

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)

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization THOMAS JEFFERSON UNIVERSITY
% RONALD C KELLER CPA
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1101 MARKET STREET SUITE 2004
City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

D Employer identification number 23-1352651
E Telephone number (215) 503-8344
G Gross receipts \$ 884,297,327

F Name and address of principal officer
STEPHEN K KLASKO MD MBA
1101 MARKET ST STE 2004
PHILADELPHIA, PA 19107

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.JEFFERSON.EDU

K Form of organization Corporation Trust Association Other

L Year of formation 1824

M State of legal domicile PA

Part I Summary

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

Table with 2 columns: Description, Amount. Rows 2-7b including voting members, employees, volunteers, and revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19 including revenue, expenses, and net assets.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22 including total assets, liabilities, and net assets.

Part II Signature Block

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

Sign Here
Signature of officer: PETER L DEANGELIS JR EVP CFO/CAO
Date: 2020-07-10

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THOMAS JEFFERSON UNIVERSITY ("TJU") IS A COMPREHENSIVE UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PROFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR THE 21ST CENTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, FASHION, ENGINEERING, HEALTH, MEDICINE, SCIENCE AND TEXTILES - INFUSED WITH THE LIBERAL ARTS THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE ORGANIZATION CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AND THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, AND BIOMEDICAL SCIENCES

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 [X] 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 [X] 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 \$ 752,992,468 including grants of \$ 28,570,686) (Revenue \$ 810,776,646) See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 752,992,468

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 1,228	
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	

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	5,589					
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	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			9a 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (42); 1b Enter the number of voting members included in line 1a, above, who are independent (37); 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? (Yes); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, 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 (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344.

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

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

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

See Additional Data Table

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

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 865

Questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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 230

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			
	b Membership dues	1b			
	c Fundraising events	1c	1,419,577		
	d Related organizations	1d	159,898		
	e Government grants (contributions)	1e	1,000,000		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,957,401		
	g Noncash contributions included in lines 1a - 1f \$ _____		1,824,550		
	h Total. Add lines 1a-1f		54,536,876		

Program Service Revenue			Business Code				
	2a EDUCATION		611300	275,845,452	275,845,452		
b ACADEMIC RESEARCH		547712	97,332,605	97,332,605			
c RENTAL INCOME FROM AFFILIATES		351190	2,127,900	2,127,900			
d PROGRAM SERVICE RELATED REVENUE		611300	425,933,006	425,749,354	183,652		
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			801,238,963				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			945,818			945,818
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		2,871,620					
	b Less rental expenses	1,951,953					
	c Rental income or (loss)	919,667	0				
	d Net rental income or (loss)			919,667			919,667
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		14,319,233					
	b Less cost or other basis and sales expenses		126,014				
	c Gain or (loss)	14,319,233	-126,014				
	d Net gain or (loss)			14,193,219		2,156,479	12,036,740
	8a Gross income from fundraising events (not including \$ 1,419,577 of contributions reported on line 1c) See Part IV, line 18	a	847,134				
	b Less direct expenses	b	847,134				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a PARKING	541800		9,537,683	8,046,184	1,491,499		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			9,537,683				
12 Total revenue. See Instructions			881,372,226	809,101,495	3,831,630	13,902,225	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,447,816	9,447,816		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,428,410	16,428,410		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	2,694,460	2,694,460		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	31,673,557	27,721,527	3,442,016	510,014
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	343,422,450	300,572,319	37,320,271	5,529,860
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,209,202	12,436,265	1,544,137	228,800
9 Other employee benefits	46,727,363	40,897,011	5,077,938	752,414
10 Payroll taxes	27,304,097	24,515,616	2,438,122	350,359
11 Fees for services (non-employees)				
a Management	997,456	997,456		
b Legal	8,262,094	6,617,628	1,644,466	
c Accounting	2,219,738	1,720,963	498,775	
d Lobbying	857,179	613,952	243,227	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,617,071	9,617,071		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	118,270,397	93,444,442	24,237,774	588,181
12 Advertising and promotion	15,317,345	12,007,474	3,308,981	890
13 Office expenses	20,610,003	17,136,228	2,997,140	476,635
14 Information technology	34,124,658	26,661,075	7,232,911	230,672
15 Royalties	0			
16 Occupancy	35,977,260	32,766,735	2,819,025	391,500
17 Travel	17,901,598	17,368,109	392,139	141,350
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,383,832	2,200,376	177,005	6,451
20 Interest	8,785,755	8,784,958	797	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,470,241	28,470,241		
23 Insurance	83,884	83,884		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	19,532,909	15,533,036	3,999,873	0
b RESEARCH SUPPLIES	16,710,757	16,708,343	2,414	0
c DUES & SUBSCRIPTIONS	10,478,934	9,202,867	1,238,819	37,248
d MEDICAL SUPPLIES	9,268,546	8,845,319	423,227	0
e All other expenses	10,022,971	9,498,887	41,810	482,274
25 Total functional expenses. Add lines 1 through 24e	861,799,983	752,992,468	99,080,867	9,726,648
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	105,463,201	2	295,151,155
	3 Pledges and grants receivable, net	101,996,292	3	112,384,000
	4 Accounts receivable, net	15,986,725	4	14,846,895
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	300,000	5	300,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	24,044,207	7	23,033,436
	8 Inventories for sale or use	1,565,696	8	1,956,857
	9 Prepaid expenses and deferred charges	22,534,300	9	26,234,412
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 959,098,240		
	b Less accumulated depreciation	10b 512,295,202	388,531,324	10c 446,803,038
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	983,708,293	13	731,664,945
	14 Intangible assets	0	14	6,060,343
	15 Other assets See Part IV, line 11	1,139,228,843	15	1,665,394,552
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,783,358,881	16	3,323,829,633	
Liabilities	17 Accounts payable and accrued expenses	178,770,399	17	252,554,090
	18 Grants payable	0	18	0
	19 Deferred revenue	20,967,162	19	20,125,933
	20 Tax-exempt bond liabilities	1,674,287,074	20	2,096,631,858
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	76,050	23	57,206
	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	197,910,048	25	246,370,928
	26 Total liabilities. Add lines 17 through 25	2,072,010,733	26	2,615,740,015
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	267,618,094	27	229,884,950
	28 Temporarily restricted net assets	443,730,054	28	478,204,668
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	711,348,148	33	708,089,618	
34 Total liabilities and net assets/fund balances	2,783,358,881	34	3,323,829,633	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	881,372,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	861,799,983
3	Revenue less expenses Subtract line 2 from line 1	3	19,572,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	711,348,148
5	Net unrealized gains (losses) on investments	5	35,151,562
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	-57,982,335
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	708,089,618

