INVESTMENTS. From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires TJU to retain as a fund of perpetual duration. Shortfalls of this nature are classified as a reduction of donor-restricted net assets. These shortfalls resulted from unfavorable market fluctuations that occurred shortly after the investment of new contributions to endowment and continued appropriation for certain programs that was deemed prudent by TJU. The historical value of these funds were $38.5 million and $59.1 million as of June 30, 2024 and 2023, respectively. The current value of these funds are $36.3 million and $55.4 million as of June 30, 2024 and 2023, respectively. The Commonwealth of Pennsylvania has not adopted the Uniform Management of Institutional Funds Act (UMIFA) or the Uniform Prudent Management of Institutional Funds Act (UPMIFA). Rather, the Pennsylvania Act governs the investment, use and management of TJU's endowment funds. The Pennsylvania Act allows a nonprofit to elect to appropriate for expenditure an investment policy that seeks the long-term preservation of the real value of the investments. In accordance with the Pennsylvania Act, the objectives of TJU's investment policy is to provide a level of spendable income which is sufficient to meet the current and future budgetary requirements of TJU and which is consistent with the goal of protecting the purchasing power of the investments. In accordance with the Pennsylvania Act, TJU's calculation of spendable income for endowment funds was based on 7% of a calculated three-year average for 2024 and 2023. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE E**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## 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? | 1 | Yes | |
| 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? | 2 | Yes | |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. | 3 | Yes | |
| 4 | Does the organization maintain the following? | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| | 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? | 5a | | No |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | No |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? | 5h | | No |
| | 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? | 6a | Yes | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | No |
| | If you answered "Yes" to 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. | 7 | Yes | |

**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.

| Return Reference | Explanation |
|---|---|
| SCHEDULE E, PART I; QUESTION 3 | THE ORGANIZATION IS COMMITTED TO PROVIDING EDUCATION & EMPLOYMENT OPPORTUNITIES FOR ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ETHNIC ORIGIN, RELIGION, SEXUAL ORIENTATION, SEX, AGE, HANDICAP OR VETERAN STATUS. THE ORGANIZATION COMPLIES WITH ALL RELEVANT LOCAL ORDINANCES AND STATE AND FEDERAL STATUTES IN THE ADMINISTRATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND IS AN AFFIRMATIVE ACTION EMPLOYER. THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH ("SYSTEM"). THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). TJU'S UNIVERSITY HANDBOOK CONTAINS AN EQUAL OPPORTUNITY STATEMENT. TJU'S EQUAL OPPORTUNITY STATEMENT IS PUBLICLY ACCESSIBLE ON THE UNIVERSITY'S WEBSITE AT THE FOLLOWING ADDRESS: https://www.jefferson.edu/life-at-jefferson/handbooks/equal-opportunity-statement.html |
| SCHEDULE E, PART I; QUESTION 6A | THE UNIVERSITY RECEIVED $1,051,785 IN GOVERNMENTAL GRANTS FOR THE YEAR ENDED JUNE 30, 2024. |



**Additional Data**

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**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** Activites 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 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)** | Central America and the Caribbean | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 99,858 |
| **(2)** | East Asia and the Pacific | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 292,150 |
| **(3)** | Europe (Including Iceland and Greenland) | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 1,347,357 |
| **(4)** | Middle East and North Africa | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 326,310 |
| **(5)** | North America | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 99,233 |
| **(6)** | Russia and the Newly Independent States | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 74,000 |
| **(7)** | South America | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 73,566 |
| **(8)** | South Asia | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 1,017,181 |
| **(9)** | Sub-Saharan Africa | 0 | 0 | Grantmaking | FA/INTL STUDY/COURSES | 289,561 |
| **(10)** | | | | | | |
| **(11)** | | | | | | |
| **(12)** | | | | | | |
| **(13)** | | | | | | |
| **(14)** | | | | | | |
| **(15)** | | | | | | |
| **(16)** | | | | | | |
| **(17)** | | | | | | |
| **3a** | Sub-total . . . . | 0 | 0 | | | 3,619,216 |
| **b** | Total from continuation sheets to Part I . . . | | | | | |
| **c** | **Totals** (add lines 3a and 3b) | 0 | 0 | | | 3,619,216 |

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | Europe (Including Iceland and Greenland) | HOUSING/SUPPLIES | 235,598 | WIRE | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
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| (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 tax-exempt 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) | FINANCIAL AID | Central America and the Caribbean | 2 | 99,858 | DIR TO ACCT | | | |
| (2) | FINANCIAL AID | East Asia and the Pacific | 11 | 292,150 | DIR TO ACCT | | | |
| (3) | FINANCIAL AID | Europe (Including Iceland and Greenland) | 27 | 986,826 | DIR TO ACCT | | | |
| (4) | FINANCIAL AID | Middle East and North Africa | 18 | 326,310 | DIR TO ACCT | | | |
| (5) | FINANCIAL AID | North America | 5 | 97,501 | DIR TO ACCT | | | |
| (6) | FINANCIAL AID | Russia and the Newly Independent States | 2 | 74,000 | DIR TO ACCT | | | |
| (7) | FINANCIAL AID | South America | 2 | 73,566 | DIR TO ACCT | | | |
| (8) | FINANCIAL AID | South Asia | 112 | 1,014,506 | DIR TO ACCT | | | |
| (9) | FINANCIAL AID | Sub-Saharan Africa | 13 | 289,561 | DIR TO ACCT | | | |
| (10) | TRAVEL ABROAD | Europe (Including Iceland and Greenland) | 117 | 124,933 | CHECK | | | |
| (11) | TRAVEL ABROAD | North America | 2 | 1,732 | CHECK | | | |
| (12) | TRAVEL ABROAD | South Asia | 5 | 2,675 | CHECK | | | |
| (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.

