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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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
Temple University - Of The Commonwealth System of Higher Education

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1805 North Broad Wachman Hall 1108

City or town, state or province, country, and ZIP or foreign postal code
Philadelphia, PA 191226094

D Employer identification number
23-1365971

E Telephone number
(215) 204-7366

G Gross receipts $ 2,280,643,000

F Name and address of principal officer:
Dr Jason Wingard - President
1805 North Broad Wachman Hall 1108
Philadelphia, PA 191226094

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.temple.edu

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

L Year of formation: 1884

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Providing access to high quality and affordable higher education, world-class research, and public service through its campuses and distance learning programs.

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**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	16,441
6	Total number of volunteers (estimate if necessary)	**6**	36
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	335,234,000	346,844,000
9	Program service revenue (Part VIII, line 2g)	1,174,274,000	1,086,424,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,031,000	94,429,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,878,000	1,773,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,562,417,000	1,529,470,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	213,653,000	204,217,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	852,403,000	836,436,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,290,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	409,225,000	323,372,000
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,475,281,000	1,364,025,000
19	Revenue less expenses. Subtract line 18 from line 12	87,136,000	165,445,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,627,877,000	3,873,437,000
21	Total liabilities (Part X, line 26)	1,049,833,000	970,499,000
22	Net assets or fund balances. Subtract line 21 from line 20	2,578,044,000	2,902,938,000

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

****** 2022-05-13
Signature of officer Date

David Marino VP for Finance and Treasurer
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Providing access to high quality and affordable higher education, world-class research, and public service through its campuses and distance learning programs.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses $	612,681,000	including grants of $	38,693,000) (Revenue $	953,913,000)	
	See Additional Data					
4b	(Code:) (Expenses $	186,067,000	including grants of $	2,533,000) (Revenue $	0)	
	See Additional Data					
4c	(Code:) (Expenses $	121,363,000	including grants of $	1,377,000) (Revenue $	41,284,000)	
	See Additional Data					
	(Code:) (Expenses $	297,232,000	including grants of $	161,614,000) (Revenue $	91,227,000)	
	OTHER PROGRAM SERVICES Listed Below:					

4d Other program services (Describe in Schedule O.)
(Expenses $ 297,232,000 including grants of $ 161,614,000) (Revenue $ 91,227,000)

4e **Total program service expenses ▶** 1,217,343,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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	Yes	
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	Yes	
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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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		No
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		No
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		No
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	Yes	

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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 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	Yes	
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 lines 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	Yes	
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	Yes	
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	Yes	
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	Yes	
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 in 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	2,452		
b	Enter the number of Forms W-2G included in 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** 16,441				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
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**			
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**	Yes		
b	If "Yes," enter the name of the foreign country: ▶IT , JA , UK 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**	Yes		
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**	Yes		
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	

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	**1a**	36		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	36		
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**		No
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**		No
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**		No
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 in 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 in 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**		No
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 in 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 (or 1024-A if applicable), 990, and 990-T (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:
▶David Marino VP for Finance and Treasurer 1805 North Broad St Philadelphia, PA 191226094 (215) 204-7366

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								14,726,334	0	970,309

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,155

			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
Aramark Receivables LLC 1101 Market Street Philadelphia, PA 19107	Food Management Services	11,451,000
Universal Protection Services LLC 161 Washington St Conshohocken, PA 19428	Security Services	11,037,000
Target Building Construction 1124 Chester Pike Crum Lynne, PA 190221225	Construction services	10,154,000
E P Guidi Incorporated 1301 South Bethlehem Pike Ambler, PA 190025824	Construction services	6,552,000
Mayoseitz Media Inc 751 Arbor Way Suite 130 Blue Bell, PA 194221960	Media services	5,326,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 0				
b Membership dues	1b 0				
c Fundraising events	1c 0				
d Related organizations	1d 10,000				
e Government grants (contributions)	1e 256,870,000				
f All other contributions, gifts, grants, and similar amounts not included above	1f 89,964,000				
g Noncash contributions included in lines 1a - 1f:$	1g 3,904,000				
h **Total.** Add lines 1a-1f	▶	346,844,000			
Program Service Revenue	Business Code				
2a Tuition and Fees	611310	943,426,000	943,426,000	0	0
b Sales and Services of Eductional Activities	611310	10,487,000	10,487,000	0	0
c Auxiliary Enterprises	611310	41,284,000	41,284,000	0	0
d Patient Care Activities	621111	2,556,000	2,556,000	0	0
e Other	611310	88,671,000	88,671,000	0	0
f All other program service revenue.		0	0	0	0
g **Total.** Add lines 2a–2f.	▶ 1,086,424,000				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)	▶	41,215,000	0	0	41,215,000
4 Income from investment of tax-exempt bond proceeds	▶	0	0	0	0
5 Royalties	▶	435,000	0	0	435,000
	(i) Real / (ii) Personal				
6a Gross rents	6a 2,755,000 / 0				
b Less: rental expenses	6b 1,417,000 / 0				
c Rental income or (loss)	6c 1,338,000 / 0				
d Net rental income or (loss)	▶	1,338,000	0	0	1,338,000
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	7a 802,970,000 / 0				
b Less: cost or other basis and sales expenses	7b 749,756,000 / 0				
c Gain or (loss)	7c 53,214,000 / 0				
d Net gain or (loss)	▶	53,214,000	0	0	53,214,000
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0				
b Less: direct expenses	8b 0				
c Net income or (loss) from fundraising events	▶	0	0	0	0
9a Gross income from gaming activities. See Part IV, line 19	9a 0				
b Less: direct expenses	9b 0				
c Net income or (loss) from gaming activities	▶	0	0	0	0
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	0	0	0
Miscellaneous Revenue	Business Code				
11a		0	0	0	0
b		0	0	0	0
c		0	0	0	0
d All other revenue		0	0	0	0
e **Total.** Add lines 11a–11d	▶	0			
12 **Total revenue.** See instructions	▶	1,529,470,000	1,086,424,000	0	96,202,000