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1352651

Name: THOMAS JEFFERSON UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN FUNCTIONING AS AN INNOVATIVE HEALTH SCIENCES UNIVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY, AS WELL AS, THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITATION SCIENCES AND LIFE SCIENCES ADDITIONALLY, THIS ORGANIZATION SERVES AS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE FOR ADDITIONAL INFORMATION, PLEASE REFER TO THE ORGANIZATIONS COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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			
STEPHEN P CRANE CHAIRMAN - TRUSTEE	50 00	X		X				0	0	0
H RICHARD HAVERSTICK JR VICE CHAIRMAN - TRUSTEE	50 00	X		X				0	0	0
PATRICIA WELLENBACH SECRETARY - TRUSTEE	50 00	X		X				0	0	0
RICHARD W HEVNER TREASURER - TRUSTEE	50 00	X		X				0	0	0
ROBERT S ADELSON ESQ TRUSTEE	50 00	X						0	0	0
DAVID ARCHIBALD EDD TRUSTEE	50 00	X						0	0	0
ROBERT I BARSKY DO TRUSTEE	50 00	X						0	0	0
DAVID R BINSWANGER TRUSTEE	50 00	X						0	0	0
JAY W BLUMENTHAL TRUSTEE	50 00	X						0	0	0
IRA BRIND ESQ TRUSTEE	50 00	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			
THOMAS S BROWN ESQ TRUSTEE	50 00	X						0	0	0
RONALD L CAPUTO TRUSTEE	50 00	X						0	0	0
ALFRED J D'ANGELO JR ESQ TRUSTEE	50 00	X						0	0	0
ROBERT DISTANISLAO TRUSTEE	50 00	X						0	0	0
JOHN F DURANTE TRUSTEE	50 00	X						0	0	0
BRUCE K ENTWISLE TRUSTEE	50 00	X						0	0	0
ORLANDO ESPOSITO TRUSTEE	50 00	X						0	0	0
STEPHEN K KLASKO MD MBA TRUSTEE-PRES/CEO TJU&JEFF HLTH	60 00	X		X				5,367,198	0	2,126,045
WILLIAM A LANDMAN TRUSTEE	50 00	X						0	0	0
MARVIN MASHNER TRUSTEE	50 00	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			
JOSEPH MARESSA JR ESQ TRUSTEE	5 0 0 0	X						0	0	0
EDWARD MCKENNA III TRUSTEE	5 0 0 0	X						0	0	0
LESLIE MCNAMARA TRUSTEE	5 0 0 0	X						0	0	0
AUSTIN A MEEHAN III PE TRUSTEE	5 0 0 0	X						0	0	0
RONALD J NAPLES TRUSTEE	5 0 0 0	X						0	0	0
BRUCE J PAPANONE TRUSTEE	5 0 0 0	X						0	0	0
VIVIAN PINN MD TRUSTEE	5 0 0 0	X						0	0	0
DUNCAN B PITCAIRN TRUSTEE	5 0 0 0	X						0	0	0
RICHARD T RILEY TRUSTEE	5 0 0 0	X						0	0	0
CARO U ROCK TRUSTEE	5 0 0 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			
BENJAMIN V SANCHEZ ESQ CPA TRUSTEE	5 0 0 0	X						0	0	0
PHILIP J SASSO MD TRUSTEE	5 0 0 0	X						0	0	0
JOHN P SILVESTRI TRUSTEE	5 0 0 0	X						0	0	0
ALBERT E SMITH CPA TRUSTEE	5 0 0 0	X						0	0	0
JOSEPH A SMITH TRUSTEE	5 0 0 0	X						0	0	0
MICHAEL SNEED TRUSTEE	5 0 0 0	X						0	0	0
MERYLE TWERSKY ESQ TRUSTEE	5 0 0 0	X						0	0	0
ALEXANDER VACCARO MD PHD TRUSTEE	5 0 0 0	X						0	0	0
EILEEN VOYNICK TRUSTEE	5 0 0 0	X						0	0	0
TRISTA WALKER TRUSTEE	5 0 0 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			
JOHN WALP TRUSTEE	5 0 0 0	X						0	0	0
CRAIG WHITE TRUSTEE	5 0 0 0	X						0	0	0
RICHARD ROTHMAN MD TRUSTEE (TERMED 10/18)	5 0 0 0	X						0	0	0
CRISTINA G CAVALIERI ESQ SECRETARY-EVP CH LEGAL COUNSEL	60 0 0 0			X				1,038,701	0	281,773
PETER L DEANGELIS JR TREASURER - EVP, CFO & CAO	60 0 0 0			X				1,340,285	0	439,128
BRUCE A MEYER MD MBA SENIOR EVP TJU, PRES JEFF HLTH	60 0 0 0			X				1,799,206	0	759,481
ANNE BOLAND DOCIMO MD MBA EVP, POP HLTH&CCTO(TERM 9/18)	55 0 0 0			X				2,008,999	0	41,845
LAURENCE M MERLIS EVP, STRATEGIC PTRS & INNOV	60 0 0 0			X				1,596,197	204,353	648,813
MARK L TYKOCINSKI MD EVP, ACAD AFFAIRS & PROVOST	60 0 0 0			X				1,312,712	0	275,489
KATHLEEN KINSLOW CRNA MBA EVP, CHIEF INTEGRATION OFFICER	55 0 0 0			X				1,050,771	136,098	458,671