| ReturnReference | Explanation |
|---|---|
| SCHEDULE F, PART I; QUESTION 2 | FEDERAL GRANT FUNDS ARE AWARDED IN COMPLIANCE WITH FEDERAL REGULATIONS APPLICABLE TO THE SPECIFIC PROGRAM. INSTITUTIONAL PROCEDURES ALLOW FOR SEPARATION OF AWARDING AND DISBURSING OF FUNDS. STUDENTS WHO RECEIVE SCHOLARSHIPS AND FEDERAL WORK STUDY FUNDS ARE MONITORED EACH SEMESTER FOR ACADEMIC PROGRESS. ANNUAL AUDITS ARE CONDUCTED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO ENSURE COMPLIANCE WITH ALL PROGRAMS. |
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## Additional Data

**Software ID:**

**Software Version:**

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations
**b** ☐ Internet and email solicitations
**c** ☐ Phone solicitations
**d** ☐ In-person solicitations
**e** ☐ Solicitation of non-government grants
**f** ☐ Solicitation of government grants
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| | **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? | | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| **Total** . . . . . ▶ | | | | | | | |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 GOLF OUTING (event type) | (b) Event #2 SHIRLEY EVENT (event type) | (c) Other events 0 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 114,520 | 9,435 | | 123,955 |
| | 2 Less: Contributions | 91,846 | 3,578 | | 95,424 |
| | 3 Gross income (line 1 minus line 2) | 22,674 | 5,857 | | 28,531 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 18,470 | | | 18,470 |
| | 7 Food and beverages | 289 | 5,857 | | 6,146 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 3,915 | | | 3,915 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 28,531 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

**9** Enter the state(s) in which the organization conducts gaming activities: _____

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: _____

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: _____

**11** Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

| | | | |
|---|---|---|---|
| **a** | The organization's facility . . . . . | **13a** | % |
| **b** | An outside facility . . . . . | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

**c** If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

**16** Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|---|---|



**Additional Data** Return to Form

**Software ID:**

**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## 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.

| (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 noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

**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) STUDENT GRANTS AND SCHOLARSHIPS | 2628 | 72,374,906 | | | |
| (2) FEDERAL WORK STUDY | 242 | 284,140 | | | |
| (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.

| Return Reference | Explanation |
|---|---|
| SCHEDULE I, PART I; QUESTION 2 | FEDERAL GRANT FUNDS ARE AWARDED IN COMPLIANCE WITH FEDERAL REGULATIONS APPLICABLE TO THE SPECIFIC PROGRAM. INSTITUTIONAL PROCEDURES ALLOW FOR SEPARATION OF AWARDING AND DISBURSING OF FUNDS. STUDENTS WHO RECEIVE SCHOLARSHIPS AND FEDERAL WORK STUDY FUNDS ARE MONITORED EACH SEMESTER FOR ACADEMIC PROGRESS. ANNUAL AUDITS ARE CONDUCTED BY AN EXTERNAL AUDIT FIRM TO ENSURE COMPLIANCE WITH ALL PROGRAM GUIDELINES. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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. | | | |
| | ☐ First-class or charter travel | ☑ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☑ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **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 | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the filing 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. | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | Yes | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**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 are not 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, 1099-MISC compensation, and/or 1099-NEC | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** MATT D BAKER PA-C DHSC<br>FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 543,116 | 76,174 | 57,473 | 42,900 | 20,142 | 739,805 | 0 |
| **2** GEOFFREY CROMARTY EDD<br>SVP, OPERATIONS EAST FALLS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 396,203 | 112,401 | 44,499 | 44,225 | 28,877 | 626,205 | 0 |
| **3** MICHAEL DRYER<br>DEAN, COLLEGE OF HEALTH PROF | (i) | 369,974 | 37,969 | 0 | 29,700 | 1,332 | 438,975 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **4** RONALD G KANDER PHD<br>EXECUTIVE DEAN | (i) | 279,041 | 18,984 | 390 | 25,571 | 109,848 | 433,834 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** WENDY JOY ROSS<br>DIR, CENTER OF AUTISM & ND | (i) | 1,650 | 0 | 0 | 4,950 | 0 | 6,600 | 0 |
| | (ii) | 351,756 | 50,000 | 1,935 | 4,950 | 17,085 | 425,726 | 0 |
| **6** BARBARA KLINKHAMMER<br>EXEC DEAN, COLLEGE OF ARCHIT | (i) | 336,440 | 37,969 | 0 | 29,527 | 10,067 | 414,003 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** SAQIB BAIG<br>Co-Dir, COPD PrOG & PROFESSOR | (i) | 0 | 0 | 8,700 | 0 | 0 | 8,700 | 0 |
| | (ii) | 209,792 | 115,883 | 725 | 33,260 | 31,989 | 391,649 | 0 |
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## 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 | Explanation |
|---|---|
| CORE FORM, PART VII AND SCHEDULE J | TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2023 FORMS W-2. |
| SCHEDULE J, PART I; QUESTION 1 A | HOUSING IS PROVIDED TO PHILADELPHIA UNIVERSITY'S EXECUTIVE DEAN AS PART OF HIS EMPLOYMENT AGREEMENT. THE ORGANIZATION DEEMS IT NECESSARY THAT THIS INDIVIDUAL LIVE ON CAMPUS IN ORDER TO BE ABLE TO IMMEDIATELY PROVIDE LEADERSHIP TO THE CAMPUS COMMUNITY AT ANY TIME, 24 HOURS A DAY, 7 DAYS A WEEK. THIS AMOUNT IS INCLUDED WITHIN SCHEDULE J, PART II, COLUMN D, NON-TAXABLE BENEFITS, AS THIS ITEM WAS DEEMED TO BE BUSINESS RELATED AND SUBJECT TO THE REQUIREMENTS OF PHILADELPHIA UNIVERSITY AND THE INDIVIDUAL'S RESPECTIVE JOB DUTIES AND RESPONSIBILITIES. THE ORGANIZATION MAINTAINS A FLEXIBLE BENEFIT PROGRAM ("PERQUISITE PROGRAM") FOR CERTAIN MEMBERS OF ITS SENIOR LEADERSHIP TEAM. THIS PROGRAM PROVIDES A FIXED DOLLAR AMOUNT, AND ENABLES PARTICIPATING EMPLOYEES TO ALLOCATE THE AMOUNT AMONG CERTAIN TAXABLE BENEFIT OPTIONS (I.E., ADDITIONAL LIFE INSURANCE COVERAGES, LONG-TERM CARE INSURANCE AND FINANCIAL OR TAX PLANNING ASSISTANCE) OR TO NON-QUALIFIED DEFERRED COMPENSATION OPTIONS. THE ELECTIONS ARE MADE BEFORE THE YEAR IN WHICH THE BENEFIT PROGRAM AMOUNT IS PROVIDED. THE AMOUNTS ALLOCATED TO TAXABLE BENEFIT OPTIONS ARE INCLUDED WITHIN THE EMPLOYEES' FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES FOR THE YEAR IN WHICH THE ALLOCATIONS ARE EFFECTIVE. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S PERQUISITE PROGRAM: MATT D. BAKER, PA-C, DHSC AND WENDY JOY ROSS. |
| SCHEDULE J, PART I; QUESTION 4 B | THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: MATT D. BAKER, PA-C, $21,063. THE DEFERRED COMPENSATION AMOUNT IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN His 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: GEOFFREY CROMARTY, ED.D., $1,325. |
| SCHEDULE J, PART I; QUESTION 7 | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2023 WHICH WAS INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