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,136,000	9,136,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	195,081,000	195,081,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	5,915,000	0	5,477,000	438,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	654,962,000	561,928,000	84,235,000	8,799,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,811,000	41,311,000	5,836,000	664,000
9 Other employee benefits	79,024,000	64,657,000	12,792,000	1,575,000
10 Payroll taxes	48,724,000	42,419,000	5,708,000	597,000
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	7,552,000	964,000	6,588,000	0
c Accounting	347,000	98,000	249,000	0
d Lobbying	357,000	357,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	4,391,000	212,000	4,045,000	134,000
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	9,289,000	6,144,000	3,139,000	6,000
13 Office expenses	86,463,000	98,120,000	-12,436,000	779,000
14 Information technology	33,711,000	21,421,000	11,999,000	291,000
15 Royalties	269,000	269,000	0	0
16 Occupancy	44,075,000	44,075,000	0	0
17 Travel	5,368,000	5,103,000	264,000	1,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	3,000	3,000	0	0
19 Conferences, conventions, and meetings	368,000	370,000	-6,000	4,000
20 Interest	17,956,000	16,968,000	988,000	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	108,189,000	108,189,000	0	0
23 Insurance	4,909,000	393,000	4,514,000	2,000
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 Bad Debts - Patient Care	67,000	67,000	0	0
b Bad Debts - Students	58,000	58,000	0	0
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	1,364,025,000	1,217,343,000	133,392,000	13,290,000
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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		218,000	1	218,000
	2	Savings and temporary cash investments		341,189,000	2	309,365,000
	3	Pledges and grants receivable, net		71,021,000	3	70,816,000
	4	Accounts receivable, net		125,417,000	4	136,059,000
	5	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	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		41,508,000	7	36,679,000
	8	Inventories for sale or use		599,000	8	477,000
	9	Prepaid expenses and deferred charges		13,644,000	9	31,138,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,974,246,000			
	b	Less: accumulated depreciation	10b 1,393,010,000	1,610,815,000	10c	1,581,236,000
	11	Investments—publicly traded securities		1,234,890,000	11	927,546,000
	12	Investments—other securities. See Part IV, line 11		151,189,000	12	668,772,000
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		37,387,000	15	111,131,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,627,877,000	16	3,873,437,000
Liabilities	17	Accounts payable and accrued expenses		216,178,000	17	261,652,000
	18	Grants payable		0	18	0
	19	Deferred revenue		82,845,000	19	89,372,000
	20	Tax-exempt bond liabilities		463,127,000	20	435,293,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,765,000	21	1,989,000
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		285,918,000	23	182,193,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		1,049,833,000	26	970,499,000
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		2,114,108,000	27	2,319,666,000
	28	Net assets with donor restrictions		463,936,000	28	583,272,000
		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		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0
	32	Total net assets or fund balances		2,578,044,000	32	2,902,938,000
	33	Total liabilities and net assets/fund balances		3,627,877,000	33	3,873,437,000

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	1,529,470,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,364,025,000
3	Revenue less expenses. Subtract line 2 from line 1	3	165,445,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,578,044,000
5	Net unrealized gains (losses) on investments	5	159,449,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,902,938,000

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 Single Audit Act and OMB Circular A-133?	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

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Form 990 (2020)

Form 990, Part III, Line 4a:

Instruction - Includes Undergraduate, Graduate, Professional, Non-credit continuing education, and distance learning programs.

Form 990, Part III, Line 4b:

Research - Includes governmental sponsored, private sponsored, and non-sponsored research.

Form 990, Part III, Line 4c:

Auxiliary Enterprises - Includes student housing and dining facilities, ticket sales for athletic and community events, other athletic department revenues, parking services, and other miscellaneous activities.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony J McIntyre Trustee	4.0	X						0	0	0
Barry Arkles Trustee	2.0	X						0	0	0
Bret S Perkins Trustee (Commonwealth Appointee)	2.0	X						0	0	0
Charles E Ryan Trustee (Commonwealth Appointee)	2.0	X						0	0	0
Christine M Tartaglione Trustee (Commonwealth Appointee)	2.0	X						0	0	0
Christopher W McNichol Trustee (Commonwealth Appointee)	11.0	X						0	0	0
Daniel H Polett Trustee	8.0	X						0	0	0
Deborah M Fretz Trustee (Commonwealth Appointee)	2.0	X						0	0	0
Drew Katz Trustee	1.0	X						0	0	0
III Joseph W Marshall Trustee (Commonwealth Appointee)	8.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
III Michael J Street Trustee (Commonwealth Appointee)	2.0	X						0	0	0
J William Mills Trustee	6.0	X						0	0	0
Jane Scaccetti Trustee	3.0	X						0	0	0
Joseph F Coradino Trustee	6.0	X						0	0	0
Jr Leon O Moulder Trustee	6.0	X						0	0	0
Jr Lewis F Gould Trustee (Commonwealth Appointee)	8.0	X						0	0	0
Judith A Felgoise Trustee	2.0	X						0	0	0
Leonad Barrack Trustee	7.0	X						0	0	0
Lon R Greenberg Trustee	3.0	X						0	0	0
Marguerite Lenfest Trustee	2.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marina Kats Trustee	3.0	X						0	0	0
Michael E Breeze Trustee	3.0	X						0	0	0
Michael H Reed Trustee	8.0	X						0	0	0
Mitchell L Morgan Trustee (Chair)	10.0	X						0	0	0
Nelson A Diaz Trustee	7.0	X						0	0	0
Patrick J Eiding Trustee (Commonwealth Appointee)	4.0	X						0	0	0
Patrick J O'Connor Trustee	5.0	X						0	0	0
Patrick Middle Brown Trustee (Commonwealth Appointee)	2.0	X						0	0	0
Patrick V Larkin Trustee (Commonwealth Appointee)	8.0	X						0	0	0
Paul G Curcillo Trustee	6.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Philip C Richards Trustee	11.0	X						0	0	0
Ronald R Donatucci Trustee (Commonwealth Appointee)	7.0	X						0	0	0
Sandra Harmon-Weiss Trustee	5.0	X						0	0	0
Solomon C Luo Trustee	9.0	X						0	0	0
Stephen G Charles Trustee	7.0	X						0	0	0
Tamron Hall Trustee	5.0	X						0	0	0
Anne Nadol VP - Secretary	50.0			X				328,667	0	62,860
Cindy Leavitt VP - Information Technology Services	50.0			X				309,150	0	50,179
Gennaro J Leva VP - Planning and Capital Projects	50.0			X				333,500	0	55,331
Hai-lung Dai VP - International Affairs	50.0			X				423,984	0	61,744