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			
KATHLEEN GALLAGHER EVP, COO TJU	55 0 0 0			X				917,368	0	330,483
ELIZABETH DALE EDD EVP, CHIEF ADVANCEMENT OFFICER	55 0 0 0			X				909,174	0	275,895
JOHN C EKARIUS EVP, CHIEF OF STAFF	55 0 0 0			X				883,505	0	272,999
JEFFREY STEVENS EVP, CHIEF HR OFFICER	55 0 0 0			X				796,203	0	394,058
JACK LUDMIR MD EVP, EQTY ASSOC PROV(EFF 1/19)	55 0 0 0			X				716,457	0	73,274
NASSAR NIZAMI EVP, CHIEF INFORMATION OFFICER	55 0 0 0			X				708,150	0	52,414
CHARLES G LEWIS EVP, CHIEF GRWTH&MRKT OFFICER	55 0 0 0			X				647,268	0	303,054
ROSALYN RITTS PHD EVP, CHIEF INNOVATION OFFICER	55 0 0 0			X				556,558	0	72,983
NEIL GOMES EVP, CHIEF DIGITAL OFFICER	55 0 0 0			X				371,152	0	59,080
STEPHANIE CONNERSMBABSNRN EVP, COO JH (EFF 9/18)	55 0 0 0			X				188,655	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			
SUSAN CAMPBELL DNP RN EVP, CNE JH (EFF 11/18)	55 0 0 0			X				90,088	0	630
JOSEPH W DEVINE FACHE CHIEF EXPERIENCE OFFICER JH	55 0 0 0			X				0	1,189,072	94,745
ALFRED C SALVATO SVP, CAPITAL MANAGEMENT & CIO	55 0 0 0				X			777,183	0	91,152
MICHAEL J VERGARE MD SVP, PARTNERSHIPS&AFFILIATIONS	55 0 0 0				X			697,029	4,636	55,885
RONALD BOWLAN SVP, FACILITIES & CAMPUS PLAN	55 0 0 0				X			480,519	0	51,552
JOSEPH HILL SVP, CHIEF DIVERSITY OFFICER	55 0 0 0				X			394,567	0	51,557
ROBERT H ROSENWASSER MD PROFESSOR & PHYSICIAN	55 0 0 0					X		1,964,884	282,750	80,042
JAMES S HARROP MD PROFESSOR & PHYSICIAN	55 0 0 0					X		261,128	1,769,841	79,135
SRINIVAS PRASAD MD MS PROFESSOR & PHYSICIAN	55 0 0 0					X		60,914	1,778,319	42,889
JACK JALLO MD PHD PROFESSOR & PHYSICIAN	55 0 0 0					X		262,821	1,549,608	87,945

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			
MARC R ROSEN MD PROFESSOR & PHYSICIAN	55 0 0 0					X		116,811	1,347,551	66,965
THEODORE F TARASCHI PHD FORMER OFFICER	55 0 0 0						X	281,718	0	51,832
JOHN J KELLY MD FORMER OFFICER	0 0 0 0						X	0	707,174	0
STEPHEN SPINELLI FORMER KEY EMPLOYEE	0 0 0 0						X	952,696	0	46,432

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	18,423,898	56,883,580	40,274,409	30,787,594	54,536,876	200,906,357
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	18,423,898	56,883,580	40,274,409	30,787,594	54,536,876	200,906,357
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)						24,555,457
6 Public support. Subtract line 5 from line 4						176,350,900

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	18,423,898	56,883,580	40,274,409	30,787,594	54,536,876	200,906,357
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,962,114	10,469,379	10,198,680	4,346,797	3,817,438	40,794,408
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						241,700,765

12 Gross receipts from related activities, etc (see instructions) **12** 2,856,101,286

13 First five 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 2018 (line 6, column (f) divided by line 11, column (f))	14	72.962 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	78.215 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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 1-1/2% 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 .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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352651

Name: THOMAS JEFFERSON UNIVERSITY

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

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

2018
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 THOMAS JEFFERSON UNIVERSITY	Employer identification number 23-1352651
---	--