## 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 | 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 | X | 3 | 97,101 | FMV |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (CAR PARTS ) | X | 1 | 35,000 | FMV |
| 26 | Other ▶ ( ) | | | | |
| 27 | Other ▶ ( ) | | | | |
| 28 | Other ▶ ( ) | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | No |
| 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? | 31 | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| 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 | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**Attach to Form 990 or 990-EZ.**
**Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**

23-1352294

| Return Reference | Explanation |
|---|---|
| CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | The Taxpayer is recognized by the Internal Revenue Service ("IRS") as a tax-exempt organization under internal revenue code section 501(c)(3) and is also an affiliate of Thomas Jefferson University ("TJU"). TJU is also recognized as a tax-exempt organization under internal revenue code section 501(c)(3) and is the tax-exempt parent organization of TJU/Jefferson Health; a comprehensive professional university and tax-exempt integrated healthcare delivery system ("system"), with a tripartite mission of education, research and patient care. The system's tripartite mission of education, research and patient care. Jefferson Health, in partnership with TJU, is dedicated to discovering new treatments and therapies that will define the future of clinical care; providing exceptional primary through complex quaternary care to patients in the communities we serve throughout the Delaware Valley; and educating tomorrow's professionals through transdisciplinary and experiential learning designed for new and emerging fields for the 21st century. Combined, Jefferson Health and Thomas Jefferson University have more than 42,000 employees, which includes over 4,600 employed physicians/advanced practice professionals, 9,300 full and part-time nurses and more than 1,800 full and part-time paid faculty. Jefferson is the second largest employer in Philadelphia and the largest health system in Philadelphia based on total licensed beds. Jefferson Health includes 47 outpatient and urgent care centers, 4 Magnet-designated hospitals, the NCI-designated Sidney Kimmel Cancer Center, and one of the largest faculty-based telehealth networks in the country that began more than 10 years ago. Jefferson Health includes 18 hospitals throughout southeastern Pennsylvania and New Jersey. Additional relevant TJU and Jefferson Health information for the year ended June 30, 2024: LICENSED BEDS: 3,848 INPATENT ADMISSIONS: 152,849 OBSERVATION CASES: 50,360 TOTAL SURGERIES: 99,931 EMERGENCY DEPT. VISITS: 585,567 AMBULATORY VISITS: 4,881,640 TELEHEALTH VISITS: 262,644 The System's Hospitals' Conformance with IRS revenue ruling 69-545 The wholly owned Hospitals in the system are recognized by the IRS as internal revenue code section 501(c)(3) tax-exempt organizations. Pursuant to its charitable purposes, each of these hospitals provide medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, gender identity, sexual orientation, national origin, or ability to pay. Moreover, our hospitals operate consistently with the following criteria outlined in IRS revenue ruling 69-545: 1. providing medically necessary healthcare services to all individuals regardless of ability to pay, including charity care, self-pay, Medicare, and Medicaid patients. 2. operating active emergency departments for all persons that are open 24 hours a day, 7 days a week, 365 days per year. 3. maintaining open medical staffs, with privileges available to all qualified physicians. 