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Cawley VP - Institutional Advancement	50.0			X				430,167	0	63,234
Joanne Epps Exec VP & Provost	50.0			X				570,333	0	79,451
Kenneth Kaiser VP, CFO and Treasurer	50.0			X				480,433	0	62,637
Kevin G Clark EVP and COO	50.0			X				581,658	0	51,620
Michael B Gebhardt University Counsel	50.0			X				420,000	0	62,191
Michele M Masucci VP - Research	50.0			X				391,500	0	51,045
Richard Englert President	46.0 4.0			X				791,778	0	84,793
Theresa A Powell VP - Student Affairs	50.0			X				319,000	0	47,753
William T Bergman VP - Public Affairs	50.0			X				406,000	0	55,981
Aaron McKie Head Coach - Basketball	50.0					X		1,170,816	0	533

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy J Goldberg Surgeon	50.0					X		1,004,834	0	27,212
Gerard J Criner Pulmonologist	50.0					X		987,296	0	34,011
Roderick Carey Head Coach - Football	50.0					X		2,676,183	0	50,458
Yoshiya Toyoda Surgeon	50.0					X		1,297,774	0	39,750
Larry Kaiser Former Sr. Exec. VP - Health Affairs	0.0						X	1,803,261	0	29,526

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SCHEDULE A (Form 990 or 990EZ)

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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

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 or 990-EZ).)

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in 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 in line 2a 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 2020 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-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133046952

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
Temple University - Of The Commonwealth System of Higher Education	23-1365971

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		5,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		817,632
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			822,632
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	A PORTION OF THE UNIVERSITY'S REVENUES ARE DERIVED FROM APPROPRIATION LEGISLATION ENACTED BY THE COMMONWEALTH OF PENNSYLVANIA. THE UNIVERSITY RESPONDS TO INFORMATION REQUESTS FROM THE STATE ASSEMBLY, AND ATTEMPTS TO ASSURE THAT THE AMOUNT OF THE COMMONWEALTH APPROPRIATION IS SUFFICIENT TO MEET THE UNIVERSITY'S NEEDS. IN ADDITION, THE UNIVERSITY WILL OCCASIONALLY REQUEST VARIANCES IN LOCAL ORDINANCES IN ORDER TO FACILITATE CAMPUS IMPROVEMENTS AND CAPITAL CONSTRUCTION. TO ACCOMPLISH THESE OBJECTIVES THE UNIVERSITY ENGAGES THE SERVICES OF INDEPENDENT CONTRACTORS WHO PROVIDE INFORMATION TO INFLUENCE FEDERAL, STATE AND LOCAL LEGISLATION AND REGULATIONS ON MATTERS DIRECTLY AFFECTING THE UNIVERSITY'S EXEMPT PURPOSE.

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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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(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 7/25/06, 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 ▶ $ 65,000

(ii) Assets included in Form 990, Part X ▶ $ 5,036,000

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 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

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	688,479,000	696,319,000	698,037,000	627,853,000	543,950,000
b Contributions	22,289,000	13,893,000	13,135,000	48,755,000	43,277,000
c Net investment earnings, gains, and losses	198,664,000	2,230,000	11,437,000	45,994,000	64,122,000
d Grants or scholarships	26,878,000	26,063,000	26,290,000	24,565,000	23,496,000
e Other expenditures for facilities and programs	-3,504,000	-2,100,000	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	886,058,000	688,479,000	696,319,000	698,037,000	627,853,000

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

- a Board designated or quasi-endowment ▶ 37.23 %
- b Permanent endowment ▶ 46.17 %
- c Term endowment ▶ 16.6 %

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	Yes	
(ii) Related organizations		No

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

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		114,522,000		114,522,000
b Buildings		2,064,224,000	930,434,000	1,133,790,000
c Leasehold improvements		33,291,000	27,506,000	5,785,000
d Equipment		720,958,000	435,070,000	285,888,000
e Other		41,251,000	0	41,251,000
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,581,236,000

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LLCS, POOLED FUNDS & OTHER MISC CLOSELY HELD INVESTMENTS	668,772,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	668,772,000	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	Temple University Libraries' special collections include the Charles Blockson Afro-America n Collection, which includes over 50,000 items largely consisting of published material an d art work dating from 1581 to the present, documenting the African Diasporic experience, and the Special Collections Research Center which includes over 90,000 feet of archives an d manuscript material in the Urban Archives, Philadelphia Jewish Archives, University Arch ives, and other manuscript collections, as well as half a million rare books dating from 2 250 BCE to the present. These materials support University instruction and research for st udents, faculty, and administrators, as well as projects investigated by everyone from the general public in Philadelphia to researchers from all over the world.

Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	Agency funds may be established for outside activities that support or enhance the mission of the University and where there is mutual benefit in the University acting as fiscal agent for the principal. The activities must directly or indirectly provide services or benefits to the University's programs or to its students, staff, patients, or faculty.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Temple University's endowment is used to provide funds in support of its mission, such as scholarships and endowed chairs.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Substantially all of the individual components of the University are nonprofit corporation s and have been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Rev enue Code. The University's federal Exempt Organization Business Income Tax Returns throug h 2014 have been examined by the Internal Revenue Service. GAAP requires that a tax positi on be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The University does not belie ve its financial statements include any uncertain tax positions.

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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 at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	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	Yes	
	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, 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, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Temple University includes its nondiscriminatory policy as an integral part of classified ads, college bulletins, catalogs, alumni review magazines, and most other major publications.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	Schedule E, Question 6(a) - Financial aid or assistance from a government agency: Temple University receives an annual appropriation from the Commonwealth of Pennsylvania in support of the University's educational and general operations. Additionally, the university receives federal support in the form of PELL grants, Perkins loans and other federal funds, as well as funds from the Commonwealth and various local agencies. These funds are awarded to Temple's students based on need or academic achievement.
Schedule E, Part I, Line 6(b) REVOCATION OR SUSPENSION OF GOVERNMENTAL AID OR ASSISTANCE	Since July 1,1985 the University has met the federally defined default rates and the suspension has been lifted. From December 31,1984 thru June 30,1985 financial aid was temporarily suspended from the HPL program in the Dental, Medical and Pharmacy Schools for failure to meet federally defined default rates.