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														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
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?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		857,179
j Total Add lines 1c through 1i			857,179
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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, LINES 1B, 1F, 1G & 1I	DURING THE YEAR ENDED JUNE 30, 2019 THE ORGANIZATION PAID VARIOUS INDEPENDENT LOBBYING FIRMS TO PROVIDE SERVICES INCLUDED ADVISEMENT, REPRESENTATION AND ADVOCACY ON BEHALF OF THE ORGANIZATION AND ITS SUBSIDIARIES REGARDING STRATEGIC INITIATIVES THE ORGANIZATION PAID VARIOUS INDEPENDENT LOBBYING FIRMS A TOTAL OF \$852,735 FOR LOBBYING CONSULTING SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2019 THE ORGANIZATION HAS ALLOCATED TOWARD LOBBYING ACTIVITY A PERCENTAGE OF COMPENSATION PAID TO ITS SENIOR VICE PRESIDENT OF GOVERNMENT/EXTERNAL AFFAIRS TO REPRESENT TIME SPENT ADDRESSING FEDERAL, STATE AND LOCAL HEALTHCARE MATTERS THIS ALLOCATION AMOUNTED TO \$2,990 DURING THE FISCAL YEAR ENDED JUNE 30, 2019 ADDITIONALLY, THE ORGANIZATION IS A MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF ITS MEMBER TEACHING HOSPITALS OR HEALTHCARE SYSTEMS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$1,454 DURING THE FISCAL YEAR ENDED JUNE 30, 2019

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ► \$ _____ 5,747,881

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 SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	594,575,264	574,584,954	539,215,761	472,108,488	375,697,000
b Contributions	13,757,420	11,836,587	13,454,286	82,747,763	91,014,488
c Net investment earnings, gains, and losses	30,784,522	29,738,195	45,125,331	4,093,424	19,241,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	26,224,142	21,584,472	23,210,424	19,733,914	13,844,000
f Administrative expenses	0	0	0	0	0
g End of year balance	612,893,064	594,575,264	574,584,954	539,215,761	472,108,488

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 49 990 %
 - b** Permanent endowment ▶ 30 870 %
 - c** Temporarily restricted endowment ▶ 19 140 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | | 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		47,586,121		47,586,121
b Buildings		611,164,898	352,982,864	258,182,034
c Leasehold improvements		9,223,885		9,223,885
d Equipment		244,630,931	159,312,338	85,318,593
e Other		46,492,405		46,492,405
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				446,803,038

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ASSETS WHOSE USE IS LIMITED	29,449,544	F
(2) SHORT-TERM INVESTMENTS	78,493,072	F
(3) LONG-TERM INVESTMENTS	623,722,329	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	731,664,945	

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) DUE FROM AFFILIATES	1,657,437,342
(2) OTHER RECEIVABLES	2,165,000
(3) OTHER ASSETS	5,792,210
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,665,394,552

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
GRANT & CONTRACT ADVANCES	16,944,888
FEDERAL STUDENT LOAN ADVANCES	9,375,349
ACCRUED PENSION LIABILITY	172,198,180
ACCRUED WORKERS COMPENSATION CLAIMS	11,226,116
INTEREST RATE SWAP CONTRACTS	33,975,306
OTHER LIABILITIES	2,651,089
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	246,370,928

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:

Software Version:

EIN: 23-1352651

Name: THOMAS JEFFERSON UNIVERSITY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, QUESTION 4	THE ORGANIZATION MAINTAINS A COLLECTION OF PORTRAITS AND MEDICAL/SURGICAL HISTORICAL OBJECTS THAT ARE USED TO DEMONSTRATE ITS ACHIEVEMENTS AND CONTRIBUTIONS IN THE STUDY OF MEDICINE THE ORGANIZATION CAPITALIZES WORKS OF ART, HISTORICAL TREASURES OR SIMILAR ASSETS AND RECORDS THEM AT FAIR MARKET VALUE AT THE DATE OF THE CONTRIBUTION

Supplemental Information

Return Reference	Explanation
<p>SCHEDULE D, PART V, QUESTION 4</p>	<p>ENDOWMENT FUNDS ARE USED TO SUPPORT INSTRUCTION AND RESEARCH PROGRAMS SUPPORT PROFESSORSHIP, SUPPORT FINANCIAL AID FOR UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS, SUPPORT THE ACQUISITION OF BOOKS AND OTHER MATERIALS IN THE LIBRARIES, AND SUPPORT THE ON-GOING OPERATIONS OF THE PHYSICAL PLANT THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS THOMAS JEFFERSON UNIVERSITY'S ("TJU'S") ENDOWMENTS CONSIST OF 1,006 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION SHORTFALLS OF THIS NATURE ARE CLASSIFIED AS A REDUCTION OF DONOR-RESTRICTED NET ASSETS, AND WERE \$1.3 MILLION AND \$1.4 MILLION AS OF JUNE 30, 2019 AND 2018, RESPECTIVELY THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJUS ENDOWMENT FUNDS THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJUS INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4.75%, THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR</p>

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ **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 instructions.**

Department of the Treasury

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number

23-1352651

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?	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?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy 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.	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
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.	Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, QUESTION 3	THE ORGANIZATION IS COMMITTED TO PROVIDING EDUCATION & EMPLOYMENT OPPORTUNITIES FOR ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ETHNIC ORIGIN, RELIGION, SEXUAL ORIENTATION, SEX, AGE, HANDICAP OR VETERAN STATUS. THE ORGANIZATION COMPLIES WITH ALL RELEVANT LOCAL ORDINANCES AND STATE AND FEDERAL STATUTES IN THE ADMINISTRATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND IS AN AFFIRMATIVE ACTION EMPLOYER. AN EQUAL OPPORTUNITY EMPLOYMENT POLICY WAS PUBLICIZED IN FY2018-2019 IN THE LOCAL NEWSPAPER, THE PHILADELPHIA INQUIRER.
SCHEDULE E, PART I, QUESTION 6	DURING THE FISCAL YEAR ENDED JUNE 30, 2019, THE ORGANIZATION RECEIVED FINANCIAL ASSISTANCE FUNDING FROM THE STATE OF DELAWARE. PLEASE REFER TO CORE FORM, PART VIII, LINE 1E FOR THIS AMOUNT.