4. control positioned with Hospital Board of Trustees and the Board of Trustees of TJU, and all the Boards are comprised of independent civic leaders and other prominent members of the represented communities; and 5. using surplus funds to improve the quality of patient care, expand and renovate facilities/equipment and advance and improve medical care, programs and activities through patient care and medical training, education, and research. The operations of our wholly owned hospitals as shown through the factors outlined above and other information contained herein, clearly demonstrate the provision of substantial community benefit; both collectively and individually; and that the use and control of the respective hospital facilities are for the benefit of the public and that no part of the income or net earnings of any of the hospital organizations inures to the benefit of any private individual, nor is any private interest being served other than incidentally. TJU hospitals collectively provide substantial community benefit For fiscal years ended June 30, 2024 and 2023; the TJU wholly owned tax-exempt hospitals provided a total of approximately $754 million and $813 million of combined net community benefit costs as defined by the IRS and reflected in their respective Forms 990, Schedule H, Part I. These numbers are at estimated cost and are net of any federal, state or local remuneration or reimbursement. The corresponding combined community benefit percentages were approximately 12.09% and 12.86% for the fiscal years ended June 30, 2024 and 2023; respectively. These percentages were derived by using the combined net community benefit costs as the numerator and total combined hospital operating expenses as the denominator. These costs and percentages do not include any estimated bad debt costs and any Medicare shortfall incurred by any of the TJU wholly owned tax-exempt hospitals for either fiscal years. PHILADELPHIA UNIVERSITY ========== PHILADELPHIA UNIVERSITY IS A STUDENT - CENTERED INSTITUTION THAT PREPARES GRADUATES FOR SUCCESSFUL CAREERS IN AN EVOLVING GLOBAL MARKETPLACE: - BY BLENDING THE LIBERAL ARTS AND SCIENCES, PROFESSIONAL STUDIES, INTERDISCIPLINARY LEARNING AND COLLABORATIONS IN AND OUT OF THE CLASSROOM, STUDENTS LEARN TO THRIVE IN DIVERSE AND CHALLENGING ENVIRONMENTS. - OUR STUDENTS ARE ENCOURAGED TO FORM SUPPORTIVE RELATIONSHIPS WITH EACH OTHER AS WELL AS FACULTY, STAFF AND ALUMNI IN AN ACADEMICALLY RIGOROUS SETTING THAT IS FOCUSED ON INTELLECTUAL AND PERSONAL GROWTH. - PHILADELPHIA UNIVERSITY IS AN EXPERIENTIAL LEARNING COMMUNITY WHERE INTEGRITY, CREATIVITY, CURIOSITY, ETHICS, RESPONSIBILITY AND THE FREE EXCHANGE OF IDEAS ARE VALUED. MISSION ======= WE IMPROVE LIVES AND PROVIDE STUDENTS WITH EXCEPTIONAL VALUE IN 21ST CENTURY PROFESSIONAL EDUCATION. VISION ====== WE ARE REIMAGINING HEALTH, EDUCATION AND DISCOVERY TO CREATE UNPARALLELED VALUE. WE ARE A COMPREHENSIVE UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR THE 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, FASHION, ENGINEERING, HEALTH, MEDICINE, SCIENCE AND TEXTILES - INFUSED WITH THE LIBERAL ARTS. HISTORY ======= 1884 ---- IN 1884, PHILADELPHIA UNIVERSITY WAS FOUNDED AS THE PHILADELPHIA TEXTILE SCHOOL TO EDUCATE AMERICA'S TEXTILE WORKERS AND MANAGERS. 1941 ---- IN 1941, THE SCHOOL WAS GRANTED THE RIGHT TO AWARD BACCALAURETE DEGREES AND CHANGED ITS NAME TO THE PHILADELPHIA TEXTILE INSTITUTE ("PTI"). 1949 ---- BY 1949, PTI BEGAN CONDUCTING CLASSES IN THE EAST FALLS SECTION OF PHILADELPHIA. 1961 ---- IN 1961, PTI CHANGED ITS NAME TO PHILADELPHIA COLLEGE OF TEXTILES & SCIENCE. 1999 ---- TO BETTER REFLECT THE INSTITUTION'S BREADTH AND DEPTH, THE COLLEGE APPLIED FOR AND WAS GRANTED UNIVERSITY STATUS BY THE COMMONWEALTH OF PENNSYLVANIA IN 1999. THE BOARD OF TRUSTEES VOTED TO CHANGE THE SCHOOL'S NAME TO PHILADELPHIA UNIVERSITY ON JULY 13, 1999. 2008 ---- IN 2008, PHILADELPHIA UNIVERSITY ADOPTED A BOLD, INNOVATIVE STRATEGIC PLAN AND DIRECTED OUR EFFORTS ON ADVANCING OUR MISSION AND VISION: TO BE THE MODEL FOR PROFESSIONAL UNIVERSITY EDUCATION. THE UNIVERSITY REORGANIZED ITS OFFERINGS INTO THREE COLLEGES AND THREE SCHOOLS. 2012 ---- IN 2012, THE UNIVERSITY LAUNCHED ITS PHILAU ONLINE OFFERING, WHICH |