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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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I **General Information on 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
See Add'l Data					
3a Sub-total	3	14			3,715,000
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	3	14			3,715,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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)

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	Temple receives financial statements from its wholly owned subsidiary Temple Educational Support Services (TESS), located in Tokyo, Japan . Payments to TESS are in support of the University's educational mission. Temple receives financial reports from its campus in Rome and London program. All payments are in support of the University's educational mission. Temple also has an annual consolidated audit which includes the accounts of all subsidiaries and components.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	Temple receives financial statements from its wholly owned subsidiary Temple Educational Support Services (TESS), located in Tokyo, Japan . Payments to TESS are in support of the University's educational mission. Temple receives financial reports from its campus in Rome and London program. All payments are in support of the University's educational mission. Temple also has an annual consolidated audit which includes the accounts of all subsidiaries and components.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	1	3	Program Services	INSTRUCTION AT TOKYO, JAPAN CAMPUS	495,000
Europe (Including Iceland and Greenland)	2	11	Program Services	INSTRUCTION AT LOCATIONS IN ROME, ITALY AND LONDON, ENGLAND.	3,220,000

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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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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) See Additional Data							
(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 . . . . . ▶ 73

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 25

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) SCHOLARSHIPS AND TUITION REMISSION TO ATTEND TEMPLE UNIVERSITY					
(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, Line 2 Procedures for monitoring use of grant funds.	Financial Aid Eligibility Requirements * Complete the Free Application for Federal Student Aid (FAFSA) annually and as early as January 1 (Temple's priority deadline is March 1) * Sign statements on the FAFSA stating that: * you are not in default on a federal student loan and do not owe money on a federal student grant and * you will use federal student aid only for educational purposes * Comply with Temple University's Satisfactory Academic Progress Standards * Remain in good standing on educational loans and grants per the National Student Loan Database System (NSLDS) * Remain enrolled at least part-time per semester for Federal loans (6 credits as an undergraduate student and 4.5 credits as a graduate student) * Be enrolled in an eligible degree program at Temple University * Be a citizen or eligible non-citizen with a valid Social Security Number * Have a high school diploma or recognized equivalent * Be registered for the Selective Service if you are male and 18-25 years of age * Comply with any and all federal verification requests made by Student Financial Services Research Administration Processing an Award - Negotiation of SubAward (s) If the University receives an award and a portion of the activity is to be sub-contracted to another entity, Sponsored Programs assists the PI in development of a sub-contract which outlines the sub-contractor's role in meeting the requirements of the award. Sponsored Programs forwards the sub-contract to the sub-contractor for review and signature. Upon return of the executed document, the PI should complete a Financial Impact Statement. Sponsored Programs forwards the sub-contract and Financial Impact Statement to University Counsel, where review and appropriate signature(s) and seal (if necessary) are obtained. When the University is the recipient of a sub-contract similar procedures are followed.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Administrators of the Tulane Educational Fund 800 East Commerce Road Suite 203 Harahan, LA 701233400	72-0423889	501 (c)(3)	90,195				Research subcontract
Association of Public and Land-grant Universities 1307 New York Avenue NW Washington, DC 20005	53-0183246	501 (c)(3)	363,790				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Augusta University Research Institute Inc 1120 15th St Augusta, GA 30912	58-1418202	501 (c)(3)	13,810				Research subcontract
Beth Israel Deaconess Medical Center Inc 330 Brookline Avenue Boston, MA 02215	04-2103881	501 (c)(3)	33,110				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Big Picture Philadelphia 2300 West Master Street Philadelphia, PA 191214996	26-1413610	501 (c)(3)	77,147				Research subcontract
Bove Geoffrey M 405 Mills Road Kennebunkport, ME 04046	99-9999999	N/A	116,154				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Brigham Young University 150 East Bulldog Boulevard Provo, UT 84602	87-0217280	501 (c)(3)	11,401				Research subcontract
Cal Poly Corporation 1 Grand Ave Advancement Services San Luis Obispo, CA 93407	95-1648180	501 (c)(3)	9,116				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Called To Serve CDC 3600 North Broad Street Philadelphia, PA 191404108	46-4404323	501 (c)(3)	50,569				Research subcontract
Carleton College 1 N College Street Northfield, MN 55057	41-0694747	501 (c)(3)	9,602				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Carnegie Mellon University Po Box 371032M Pittsburgh, PA 15250	25-0969449	501 (c)(3)	43,283				Research subcontract
Center For Employment Opportunities 50 Broadway Suite 1604 New York, NY 100043819	13-3843322	501 (c)(3)	67,798				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Center For Independent Living Of NCPA 210 Market St Suite A Williamsport, PA 17701	23-2926556	501 (c)(3)	30,966				Research subcontract
CFD Research Corporation 215 Wynn Drive Northwest Floor 5 Huntsville, AL 358051926	63-0944385	N/A	31,653				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Children's Hospital of Philadelphia 34th St and Civic Center Blvd Philadelphia, PA 19104	23-1352166	501 (c)(3)	142,992				Research subcontract
ChristianaCare Health System PO Box 1668 Wilmington, DE 19899	52-1479538	501 (c)(3)	8,512				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cincinnati Childrens Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229	31-0537130	501 (c)(3)	186,271				Research subcontract
Community Living and Support Services Inc 1400 South Braddock Avenue Pittsburgh, PA 15218	25-0987252	501 (c)(3)	43,672				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Community Resources For Independence Incorporated 3410 West 12th Street Erie, PA 16505	25-1640170	501 (c)(3)	26,267				Research subcontract
Congreso De Latinos Unidos Inc 216 West Somerset Street Philadelphia, PA 19133	23-2051143	501 (c)(3)	58,721				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Copeland Center for Wellness and Recovery Inc PO Box 6471 Brattleboro, VT 05302	20-3409257	501 (c)(3)	25,857				Research subcontract
Coriell Institute For Medical Research 403 Haddon Ave Camden, NJ 08103	21-0672684	501 (c)(3)	38,346				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Drexel University 3141 Chestnut Street Philadelphia, PA 19103	23-1352630	501 (c)(3)	977,348				Research subcontract
Duke University Box 90754 Durham, NC 27708	56-0532129	501 (c)(3)	141,513				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DVP- Praxis Ltd 8888 Keystone Crossing Suite 1300 Indianapolis, IN 462404609	20-3208500	N/A	35,899				Research subcontract
Economy League of Greater Philadelphia 1800 John F Kennedy Blvd Suite 400 Philadelphia, PA 19102	23-1352264	501 (c)(3)	50,000				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Findings Group LLC 125 E Trinity Place Suite 249 Decatur, GA 30030	99-9999999	N/A	28,428				Research subcontract
Florida State University 600 W College Ave Tallahassee, FL 32306	59-1961248	501 (c)(3)	20,812				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Forsyth Dental Infirmiry 140 Fenway Boston, MA 021153799	04-2104230	N/A	43,605				Research subcontract
Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111	23-6296135	501 (c)(3)	125,724				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Fox Chase Chemical Diversity Center Inc 3805 Old Easton Road Doylestown, PA 18902	26-3652213	N/A	13,623				Research subcontract