**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
2018
Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			119,288,505
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			119,288,505

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	THE ORGANIZATION MONITORS FOREIGN GRANT SUB-RECIPIENTS BY REVIEWING FINANCIAL AND PERFORMANCE REPORTS SUBMITTED BY THE SUB-RECIPIENT AND REGULAR CONTACT WITH THE SUBRECIPIENT AND INQUIRIES CONCERNING PROGRAMMATIC ACTIVITIES, INCLUDING QUARTERLY CERTIFICATIONS BY PRINCIPAL INVESTIGATORS THAT WORK IS PROGRESSING ACCORDING TO SCOPE AND THAT DELIVERABLES ARE BEING MET

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 5	THROUGH ITS OWNERSHIP IN VARIOUS DOMESTIC PARTNERSHIPS, THE ORGANIZATION HAD AN INDIRECT OWNERSHIP INTEREST IN CERTAIN PUBLICLY TRADED PARTNERSHIPS ("PTP") SOME OF THESE PTP'S HAD AN INDIRECT OWNERSHIP INTEREST IN CERTAIN FOREIGN PARTNERSHIPS DURING YEAR ENDED JUNE 30, 2019 HOWEVER, THE ORGANIZATION DID NOT MEET THE REPORTING THRESHOLDS REQUIRED TO FILE ANY FORMS 8865, RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS

Additional Data

Software ID:

Software Version:

EIN: 23-1352651

Name: THOMAS JEFFERSON UNIVERSITY

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
Europe (Including Iceland and Greenland)	0	0	Grantmaking		2,214,888
Middle East and North Africa	0	0	Grantmaking		32,506

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
North America	0	0	Grantmaking		18,932
South Asia	0	0	Grantmaking		428,134

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
Europe (Including Iceland and Greenland)	0	0	Investments		17,418,212
East Asia and the Pacific	0	0	Investments		9,880,457

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
South America	0	0	Investments		650,007
North America	0	0	Investments		9,747,750

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
Central America and the Caribbean	0	0	Investments		78,897,438
Middle East and North Africa	0	0	Investments		181

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SPONSORED	51,357	WIRE			
		North America	SPONSORED	8,932	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SPONSORED	32,506	WIRE			
		Europe (Including Iceland and Greenland)	SPONSORED	1,780,383	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SPONSORED	107,238	WIRE			
		South Asia	SPONSORED	428,134	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SPONSORED	34,182	WIRE			
		Europe (Including Iceland and Greenland)	SPONSORED	241,728	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SPONSORED	10,000	WIRE			

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GALA (event type)	NIGHT FOR PARK (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,471,850	516,180	278,681	2,266,711
	2 Less Contributions	906,673	443,689	69,215	1,419,577
	3 Gross income (line 1 minus line 2)	565,177	72,491	209,466	847,134
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			466	466
	6 Rent/facility costs			22,600	22,600
	7 Food and beverages	301,318	48,936	70,008	420,262
	8 Entertainment		8,587	94,105	102,692
	9 Other direct expenses	263,859	14,968	22,287	301,114
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				847,134
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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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)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

Name of the organization

THOMAS JEFFERSON UNIVERSITY

Employer identification number

23-1352651

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	▶ 66
3	Enter total number of other organizations listed in the line 1 table	▶ 8

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	1374	11,738,109			
(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	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Additional Data

Software ID:
Software Version:
EIN: 23-1352651
Name: THOMAS JEFFERSON UNIVERSITY

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
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	23-2290323	501(C)(3)	45,057				PROGRAM SUPPORT
ARCADIA UNIVERSITY 450 SOUTH EASTON ROAD GLENSIDE, PA 19038	23-1352620	501(C)(3)	19,500				PROGRAM SUPPORT

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
ARTZ PHILADELPHIA 1229 CHESTNUT STREET PHILADELPHIA, PA 19107	81-0862996	501(c)(3)	57,950				PROGRAM SUPPORT
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	241,279				PROGRAM SUPPORT

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
BENTEN TECHNOLOGIES 13996 PARKEAST CIRCLE CHANTILLY, VA 20151	54-1986427		90,009				PROGRAM SUPPORT
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 022155491	04-2103881	501(C)(3)	41,365				PROGRAM SUPPORT

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 AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 021156110	04-2312909	501(C)(3)	385,739				PROGRAM SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	16,350				PROGRAM SUPPORT

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
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1652905	501(C)(3)	11,906				PROGRAM SUPPORT
CENTER IN THE PARK 5818 GERMANTOWN AVE PHILADELPHIA, PA 19144	23-1919016	501(C)(3)	21,435				PROGRAM SUPPORT

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
CHAPMAN UNIVERSITY 1 UNIVERSITY DRIVE ORANGE, CA 928661005	95-1643992	501(C)(3)	8,502				PROGRAM SUPPORT
CHILDRENS HOSPITAL OF PHILADELPHIA 3516 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	311,359				PROGRAM SUPPORT