| Return Reference | Explanation |
| --- | --- |
| | FORMALIZED AND EXPANDED ITS REACH IN ONLINE EDUCATION. PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY: TWO LEGACIES JOINED BY ONE VISION ========== UNIFYING TWO RENOWNED LEGACIES OF INNOVATION, EDUCATION, RESEARCH AND PROFESSIONAL EXCELLENCE, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY) HAS MORE THAN THREE COMBINED CENTURIES OF HISTORY. DRIVEN BY THIS NEWLY UNITED AND ROBUST PAST, JEFFERSON DELIVERS UNIQUE AND HIGH-IMPACT PROFESSIONAL EDUCATION TO OUR STUDENTS IN THE AREAS OF ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION, HEALTH, MEDICINE, SCIENCE, TEXTILES AND MORE. THOMAS JEFFERSON UNIVERSITY WAS FOUNDED IN 1824 AS JEFFERSON MEDICAL COLLEGE, AND PHILADELPHIA UNIVERSITY WAS FOUNDED IN 1884 AS THE PHILADELPHIA TEXTILE SCHOOL. BOTH WERE AHEAD OF THEIR TIME AND FOCUSED ON THE IMPORTANCE OF EXPERIENTIAL LEARNING. THE NEW JEFFERSON WAS ESTABLISHED ON JULY 1, 2017 AS A RESULT OF THE MERGER OF THESE TWO RENOWNED UNIVERSITIES. |
| CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | JOINED IN 2017 THROUGH A SHARED AND UNIQUE APPROACH TO EDUCATION, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY) IS NATIONALLY AND INTERNATIONALLY RECOGNIZED FOR MANY HISTORICAL "FIRSTS" INCLUDING THE FIRST SURGICAL USE OF ANESTHESIA IN PHILADELPHIA; THE BLENDING OF QUAIL FEATHERS AND WOOL TO CREATE THE ARMY'S UBIQUITOUS OLIVE DRAB AS AN ALTERNATIVE TO DARK BLUE AND LIGHT-COLORED KHAKI MILITARY UNIFORMS; THE FIRST SUCCESSFUL OPEN-HEART OPERATION USING A HEART-LUNG MACHINE; AND THE FIRST BIFURCATED AORTAL GRAFT DESIGNED BY USING MULTI-BRANCHED SEAMLESS TUBES THAT KNIT FIBERS NEEDED FOR ARTIFICIAL BLOOD VESSELS. TODAY, WE ARE A PROFESSIONAL UNIVERSITY THAT DEFIES CONVENTION AND DEDICATES ITSELF TO COLLABORATIVE, TRANSDISCIPLINARY AND INTERPROFESSIONAL APPROACHES TO LEARNING THAT OFFER A VIBRANT AND EXPANDABLE PLATFORM FOR EDUCATION. THROUGH THIS UNIQUE MODEL, WE ARE PREPARING OUR STUDENTS FOR CURRENT AND YET-TO-BE-IMAGINED CAREERS - SETTING TOMORROW'S STANDARDS BY BREAKING TODAY'S. TOGETHER, THESE UNIVERSITIES INCLUDE 10 COLLEGES AND 4 SCHOOLS INCLUDING ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION AND TEXTILES, HEALTH SCIENCE AND SOCIAL SCIENCE PROGRAMS. OVER 160 UNDERGRADUATE/GRADUATE PROGRAMS ARE OFFERED. JEFFERSON HEALTH, IN PARTNERSHIP WITH TJU, IS DEDICATED TO DISCOVERING NEW TREATMENTS AND THERAPIES THAT WILL DEFINE THE FUTURE OF CLINICAL CARE; PROVIDING EXCEPTIONAL PRIMARY THROUGH COMPLEX QUATERNARY CARE TO PATIENTS IN THE COMMUNITIES WE SERVE THROUGHOUT THE DELAWARE VALLEY; AND EDUCATING TOMORROW'S PROFESSIONALS THROUGH TRANSDISCIPLINARY AND EXPERIENTIAL LEARNING DESIGNED FOR NEW AND EMERGING FIELDS FOR THE 21ST CENTURY. |
| CORE FORM, PART V, QUESTION 15 | JOSEPH G. CACCHIONE, M.D. IS AN OFFICER/VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. DR. CACCHIONE ALSO SERVES AS THE CEO OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH. DR. CACCHIONE RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY FILED A 2023 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS OF $1M. CRISTINA G. CAVALIERI, ESQ. is an OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. ms. cavalieri is EMPLOYED BY AND RECEIVEs A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. her COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY FILED A 2023 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HER COMPENSATION IN EXCESS OF $1M. JOHN P. MORDACH IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MR. MORDACH IS EMPLOYED BY AND RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY DID NOT FILE A 2023 FEDERAL FORM 4720 FOR ANY REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS OF $1M BECAUSE HE WAS NOT A COVERED EMPLOYEE OF THOMAS JEFFERSON UNIVERSITY AND THUS EXEMPT FROM EXCISE TAX AS PROVIDED FOR UNDER INTERNAL REVENUE CODE SECTION 4960. PETER L. DEANGELIS, JR. is a former OFFICER OF THIS ORGANIZATION. Mr. Deangelis RECEIVED A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY FILED A 2023 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS OF $1M. STEPHEN K. KLASKO, M.D., MBA IS A FORMER OFFICER OF THIS ORGANIZATION. DR. KLASKO RECEIVED A FEDERAL FORM W-2 FROM THIS ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY FILED A 2023 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HIS COMPENSATION IN EXCESS OF $1M. mark l. tykocinski, m.d. IS A FORMER OFFICER OF THIS ORGANIZATION. DR. TYKOCINSKI RECEIVED A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. his COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, THOMAS JEFFERSON UNIVERSITY FILED A 2023 FEDERAL FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO His COMPENSATION IN EXCESS OF $1M. |
| CORE FORM, PART VI, SECTION A; QUESTION 3 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM. AS THE PARENT ORGANIZATION OF THE SYSTEM TJU PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THIS ORGANIZATION. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. TJU ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO TJU IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS. |
| CORE FORM, PART | THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE MEMBER OF THIS ORGANIZATION. TJU HAS THE RIGHT TO |

| Return Reference | Explanation |
| --- | --- |
| VI, SECTION A; QUESTIONS 6 & 7 | ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS. |
| CORE FORM, PART VI, SECTION B; QUESTION 11B | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER SYSTEM INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW. FOLLOWING THIS REVIEW, THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS. IN ADDITION, THE FORM 990 WAS PROVIDED TO THE THOMAS JEFFERSON UNIVERSITY'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE AND THE CPA FIRM MADE A PRESENTATION TO THE COMMITTEE REGARDING THE SYSTEM'S FORMS 990 TOGETHER WITH A HEALTHCARE INDUSTRY TAX UPDATE. |
| CORE FORM, PART VI, SECTION B; QUESTION 12 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT-OF-INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT-OF-INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT-OF-INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT-OF-INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENT'S ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE FINANCE, ASSURANCE & COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE. IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990. |
| CORE FORM, PART VI, SECTION B; QUESTION 15 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE |

| Return Reference | Explanation |
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| | OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTION'S OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS. |
| CORE FORM, PART VI, SECTION C; QUESTION 19 | THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA. |
| CORE FORM, PART VII AND SCHEDULE J | CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION AND FOR THEIR POSITION WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE; NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S GOVERNING BODY. |
| CORE FORM, PART VII AND SCHEDULE J | JOSEPH G. CACCHIONE, M.D., FACC IS AN OFFICER/VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. DR. CACCHIONE IS EMPLOYED BY AND RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS IS REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. CRISTINA G. CAVALIERI, ESQ. IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MS. CAVALIERI IS EMPLOYED BY AND RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HER REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS IS REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. JOHN P. MORDACH IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MR. MORDACH IS EMPLOYED BY AND RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS IS REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. SUSAN C. ALDRIDGE, PH.D. IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. DR. ALDRIDGE IS EMPLOYED BY AND RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HER REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. PETER L. DEANGELIS, JR. IS A FORMER OFFICER OF THIS ORGANIZATION. MR. DEANGELIS RECEIVED A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS IS REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. STEPHEN K. KLASKO, M.D., MBA, IS A FORMER OFFICER OF THIS ORGANIZATION. DR. KLASKO RECEIVED A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. MARK L. TYKOCINSKI, M.D. IS A FORMER OFFICER OF THIS ORGANIZATION. DR. TYKOCINSKI RECEIVED A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP WAS WITH THOMAS JEFFERSON UNIVERSITY. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS IS REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY (EIN: 23-1352651) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY FEDERAL FORM 990 FOR THIS INFORMATION. |

| Return Reference | Explanation |
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| CORE FORM, PART VII, SECTION A, COLUMN B | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION. |
| CORE FORM, PART X; LINE 25 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2022A; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2022B; AND - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2024A. THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES MAY REFLECT A TJU OBLIGATED GROUP LIABILITY. THE MEMBERS OF THE OBLIGATED GROUP CONSIST OF THE FOLLOWING: - THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651 - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095 - TJUH SYSTEM, EIN: 23-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN: 23-2809585 - ABINGTON HEALTH, EIN: 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN: 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN: 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN: 26-3359979 - JEFFERSON HEALTH - NORTHEAST, EIN: 23-0596940 - JEFFERSON HEALTH - NORTHEAST SYSTEM, EIN: 23-2239131 - PHILADELPHIA UNIVERSITY, EIN: 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439 - KENNEDY HEALTH SYSTEM, EIN: 22-2442036 - KENNEDY HEALTH FACILITIES, INC., EIN: 22-2442032 - KENNEDY MEDICAL GROUP PRACTICE, P.C., EIN: 46-1420853 - MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328 - ALBERT EINSTEIN HEALTHCARE NETWORK, EIN: 23-2290323 - ALBERT EINSTEIN MEDICAL CENTER, EIN: 23-1396794 - EINSTEIN COMMUNITY HEALTH ASSOCIATES, INC., EIN: 23-2760086 - EINSTEIN MEDICAL CENTER MONTGOMERY, EIN: 20-4193243 - EINSTEIN PRACTICE PLAN, INC., EIN: 23-2664784 - FORNANCE PHYSICIAN SERVICES, EIN: 23-2275991 - MONTGOMERY HOSPITAL, EIN: 23-1352193 - MONTGOMERY HEALTH FOUNDATION, EIN: 22-2456265 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED WITHIN THOMAS JEFFERSON UNIVERSITY'S (EIN: 23-1352651) FEDERAL FORM 990 FOR THE YEAR ENDED JUNE 30, 2024. |
| CORE FORM, PART XI; QUESTION 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - NET ASSETS RELEASED FOR CAPITAL PROPERTY AND EQUIPMENT - $255,712; - NET ASSETS RELEASED FROM RESTRICTIONS (DONOR RESTRICTED) - ($3,277,047); AND - NET ASSETS RELEASED FROM RESTRICTIONS - $3,026,835. |
| CORE FORM, PART XII; QUESTION 2 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2024, AND JUNE 30, 2023; RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THOMAS JEFFERSON UNIVERSITY'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR. |
| CORE FORM, PART XII; QUESTION 3 | THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT AS SET FORTH IN THE UNIFORM GUIDANCE, 2 C.F.R., PART 200, SUBPART F. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE UNIFORM GUIDANCE AUDIT. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
PHILADELPHIA UNIVERSITY