Full Circle Computing Inc 740 Springdale Drive Suite 125 Exton, PA 193412831	73-1626351	N/A	11,000				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
General Hospital PO Box 3215 Lancaster, PA 17604	23-6525768	501 (c)(3)	43,934				Research subcontract
Georgia State University 33 Gilmer street Atlanta, GA 30302	58-6002050	115	345,282				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Johns Hopkins University Garland Hall Suite 300 Baltimore, MD 21218	52-0595110	501 (c)(3)	180,219				Research subcontract
Lehigh Valley Center For Independent Living 713 N 13th St Allentown, PA 18102	23-2610549	501 (c)(3)	20,227				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Life And Independence For Today 503 E Arch St St Marys, PA 15857	25-1732868	501 (c)(3)	19,604				Research subcontract
Live and Learn Society 785 Quintana Road Suite 219 Morro Bay, CA 934421943	47-1706989	N/A	22,000				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lock Haven University Foundation 10 Susquehanna Avenue Lock Haven, PA 17745	23-7007734	501 (c)(3)	5,894				Research subcontract
Magee Women's Research Institute and Foundation 3339 Ward Street Pittsburgh, PA 152134430	25-1462312	N/A	26,318				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Maternity Care Coalition 2000 Hamilton St Philadelphia, PA 19130	23-2200410	501 (c)(3)	48,082				Research subcontract
McMaster University c/o TU Grant Acctg Philadelphia, PA 19122	23-7213309	501 (c)(3)	36,306				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Miriam Hospital 164 Summit Ave Provide, RI 02906	05-0258905	501 (c)(3)	7,291				Research subcontract
Monell Chemical Senses Center 3500 Market St Philadelphia, PA 19104	23-2020897	501 (c)(3)	168,058				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
North Carolina State University NCSU Box 7207 Raleigh, NC 27695	56-6049503	501 (c)(3)	6,027				Research subcontract
North Central Organized Regionally 1300 W Lehigh ave Philadelphia, PA 19132	23-7399017	501 (c)(3)	110,000				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Northern Illinois University Foundation 1425 Lincoln Hwy Dekalb, IL 60115	36-6086819	115	5,142				Research subcontract
Nova Southeastern University 3301 College Avenue Fort Lauderdale, FL 33314	59-1083502	501 (c)(3)	25,948				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Nueva Esperanza Inc 4261 N 5th Street Philadelphia, PA 19140	23-2952060	501 (c)(3)	119,793				Research subcontract
Ohio University PO Box 869 Athens, OH 45701	31-6402269	501 (c)(3)	19,564				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Old Dominion University 4111 Monarch Way Ste 204 Norfolk, VA 23508	54-6068198	501 (c)(3)	42,959				Research subcontract
Philadelphia College Of c/o TU Grant Acctg Philadelphia, PA 19122	99-9999999	501 (c)(3)	6,157				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Philadelphia Housing Authority 1234 Market Street Suite 17 Philadelphia, PA 19107	23-1664406	501 (c)(3)	43,172				Research subcontract
Philadelphia Youth for Change Charter School 1231 North Broad Street 5th Floor Philadelphia, PA 19122	23-2728467	501 (c)(3)	97,182				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
President and Trustees of Williams College 800 Main Street Williamstown, MA 01267	04-2104847	501 (c)(3)	44,304				Research subcontract
Prevention Point Philadelphia 2913 Kensington Ave Philadelphia, PA 19134	23-2663699	501 (c)(3)	37,707				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Project Home 1515 Fairmount Avenue Philadelphia, PA 191302996	23-2555950	501 (c)(3)	50,912				Research subcontract
Providence Center 2557 N 5th St Philadelphia, PA 19133	23-2901291	501 (c)(3)	32,105				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Public Health Institute 555 12th Street FL 10 Oakland, CA 94607	94-1646278	501 (c)(3)	59,272				Research subcontract
Regents Of The U Of Ca Irvine 120 Theory Ste 200 Irvine, CA 92617	95-2226406	501 (c)(3)	219,630				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Regents Of The University Of California 1111 Franklin Street Oakland, CA 94607	94-3067788	501 (c)(3)	435,878				Research subcontract
Regents of the University of Michigan 500 South State Street Ann Arbor, MI 48109	38-6006309	115	9,640				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Regents Of the University of Minnesota 1300 S 2nd St Suite 206 Minneapolis, MN 55454	41-6007513	115	185,429				Research subcontract
Rti International 3040 E Cornwallis Rd Research Triangle Park, NC 27709	56-0686338	501 (c)(3)	9,231				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rutgers University 57 US Rt 1 New Brunswick, NJ 08901	22-6001086	501 (c)(3)	170,092				Research subcontract
Saint James School 3217 West Clearfield Street Philadelphia, PA 19132	45-2353683	501 (c)(3)	9,000				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Seton Hall University 400 S Orange Ave South Orange, NJ 07079	22-1500645	501 (c)(3)	25,649				Research subcontract
State University of Iowa 105 Jessup Rd Iowa City, IA 52242	42-6004813	115	16,784				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Steppingstone Scholars Inc 1301 Cecil B Moore Ave Philadelphia, PA 19122	42-1612131	501 (c)(3)	479,533				Research subcontract
Strategic Education Research Partnership Institute 1100 Connecticut Ave NW Washington, DC 200364119	30-0231116	N/A	57,057				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Texas A&M University 301 Tarrow Street College Station, TX 77840	74-6000531	115	17,468				Research subcontract
The Nemours Foundation 10140 Centurion Parkway North Jacksonville, FL 32256	59-0634433	501 (c)(3)	13,025				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Pennsylvania State University Burrowes Street State College, PA 16801	24-6000376	115	83,024				Research subcontract
The Research Foundation of SUNY 35 State Street Albany, NY 12207	14-1368361	501 (c)(3)	62,586				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Thomas Jefferson University 111 S 11th St Philadelphia, PA 19107	23-2829095	501 (c)(3)	381,786				Research subcontract
Transitional Paths to Independent Living 69 East Beau St Washington, PA 15301	25-1622789	501 (c)(3)	27,899				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Trustees of Dartmouth College 6066 Development Office Hanover, NH 03755	02-0222111	501 (c)(3)	8,960				Research subcontract
Trustees Of The University Of Pennsylvania 3451 Walnut Street Suite 305 Philadelphia, PA 19104	23-1352685	501 (c)(3)	118,970				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ultimate Block Party Inc 313 Buck Lane Haverford, PA 190411108	27-2766069	N/A	111,000				Research subcontract
United Cerebral Palsy Of Central Pennslyvania 55 Utley Drive Camp Hill, PA 17011	23-1433882	501 (c)(3)	51,612				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Cerebral Palsy Of Northeastern Pennsylvania 425 Wyoming Ave Scranton, PA 18503	24-0818346	501 (c)(3)	28,627				Research subcontract
University Of Arizona 1401 E University Tuscon, AZ 85721	86-6004791	115	15,137				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Delaware 220 Hullihen Hall Newark, DE 19716	51-6000297	501 (c)(3)	516,147				Research subcontract
University Of Florida W University Ave Gainsville, FL 32601	59-6002052	115	110,162				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Massachusetts 225 Franklin Street Boston, MA 02110	04-3167352	501 (c)(3)	7,777				Research subcontract
University Of Michigan 500 S State Street Ann Arbor, MI 48109	38-6006309	501 (c)(3)	17,932				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Nebraska 985045 Nebraska Medical Center Omaha, NE 681980001	47-0049123	501 (c)(3)	50,783				Research subcontract
University of Pennsylvania 3440 Market Street Philadelphia, PA 19104	23-1352685	501 (c)(3)	494,783				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Pittsburgh 4200 Fifth Avenue Pittsburgh, PA 15260	25-0965591	501 (c)(3)	267,081				Research subcontract
University Of South Florida 3702 Spectrum Blvd Tampa, FL 33612	59-2959590	501 (c)(3)	9,754				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Southern California 3501 Trousdale Parkway Los Angeles, CA 90001	95-1642394	501 (c)(3)	28,699				Research subcontract
University of Tennessee 1331 Circle Park Dr Knoxville, TN 37996	62-6001636	115	49,548				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Utah 332 South 1400 East Suite 150 Salt Lake City, UT 84112	87-6000525	115	33,588				Research subcontract
University Of Washington 1410 NE Campus Parkway Seattle, WA 98195	91-6001537	115	150,134				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Wyoming 1000 E University Ave Laramie, WY 82701	83-6000331	115	61,195				Research subcontract
Virginia Commonwealth University 821 W Franklin St Richmond, VA 23284	54-6001758	115	135,272				Research subcontract