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
CHRISTIANA CARE HEALTH SERVICES INC 4755 OGLETOWN-STANTON ROAD NEWARK, DE 19718	51-0103684	501(C)(3)	21,838				PROGRAM SUPPORT
CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE 9500 EUCLID AVENUE CLEVELAND, OH 441950001	34-0714585	501(C)(3)	82,969				PROGRAM SUPPORT

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
CULTURE TRUST GREATER PHILADELPHIA 1315 WALNUT STREET PHILADELPHIA, PA 19107	23-1885448	501(C)(3)	49,350				PROGRAM SUPPORT
DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 022155450	04-2663040	501(C)(3)	5,125				PROGRAM SUPPORT

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
DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN, PA 18901	23-1352174	501(C)(3)	6,300				PROGRAM SUPPORT
DREXEL UNIVERSITY COLLEGE OF MEDICINE 1505 RACE ST 10TH FL PHILADELPHIA, PA 19102	23-1352630	501(C)(3)	481,411				PROGRAM SUPPORT

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
EXXELL BIO INC 5264 OXFORD STREET NORTH ST PAUL, MN 55126	47-2234335		28,041				PROGRAM SUPPORT
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL 33431	65-0385507	501(C)(3)	252,126				PROGRAM SUPPORT

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
FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	23-2003072	501(C)(3)	25,000				PROGRAM SUPPORT
GABRIEL T TATARIAN LLC 1015 CHESTNUT ST PHILADELPHIA, PA 19107	22-3831887		9,456				PROGRAM SUPPORT

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
GE GLOBAL RESEARCH 1 RESEARCH CIRCLE NISKAYUNA, NY 12309	14-0689340		61,249				PROGRAM SUPPORT
GEORGE WASHINGTON UNIVERSITY 2121 EYE ST NW WASHINGTON, DC 20052	53-0196584	115	170,783				PROGRAM SUPPORT

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
GEORGETOWN UNIVERSITY 4000 RESERVOIR ROAD WASHINGTON, DC 20007	53-0196603	501(C)(3)	95,379				PROGRAM SUPPORT
GEORGIA STATE UNIV RESEARCH FDN PO BOX 3999 ATLANTA, GA 303023999	58-1845423	501(C)(3)	243,530				PROGRAM SUPPORT

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
HUGO W MOSHER RESEARCH 707 NORTH BROADWAY BALTIMORE, MD 212051832	52-1524965	501(C)(3)	7,500				PROGRAM SUPPORT
ICAHN SCHOOL OF MEDICINE- MOUNT SINAI 1 GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	188,431				PROGRAM SUPPORT

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
IMMUNE DESIGN CORPORATION 1616 EASTLAKE AVE E 310 SEATTLE, WA 98102	26-2007174		23,311				PROGRAM SUPPORT
INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE STE 400 SEATTLE, WA 98102	91-1608978	501(C)(3)	619,154				PROGRAM SUPPORT

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
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	39,745				PROGRAM SUPPORT
JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST STE B220 BALTIMORE, MD 21218	52-0595110	501(C)(3)	221,091				PROGRAM SUPPORT

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
LANKENAU INSTITUTE FOR MED RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501(C)(3)	14,734				PROGRAM SUPPORT
MAGEE REHABILITATION HOSPITAL 6 FRANKLIN PLAZA PHILADELPHIA, PA 19102	23-1476328	501(C)(3)	62,804				PROGRAM SUPPORT

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
MEE PRODUCTIONS INC 1 WINDING DR STE 203 PHILADELPHIA, PA 19131	23-2618368		16,621				PROGRAM SUPPORT
MEMORIAL HERMANN HEALTH SYSTEM 929 GESSNER ROAD 2700 HOUSTON, TX 77024	74-1152597	501(C)(3)	6,500				PROGRAM SUPPORT

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
MOFFITT CANCER CENTER 12902 USF MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501(C)(3)	6,213				PROGRAM SUPPORT
ALFRED I DUPONT HOSPITAL 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501(C)(3)	80,361				PROGRAM SUPPORT

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
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	202,559				PROGRAM SUPPORT
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 170330850	24-6000376	115	38,213				PROGRAM SUPPORT

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
PLANNED PARENTHOOD KEYSTONE 5920 HAMILTON BOULEVARD ALLENTOWN, PA 18106	23-2450112	501(C)(3)	40,880				PROGRAM SUPPORT
PUBLIC HEALTH MANAGEMENT CORPORATION 1500 MARKET STREET PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	39,716				PROGRAM SUPPORT

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
READING HOSPITAL 6TH AVE SPRUCE ST READING, PA 19611	23-1352204	501(C)(3)	19,396				PROGRAM SUPPORT
REAGENTS OF THE UNIVERSITY OF CALIFORNIA 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	51,087				PROGRAM SUPPORT

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
ROTHMAN INSTITUTE 925 CHESTNUT ST FL 5 PHILADELPHIA, PA 19107	22-2620085		7,123				PROGRAM SUPPORT
ROY N GAY MD PC 2116 CHESTNUT STREET PHILADELPHIA, PA 19103	25-1598411		7,848				PROGRAM SUPPORT

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 89 FRENCH ST NEW BRUNSWICK, NJ 08901	46-2354111	115	48,117				PROGRAM SUPPORT
SANFORD BURNHAM PREBYS MED DISCOVERY INST 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	109,161				PROGRAM SUPPORT

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
SHRINERS HOSPITALS FOR CHILDREN 3551 N BROAD ST PHILADELPHIA, PA 19140	36-2193608	115	7,500				PROGRAM SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	06-7717892	501(C)(3)	8,062				PROGRAM SUPPORT