**Employer identification number**
23-1352294

**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 |
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**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 | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)**ABINGTON HEALTH<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>27-1243803 | HEALTH SVCS. | PA | 501(C)(3) | 12B | TJU | | No |
| **(2)**ABINGTON HEALTH FOUNDATION<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2188052 | FUNDRAISING | PA | 501(C)(3) | 7 | JHC | | No |
| **(3)**ABINGTON MEMORIAL HOSPITAL<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1352152 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(4)**ALBERT EINSTEIN MEDICAL CENTER<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1396794 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(5)**ARIA HEALTH ORTHOPAEDICS<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>46-0779942 | HEALTH SVCS. | PA | 501(C)(3) | 10 | JMG | | No |
| **(6)**ARIA HEALTH PHYSICIAN SERVICES<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2691968 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JMG | | No |
| **(7)**BCCT OVER CORP<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1352200 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(8)**BROADLINE RISK RETENTION GROUP<br>100 BANK STREET<br><br>BURLINGTON, VT 05401<br>27-2583356 | INSURANCE | VT | 501(C)(3) | 12A | JHC | | No |
| **(9)**EINSTEIN COMMUNITY HEALTH ASSOCIATES<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2760086 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JHC | | No |
| **(10)**EINSTEIN MEDICAL CENTER MONTGOMERY<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>20-4193243 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(11)**EINSTEIN PRACTICE PLAN INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2664784 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JHC | | No |
| **(12)**EMERGENCY TRANSPORT ASSOCIATES INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2622004 | HEALTH SVCS. | PA | 501(C)(3) | 10 | JEFFEX INC | | No |
| **(13)**FORNANCE PHYSICIAN SERVICES INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2275991 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JHC | | No |
| **(14)**GHMC MANAGEMENT INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2225809 | MANAGEMENT | PA | 501(C)(3) | 12A | AEMC | | No |
| **(15)**HEALTH PARTNERS FOUNDATION<br>901 MARKET STREET SUITE 500<br><br>PHILADELPHIA, PA 19107<br>31-1674587 | FUNDRAISING | PA | 501(C)(3) | 12A | HPP | | No |
| **(16)**HEALTH PARTNERS PLANS INC<br>901 MARKET STREET SUITE 500<br><br>PHILADELPHIA, PA 19107<br>23-2379751 | INSURANCE | PA | 501(C)(4) | | JHNE | | No |
| **(17)**JEFFERSON CLUB AKA JEFF FACULTY CLUB<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2167488 | HEALTH SVCS. | PA | 501(c)(3) | 12A | TJU | | No |
| **(18)**JEFFERSON HEALTH - NORTHEAST<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-0596940 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(19)**JEFFERSON HEALTH - NORTHEAST FOUNDATION<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-7318683 | FUNDRAISING | PA | 501(C)(3) | 12A | JHNE | | No |
| **(20)**JEFFERSON HEALTH - NORTHEAST SYSTEM<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2239131 | HEALTH SVCS. | PA | 501(C)(3) | 12B | TJU | | No |
| **(21)**JEFFERSON HEALTH CORPORATION<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2290323 | MANAGEMENT | PA | 501(C)(3) | 12A | TJU | | No |
| **(22)**JEFFERSON MEDICAL CARE<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2858320 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JMG | | No |
| **(23)**JEFFERSON MEDICAL GROUP<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-3026939 | HEALTH SVCS. | PA | 501(C)(3) | 12B | JHC | | No |
| **(24)**JEFFERSON UNIVERSITY PHYSICIANS<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2809585 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JMG | | No |
| **(25)**JEFFERSON UNIVERSITY PHYSICIANS OF NJ PC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>46-4855345 | HEALTH SVCS. | NJ | 501(C)(3) | 12A | JUP | | No |
| **(26)**JEFFEX INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2622009 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JHC | | No |
| **(27)**JUP of NJ - KTS PC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>88-2234070 | Health svcs. | PA | 501(C)(3) | | TJU | | No |
| **(28)**KENNEDY HEALTH CARE FOUNDATION INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>80-0550282 | FUNDRAISING | NJ | 501(C)(3) | 7 | KUH | | No |
| **(29)**KENNEDY HEALTH FACILITIES INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-2442032 | HEALTH SVCS. | NJ | 501(C)(3) | 12A | JHC | | No |
| **(30)**KENNEDY HEALTH SYSTEM INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-2442036 | HEALTH SVCS. | NJ | 501(C)(3) | 10 | TJU | | No |
| **(31)**KENNEDY MEDICAL GROUP PRACTICE PC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>46-1420853 | HEALTH SVCS. | NJ | 501(C)(3) | 10 | JMG | | No |
| **(32)**KENNEDY PROPERTY CORPORATION<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-2442034 | REAL ESTATE | NJ | 501(C)(3) | 12A | JHC | | No |
| **(33)**KENNEDY UNIVERSITY HOSPITAL INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-1773439 | HEALTH SVCS. | NJ | 501(C)(3) | 3 | JHC | | No |
| **(34)**LANSDALE HOSPITAL<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>26-3359979 | HEALTH SVCS. | PA | 501(c)(3) | 3 | JHC | | No |
| **(35)**METHODIST ASSOC IN HEALTHCARE OF NJ PC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-3537847 | HEALTH SVCS. | NJ | 501(c)(3) | 12A | MAHC | | No |
| **(36)**METHODIST ASSOCIATES IN HEALTHCARE INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2678055 | HEALTH SVCS. | PA | 501(C)(3) | 12A | JMG | | No |
| **(37)**MONTGOMERY HEALTH FOUNDATION<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-2456265 | FUNDRAISING | PA | 501(C)(3) | 12B | MHC | | No |
| **(38)**MONTGOMERY HOSPITAL<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1352193 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(39)**MONTGOMERY HOSPITAL WORKERS COMP TRUST<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2351775 | HEALTH SVCS. | PA | 501(C)(3) | 12A | MHC | | No |
| **(40)**STAT MEDICAL TRANSPORT INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>22-2443981 | HEALTH SVCS. | NJ | 501(C)(3) | 10 | JHC | | No |
| **(41)**SUTHBREIT PROPERTIES LTD<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2214351 | REAL ESTATE | PA | 501(c)(2) | | JEFFEX INC | | No |
| **(42)**THE MAGEE MEM'L HOSP FOR CONVALESCENTS<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1476328 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(43)**THOMAS JEFFERSON UNIVERSITY<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-1352651 | EDUCATION | PA | 501(C)(3) | 2 | NA | | No |
| **(44)**THOMAS JEFFERSON UNIVERSITY HOSPITALS<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2829095 | HEALTH SVCS. | PA | 501(C)(3) | 3 | JHC | | No |
| **(45)**TJUH SYSTEM<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-3026795 | HEALTH SVCS. | PA | 501(C)(3) | 12B | TJU | | No |
| **(46)**WALNUT HOME THERAPEUTICS INC<br>1101 MARKET STREET SUITE 2004<br><br>PHILADELPHIA, PA 19107<br>23-2622006 | HEALTH SVCS. | PA | 501(C)(3) | 10 | JEFFEX INC | | No |