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Welcoming Center for New Pennsylvanians 211 N 13th Street 4th Floor Philadelphia, PA 19107	23-3001411	501 (c)(3)	12,547				Research subcontract
Yale University PO Box 2038 New Haven, CT 06521	06-0646973	501 (c)(3)	77,832				Research subcontract

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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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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
Schedule J, Part I, Line 1a Travel for companions	The University provides travel reimbursement for certain senior officer's spouses, where a legitimate business purpose exists for the spouse to accompany the officer.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Roderick Carey - Reportable compensation from the organization includes a gross up related to income taxes of $386,393 for a contractual buyout payment that occurred in 2019.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	In accordance with the President's employment agreement, the University provides the President a housing allowance.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The University pays for a social club membership that its President and other University personnel use primarily for business purposes.
Schedule J, Part I, Line 1a Personal services	In accordance with the President's employment agreement, the University provides the President a car and driver for University business.
Schedule J, Part I, Line 4a Severance or change-of-control payment	LARRY KAISER - EFFECTIVE DECEMBER 31, 2019, LARRY KAISER'S EMPLOYMENT AS SENIOR EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS AND DEAN OF THE LEWIS KATZ SCHOOL OF MEDICINE CONCLUDED. SEPARATION PAYMENTS EQUAL TO HIS CURRENT BASE SALARY, TOGETHER WITH CURRENT BENEFITS AND PERQUISITES WERE PAID MONTHLY DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2020. THE TOTAL SEPARATION PAYMENT OF $1,832,787 WAS ACCRUED AT DECEMBER 31, 2019.
Schedule J, Part I, Line 7 Non-fixed payments	Additional payments were paid to Physicians and Athletics Coaches who met prior fiscal year organizational goals.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1William T Bergman	(i)	406,000	0	0	36,659	19,322	461,981	0
VP - Public Affairs	(ii)	0	0	0	0	0	0	0
1James Cawley	(i)	430,167	0	0	37,353	25,881	493,401	0
VP - Institutional Advancement	(ii)	0	0	0	0	0	0	0
2Kevin G Clark	(i)	575,300	0	6,358	30,854	20,766	633,278	0
EVP and COO	(ii)	0	0	0	0	0	0	0
3Hai-lung Dai	(i)	373,884	0	50,100	37,353	24,391	485,728	0
VP - International Affairs	(ii)	0	0	0	0	0	0	0
4Richard Englert	(i)	741,750	0	50,028	63,500	21,293	876,571	0
President	(ii)	0	0	0	0	0	0	0
5Joanne Epps	(i)	569,285	0	1,048	60,663	18,788	649,784	0
Exec VP & Provost	(ii)	0	0	0	0	0	0	0
6Michael B Gebhardt	(i)	420,000	0	0	37,353	24,838	482,191	0
University Counsel	(ii)	0	0	0	0	0	0	0
7Kenneth Kaiser	(i)	480,433	0	0	37,353	25,284	543,070	0
VP, CFO and Treasurer	(ii)	0	0	0	0	0	0	0
8Cindy Leavitt	(i)	308,730	0	420	37,353	12,826	359,329	0
VP - Information Technology Services	(ii)	0	0	0	0	0	0	0
9Gennaro J Leva	(i)	333,500	0	0	30,854	24,477	388,831	0
VP - Planning and Capital Projects	(ii)	0	0	0	0	0	0	0
10Michele M Masucci	(i)	391,500	0	0	37,353	13,692	442,545	0
VP - Research	(ii)	0	0	0	0	0	0	0
11Anne Nadol	(i)	328,667	0	0	37,353	25,507	391,527	0
VP - Secretary	(ii)	0	0	0	0	0	0	0
12Theresa A Powell	(i)	317,063	0	1,937	37,353	10,400	366,753	0
VP - Student Affairs	(ii)	0	0	0	0	0	0	0
13Yoshiya Toyoda	(i)	183,069	150,000	964,705	18,374	21,376	1,337,524	0
Surgeon	(ii)	0	0	0	0	0	0	0
14Roderick Carey	(i)	283,325	250,000	2,142,858	30,854	19,604	2,726,641	0
Head Coach - Football	(ii)	0	0	0	0	0	0	0
15Aaron McKie	(i)	400,293	110,000	660,523	0	533	1,171,349	0
Head Coach - Basketball	(ii)	0	0	0	0	0	0	0
16Amy J Goldberg	(i)	186,834	0	818,000	18,374	8,838	1,032,046	0
Surgeon	(ii)	0	0	0	0	0	0	0
17Gerard J Criner	(i)	182,064	0	805,232	18,148	15,863	1,021,307	0
Pulmonologist	(ii)	0	0	0	0	0	0	0
18Larry Kaiser	(i)	1,801,881	0	1,380	0	29,526	1,832,787	0
Former Sr. Exec. VP - Health Affairs	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Pennsylvania Higher Education Facilities Authority Series 2012	23-2243852	70917RAW3	10-03-2012	225,756,526	See Schedule K, Part VI	X			X		X
B	Philadelphia Authority for Industrial Development First Series of 2015 and First Series of 2016	23-2237287	717794AM3	07-08-2015	291,571,763	See Schedule K, Part VI		X		X		X
C	Philadelphia Authority for Industrial Development Second Series 2016	23-2237287	717794BS9	02-18-2016	91,258,537	See Schedule K, Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	35,210,000	54,985,000	0	
2	Amount of bonds legally defeased	160,175,000	0	0	
3	Total proceeds of issue	226,790,289	293,686,244	91,258,537	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	268,860	669,013	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,116,470	1,430,000	518,666	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	225,404,960	94,413,197	0	
11	Other spent proceeds	0	197,174,035	90,739,871	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2016	2019	2016	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.34 %		0.63 %		0.88 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0.34 %		0.63 %		0.88 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part VI Supplemental information	Part I, Column (f), Purpose of Tax Exempt Bonds: A) First Series of 2012 - Design, develop, install and construct various capital projects, pay costs for issuing the bonds. B) First Series of 2010A - Refunding of a portion of the Authority's outstanding Temple University Revenue Bonds, First Series of 1998, design, develop, install and construct various capital projects, pay costs for issuing the bonds. C)First Series of 2015 and 2016 - Refunding of portion of the outstanding Temple University Revenue Bonds, First Series of 2006, design, develop, install and construct various capital projects, pay for costs for issuing the bonds. D)Second Series of 2016 - Refunding of a portion of the outstanding Temple University Revenue Bonds, First Series of 2006, pay costs for issuing the bonds. Part II, Line 3, Column A - Includes investment earnings of $1,033,763. Part II, Line 3, Column B - Includes investment earnings of $234,770. Part II, Line 3, Column C - Includes investment earnings of $2,114,418.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: Pennsylvania Higher Education Facilities Authority, Series 2012 The calculation for computing no rebate due was performed on 04/22/2016