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
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	349,626				PROGRAM SUPPORT
SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 981224307	91-0433740	501(C)(3)	30,707				PROGRAM SUPPORT

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
TEMPLE UNIVERSITY 1805 BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	625,629				PROGRAM SUPPORT
THE GENEVA FOUNDATION 917 PACIFIC AVE STE 600 TACOMA, WA 98402	91-1593913	501(C)(3)	31,528				PROGRAM SUPPORT

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 LELAND STANFORD JUNIOR UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	115,887				PROGRAM SUPPORT
TRUSTEES OF BOSTON UNIVERSITY 715 ALBANY ST 5TH FL W BOSTON, MA 02118	04-2103547	501(C)(3)	40,793				PROGRAM SUPPORT

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 COLUMBIA UNIVERSITY 535 WEST 116TH STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	36,600				PROGRAM SUPPORT
TRUSTEES OF DARTMOUTH COLLEGE 207 PARKHURST HALL HANOVER, NH 03755	02-0222111	501(C)(3)	13,076				PROGRAM SUPPORT

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 THE UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	757,443				PROGRAM SUPPORT
TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	218,348				PROGRAM SUPPORT

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 LOUISVILLE RESEARCH FDN 300 E MARKET ST 300 LOUISVILLE, KY 40202	61-1029626	501(C)(3)	7,500				PROGRAM SUPPORT
UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA BERKELEY, CA 94720	94-3067788	501(C)(3)	7,084				PROGRAM SUPPORT

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 CALIFORNIA SAN DIEGO 200 WEST ARBOR DR SAN DIEGO, CA 92103	95-6006144	115	194,933				PROGRAM SUPPORT
REGENTS OF CA AT SAN FRANCISCO 185 BERRY ST SAN FRANCISCO, CA 94107	94-6036493	501(C)(3)	14,504				PROGRAM SUPPORT

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 210 HULIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	93,289				PROGRAM SUPPORT
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	31,539				PROGRAM SUPPORT

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 MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	115	75,961				PROGRAM SUPPORT
UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	46,377				PROGRAM SUPPORT

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 1010 LINCOLN MALL 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	8,154				PROGRAM SUPPORT
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	95,128				PROGRAM SUPPORT

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 SOUTH ALABAMA 307 N UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	501(C)(3)	178,616				PROGRAM SUPPORT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	501(C)(3)	330,151				PROGRAM SUPPORT

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
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	73,411				PROGRAM SUPPORT
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	35-2528741	501(C)(3)	106,393				PROGRAM SUPPORT

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

2018

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>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 in line 1a?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>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.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 1	<p>CERTAIN OFFICERS OF THE ORGANIZATION TRAVELED FIRST CLASS DURING THE YEAR ON BUSINESS TRIPS FOR THOMAS JEFFERSON UNIVERSITY WORK PURPOSES THE EXCESS COST OVER STANDARD TRAVEL WAS NOT INCLUDED IN 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES FOR THESE INDIVIDUALS, AS THESE EXPENSES WERE BUSINESS RELATED AND NOT DEEMED TAXABLE INCOME BRUCE A MEYER, M D , MBA, AND NASSAR NIZAMI RELOCATED TO THE STATE OF PENNSYLVANIA FOR THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH WORK PURPOSES IN ORDER TO FACILITATE THE RELOCATION OF THEIR PRIMARY RESIDENCES, THE ORGANIZATION PROVIDED A HOUSING/MOVING ALLOWANCE WHICH WAS INCLUDED EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THE ORGANIZATION MAINTAINS A FLEXIBLE BENEFIT PROGRAM ("PERQUISITE PROGRAM") FOR CERTAIN MEMBERS OF ITS SENIOR LEADERSHIP TEAM THIS PROGRAM PROVIDES A FIXED DOLLAR AMOUNT, AND ENABLES PARTICIPATING EMPLOYEES TO ALLOCATE THE AMOUNT AMONG CERTAIN TAXABLE BENEFIT OPTIONS (I E , ADDITIONAL LIFE INSURANCE COVERAGES, LONG-TERM CARE INSURANCE AND FINANCIAL OR TAX PLANNING ASSISTANCE) OR TO NON-QUALIFIED DEFERRED COMPENSATION OPTIONS THE ELECTIONS ARE MADE BEFORE THE YEAR IN WHICH THE BENEFIT PROGRAM AMOUNT IS PROVIDED THE AMOUNTS ALLOCATED TO TAXABLE BENEFIT OPTIONS ARE INCLUDED WITHIN THE EMPLOYEES' FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES FOR THE YEAR IN WHICH THE ALLOCATIONS ARE EFFECTIVE THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S PERQUISITE PROGRAM STEPHEN K KLASKO, M D , MBA, CRISTINA G CAVALIERI, ESQ , PETER L DEANGELIS, JR , BRUCE A MEYER, M D , MBA, ANNE BOLAND DOCIMO, M D , MBA, LAURENCE M MERLIS, MARK L TYKOCINSKI, M D , KATHLEEN KINSLOW, CRNA, MBA, KATHLEEN GALLAGHER, ELIZABETH DALE, ED D , JOHN C EKARIUS, JEFFREY STEVENS, JACK LUDMIR, M D , CHARLES G LEWIS, ROSALYN RITTS, PH D , ALFRED C SALVATO, MICHAEL J VERGARE, M D , RONALD BOWLAN, JOSEPH HILL, AND STEPHEN SPINELLI</p>