**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) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** 1100 WALNUT ASSOC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2332396 | MEDICAL OFFICE | PA | NA | | | | | | | | | |
| **(2)** JEFF UNIV RAD ASSOC<br>840 CRESCENT CTR DR<br>FRANKLIN, TN 37067<br>41-2043518 | HEALTH SVCS. | PA | NA | | | | | | | | | |
| **(3)** JEFFHEDGE LLC<br>1301 2ND AVE<br>SEATTLE, WA 98101<br>45-3214379 | INVESTMENTS | DE | NA | | | | | | | | | |
| **(4)** JUNIATA MED BLD<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2450132 | MEDICAL OFFICE | PA | NA | | | | | | | | | |
| **(5)** KENNEDY CH SURG<br>11221 ROE AVE<br>LEAWOOD, KS 66211<br>47-2462625 | SURGERY CENTER | NJ | NA | | | | | | | | | |
| **(6)** MLJH LLC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>82-1445171 | MEDICAL SERVICES | PA | NA | | | | | | | | | |
| **(7)** RIVERVIEW SURG CTR LLC<br>3 CRESCENT DR<br>PHILADELPHIA, PA 19112<br>26-3911509 | HEALTH SVCS. | PA | NA | | | | | | | | | |
| **(8)** RIVERVIEW SURG CTR LP<br>3 CRESCENT DR<br>PHILADELPHIA, PA 19112<br>26-3910345 | HEALTH SVCS. | PA | NA | | | | | | | | | |
| **(9)** ROTHMAN ORTHO SPEC HOSP<br>11221 ROE AVE<br>LEAWOOD, KS 66211<br>27-0260289 | HEALTH SVCS. | PA | NA | | | | | | | | | |
| **(10)** TMB ENTERPRISE<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2400586 | MEDICAL OFFICE | PA | NA | | | | | | | | | |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)**925 WALNUT STREET CORP<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>84-1657497 | REAL ESTATE | PA | NA | S CORP. | | | | | No |
| **(2)**ATRIUM CORPORATION<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2075587 | HEALTH SVCS. | PA | NA | C CORP. | | | | | No |
| **(3)**CMMC INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2256479 | REAL ESTATE | PA | NA | C CORP. | | | | | No |
| **(4)**EINSTEIN HEALTHCARE SYSTEMS INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2314938 | INACTIVE | PA | NA | C CORP. | | | | | No |
| **(5)**HEALTH CARE INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>20-0214524 | HEALTH SVCS. | PA | NA | C CORP. | | | | | No |
| **(6)**HEALTHMARK INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2259593 | HEALTH SVCS. | PA | NA | C CORP. | | | | | No |
| **(7)**JEFFCARE INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2830152 | HEALTH SVCS. | PA | NA | C CORP. | | | | | No |
| **(8)**JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>84-1980055 | HEALTH SVCS. | NJ | NA | C CORP. | | | | | No |
| **(9)**JEFFERSON PHYSICIAN SVCS OF CALIFORNIA<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>37-1856786 | INACTIVE | CA | NA | C CORP. | | | | | No |
| **(10)**KENNEDY ACCESS INCORPORATED<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>47-2661672 | INVESTMENTS | NJ | NA | C CORP. | | | | | No |
| **(11)**KENNEDY MANAGEMENT GROUP INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>22-3347294 | MANAGEMENT | NJ | NA | C CORP. | | | | | No |
| **(12)**MID-ATLANTIC MATERNAL FETAL INSTITUTE<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2922471 | INACTIVE | PA | NA | C CORP. | | | | | No |
| **(13)**MID-ATLANTIC MATERNAL FETAL INSTITUTE PC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>22-3536371 | INACTIVE | NJ | NA | C CORP. | | | | | No |
| **(14)**PARTNERS INSURANCE COMPANY OF NJ<br>1101 MARKET STREET SUITE 2400<br>PHILADELPHIA, PA 19107<br>11-1111111 | INSURANCE | NJ | NA | C CORP. | | | | | No |
| **(15)**PARTNERS INSURANCE COMPANY INC<br>1101 MARKET STREET SUITE 2400<br>PHILADELPHIA, PA 19107<br>88-3557817 | INSURANCE | PA | NA | C CORP. | | | | | No |
| **(16)**PROFESSIONAL MEDICAL MANAGEMENT INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>22-2559690 | INACTIVE | NJ | NA | C CORP. | | | | | No |
| **(17)**REHAB VENTURES INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2619394 | INACTIVE | PA | NA | C CORP. | | | | | No |
| **(18)**SYSTEM SERVICE CORPORATION<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2218944 | HOLDING CO. | DE | NA | C CORP. | | | | | No |
| **(19)**TF DEVELOPMENT LTD<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2197865 | REAL ESTATE | PA | NA | C CORP. | | | | | No |
| **(20)**TJU INC<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2146678 | REAL ESTATE | PA | NA | C CORP. | | | | | No |
| **(21)**WALNUT REALTY CO<br>1101 MARKET STREET SUITE 2004<br>PHILADELPHIA, PA 19107<br>23-2332416 | REAL ESTATE | PA | NA | C CORP. | | | | | No |

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

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

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

**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 |
|---|---|---|---|
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**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) Disproprtionate 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 | |
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
|---|---|
| SCHEDULE R, PART V | THIS ORGANIZATION IS A MEMBER OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES. |



## Additional Data

Return to Form

**Software ID:**

**Software Version:**