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: Philadelphia Authority for Industrial Development, First Series of 2015 and First Series of 2016 The calculation for computing no rebate due was performed on 07/01/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: Philadelphia Authority for Industrial Development, Second Series 2016 The calculation for computing no rebate due was performed on 07/01/2018

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Substantial contributor	Substantial contributor	856,000	Legal services		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

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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.

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2020

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Employer identification number
23-1365971

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	2	73,000	Market value
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		1,000	Market value
5	Clothing and household goods				
6	Cars and other vehicles	X	1	75,000	Market value
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	74	3,362,000	Market value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3	387,000	Market value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Archival records)	X	1	6,000	Market value
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - Number of items contributed Books and publications - Number of items contributed Securities - Publicly traded - Number of items contributed Drugs and medical supplies - Number of items contributed Cars and other vehicles - Number of items contributed Other - Archival records Number of items contributed

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SCHEDULE O (Form 990 or 990-EZ)

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.**

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Employer identification number
23-1365971

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d QUESTION 4 (D)	Patient Care Activities - Primarily consist of activities provided by the School of Podiatry.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d QUESTION 4 (D)	Scholarships & Fellowships - Scholarships include Grants-In-Aid, trainee stipends, tuition and fee waivers, and prizes to undergraduate students. Fellowships include Grants-In-Aid and trainee stipends to graduate students.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d QUESTION 4 (D)	Public Service - Includes expenditures for non-Instructional services beneficial to individuals and groups external to the university.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 297,232,000 including grants of $ 161,614,000)(Revenue $ 91,227,000) OTHER PROGRAM SERVICES Listed Below:

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	A. The Executive Committee shall consist of the Chair of the Board, the Chairs of the Stan ding Committees, the Chair of the Board of Directors of Temple University Health System, I nc., the Chair of the Board of Temple Educational Support Services, Ltd., and the Chairs o f such ad hoc committees as determined by the Chair of the Board. The Chair of the Board s hall appoint a trustee, other than the Chair of the Board, as the Chair of the Executive C ommittee, who also shall be the Vice-Chair of the Board ex officio, and another trustee as the Vice-Chair of the Executive Committee. The Chair of the Executive Committee shall pre side at all Executive Committee meetings, and in the event of the Chair's absence, the Cha ir of the Board shall act in his or her place. In the absence of the Chair of the Executiv e Committee and the Chair of the Board, the Vice-Chair of the Executive Committee shall pr eside. In the event that the Chair of a Standing Committee is unable to attend a meeting o f the Executive Committee, the Vice Chair of that Standing Committee shall be permitted to attend with full power and authority as a member of the Executive Committee. B. The Execu tive Committee shall meet at least monthly upon the call of its Chair except for those mon ths in which the Board meets, or otherwise as determined by the Board. Special meetings of the Executive Committee may be called upon 48 hours notice by its Chair, the Chair of the Board or the President, or upon the written request of three members of the Executive Com mittee to the Secretary. C. Six members of the Executive Committee shall constitute a quor um. D. The Executive Committee shall be authorized to act on behalf of the Board between m eetings of the Board. Except as otherwise provided by the Bylaws, by resolution of the Boa rd, or by the Act, the Executive Committee shall have and may exercise all of the powers a nd authority of the Board in the management of the Corporation. The Executive Committee sh all report its actions at the next meeting of the Board. E. The Executive Committee shall not, unless specifically authorized by the Board of Trustees, change the general education al policy of the University, establish a new academic department, school or college, or cl ose an existing academic department, school or college of the University.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Commonwealth of Pennsylvania appoints 12 members of Temple University's 36 member Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Temple University's form 990 is reviewed by management, University Counsel, outside counse l and the University's audit committee prior to being submitted to the University's Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Persons subject to the University's conflict of interest policies submit annual disclosure s regarding business, charitable and other relationships. Where a potential conflict is id entified in such disclosures, the information is subject to further review. In the case of trustees, these submissions are reviewed by a committee of the Board of Trustees. In the case of a faculty member or employee, these submissions are reviewed by the cognizant Dean or Officer and University Counsel. In each case where an identified conflict is confirmed , the reviewing committee or officials require action to eliminate the conflict or establi sh a management plan to address the conflict.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The University's Department of Human Resources engages in a review of the job responsibili ties of the president, obtains comparability data and performs a market analysis of person s holding similar positions in other public and private universities. The University obtai ns independent review by a third party contractor regarding reasonableness of compensation of the president. Data is provided to the president and to the Executive Compensation Com mittee, each composed of individuals independent of the University's officers (president r ecuses and absents himself from discussion and vote on his own compensation). The outside contractor documents its review and findings, and contemporaneous minutes of the meetings of the Committees are produced and maintained.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The University's Department of Human Resources engages in a review of the job responsibili ties of the officers, deans and senior staff, obtains comparability data and performs a ma rket analysis of persons holding similar positions in other public and private universitie s. The University obtains independent review by a third party contractor regarding reasona bleness of compensation of the officers, deans and senior staff. Data is provided to the p resident and to the Executive Compensation Committee, each composed of individuals indepen dent of the University's officers. The outside contractor documents its review and finding s, and contemporaneous minutes of the meetings of the Committees are produced and maintain ed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The University makes its governing documents, conflict of interest policies and financial statements available to the public on its web site http://www.temple.edu/about/public-information

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 5 Royalties	The University receives royalty income from several sources, primarily from patents and th e licensing of intellectual property. The licensed intellectual property typically include s technical knowledge and the University's name and logo, for example, in connection with an affinity credit card program and University-related sports publications and special eve nts.

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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

2020

Open to Public Inspection

Name of the organization
Temple University - Of The Commonwealth System of Higher Education

Employer identification number
23-1365971

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TEMPLE CENTER FOR POPULATION HEALTH LLC TUHS Corp 3509 N Broad Street Philadelphia, PA 19140 46-4556027	HEALTH CARE	PA			Temple University Health System Inc

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.

See Additional Data Table

(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

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

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)FOX CHASE LTD TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2396731	HEALTH CARE	PA	AMERICAN ONCOLOGIC HOSPITAL	C Corporation				Yes	
(2)GLOBAL TECHNOLOGY MANAGEMENT CORP 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-3007767	INACTIVE	PA	NA	C Corporation			100 %		
(3)GOOD SAMARITAN INSURANCE CO LTD PO BOX HM1179 CEDAR HOUSE HAMILTON HM12 BD 98-1203425	INACTIVE	BD	NA				100 %	Yes	
(4)TEMPLE EDUCATIONAL SUPPORT SERVICES LTD 2-8-12 MINAMI AZABU MINATO-KU TOKYO JA	EDUCATION	JA	TEMPLE UNIVERSITY		1,128,000	59,401,000	100 %	Yes	
(5)TUHS INSURANCE CO LTD TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 98-1203189	REINSURANCE	BD	TEMPLE UNIVERSITY HEALTH SYSTEM INC				100 %	Yes	
(6)TEMPLE HEALTH SUBSIDIARIES INC TUHS CORPORATE OFFICES 2450 HUNTING PARK AVE PHILADELPHIA, PA 19129	INACTIVE	PA	N/A						

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	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
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		No
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	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 23-1365971
Name: Temple University - Of The Commonwealth System of Higher Education

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-1352156	HEALTH CARE	PA	501(c)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-1365351	HEALTH CARE	PA	501(c)(3)	Type I	TEMPLE UNIVERSITY HOSPITAL INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 45-4540585	HEALTH CARE	PA	501(c)(3)	3	AMERICAN ONCOLOGIC HOSPITAL	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2467337	HEALTH CARE	PA	501(c)(3)	Type II	AMERICAN ONCOLOGIC HOSPITAL	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-6296135	HEALTH CARE	DE	501(c)(3)	4	AMERICAN ONCOLOGIC HOSPITAL	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2826045	HEALTH CARE	PA	501(c)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 75-3084023	HEALTH CARE	PA	501(c)(3)	10	TEMPLE UNIVERSITY HEALTH SYSTEM INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2790607	HEALTH CARE	PA	501(c)(3)	10	TEMPLE UNIVERSITY HEALTH SYSTEM INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2916108	HEALTH CARE	PA	501(c)(3)	Type I	TEMPLE UNIVERSITY HOSPITAL INC	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2825881	HEALTH CARE	PA	501(c)(3)	Type I	TEMPLE UNIVERSITY	Yes	
TUHS CORP 3509 N Broad Street PHILADELPHIA, PA 19140 23-2825878	HEALTH CARE	PA	501(c)(3)	3	TEMPLE UNIVERSITY HEALTH SYSTEM INC	Yes	
300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-2930242	EDUCATION	PA	501(c)(3)	5	NA		No
300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-6407459	EDUCATION	PA	501(c)(3)	Type III-FI	NA		No
300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 23-1596240	EDUCATION	PA	501(c)(3)	Type I	TEMPLE UNIVERSITY	Yes	
300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122 91-1872296	INACTIVE	PA	501(c)(2)		TEMPLE UNIVERSITY	Yes	
TUHS Corp 3509 N Broad Street Philadelphia, PA 19140 83-1002191	HEALTH CARE	PA	501(c)(3)	3	Temple University Health System Inc	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TEMPLE UNIVERSITY ALUMNI ASSOCIATION	C	10,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM INC	O	215,012,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM INC	Q	108,253,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM INC	K	945,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM INC	O	875,000	FMV
TEMPLE UNIVERSITY HEALTH SYSTEM INC	P	2,616,000	FMV
TEMPLE EDUCATIONAL SUPPORT SERVICES LTD	L	1,800,000	FMV