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2018 WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ANNE BOLAND DOCIMO, M D , MBA, \$173,077, JOHN J KELLY, M D , \$640,019, AND STEPHEN SPINELLI, \$288,462

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	<p>THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CRISTINA G CAVALIERI, ESQ , \$82,915, LAURENCE M MERLIS, \$197,279, MARK L TYKOCINSKI, M D , \$121,692, KATHLEEN KINSLOW, CRNA, MBA, \$136,098, KATHLEEN GALLAGHER, \$77,351, ELIZABETH DALE, ED D, \$172,811, JOHN C EKARIUS, \$79,698, ALFRED C SALVATO, \$42,441, MICHAEL J VERGARE, M D , \$36,555, RONALD E BOWLAN, \$6,908, ROBERT H ROSENWASSER, M D , \$584,615 AND STEPHEN SPINELLI, \$2,462 THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, \$2,786,480, AND ANNE BOLAND DOCIMO, M D , MBA, \$910,105 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, \$457,724, PETER L DEANGELIS, JR , \$111,486, BRUCE A MEYER, M D , MBA, \$276,633, LAURENCE M MERLIS, \$138,060, KATHLEEN KINSLOW, CRNA, MBA, \$73,475, KATHLEEN GALLAGHER, \$48,710, JEFFREY STEVENS, \$39,415, JACK LUDMIR, M D , \$21,981, CHARLES G LEWIS, \$22,385, ROSALYN RITTS, PH D , \$14,390, NEIL GOMES, \$4,264, JOSEPH W DEVINE, FACHE, \$37,973 AND ALFRED C SALVATO, \$37,993 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, \$902,262, CRISTINA G CAVALIERI, ESQ , \$229,612, PETER L DEANGELIS, JR , \$275,575, BRUCE A MEYER, M D , MBA, \$422,255, LAURENCE M MERLIS, \$459,224, MARK L TYKOCINSKI, M D , \$220,728, KATHLEEN KINSLOW, CRNA, MBA, \$333,224, KATHLEEN GALLAGHER, \$229,612, ELIZABETH DALE, ED D , \$229,612, JOHN C EKARIUS, \$229,612, JEFFREY STEVENS, \$296,050 AND CHARLES G LEWIS, \$220,728 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, \$711,149</p>

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL PERFORMANCE PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN), EXECUFLEX PLAN, AND/OR EMPLOYER RECRUITMENT AND RETENTION PROGRAM AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 ADDITIONALLY, THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, \$2,300,815, CRISTINA G CAVALIERI, ESQ , \$2,389, ANNE BOLAND DOCIMO, M D , MBA, \$556,539, LAURENCE M MERLIS, \$197,279, MARK L TYKOCINSKI, M D , \$4,838, KATHLEEN KINSLOW, CRNA, MBA, \$136,098, KATHLEEN GALLAGHER, \$54,480, ELIZABETH DALE, ED D , \$89,712, ALFRED C SALVATO, \$30,646, MICHAEL J VERGARE, M D , \$4,037, RONALD E BOWLAN, \$2,187, ROBERT H ROSENWASSER, M D , \$320,056 AND JOHN J KELLY, M D , \$67,155



Additional Data

Software ID:
Software Version:
EIN: 23-1352651
Name: THOMAS JEFFERSON UNIVERSITY

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				
STEPHEN K KLASKO MD MBA TRUSTEE-PRES/CEO TJU&JEFF HLTH	(i)	1,488,192	1,000,000	2,879,006	2,106,886	19,159	7,493,243	2,300,815
	(ii)	0	0	0	0	0	0	0
CRISTINA G CAVALIERI ESQ SECRETARY-EVP CH LEGAL COUNSEL	(i)	665,288	212,520	160,893	265,362	16,411	1,320,474	2,389
	(ii)	0	0	0	0	0	0	0
PETER L DEANGELIS JR TREASURER - EVP, CFO & CAO	(i)	933,171	336,090	71,024	422,811	16,317	1,779,413	0
	(ii)	0	0	0	0	0	0	0
BRUCE A MEYER MD MBA SENIOR EVP TJU, PRES JEFF HLTH	(i)	1,240,327	441,406	117,473	734,638	24,843	2,558,687	0
	(ii)	0	0	0	0	0	0	0
ANNE BOLAND DOCIMO MD MBA EVP, POP HLTH&CCTO(TERM 9/18)	(i)	662,351	177,750	1,168,898	35,750	6,095	2,050,844	556,539
	(ii)	0	0	0	0	0	0	0
LAURENCE M MERLIS EVP, STRATEGIC PTRS & INNOV	(i)	994,803	525,370	76,024	631,752	17,061	2,245,010	0
	(ii)	7,074	0	197,279	0	0	204,353	197,279
MARK L TYKOCINSKI MD EVP, ACAD AFFAIRS & PROVOST	(i)	816,292	280,500	215,920	256,478	19,011	1,588,201	4,838
	(ii)	0	0	0	0	0	0	0
KATHLEEN KINSLOW CRNA MBA EVP, CHIEF INTEGRATION OFFICER	(i)	747,247	232,500	71,024	442,388	16,283	1,509,442	0
	(ii)	0	0	136,098	0	0	136,098	136,098
KATHLEEN GALLAGHER EVP, COO TJU	(i)	576,125	192,000	149,243	314,072	16,411	1,247,851	54,480
	(ii)	0	0	0	0	0	0	0
ELIZABETH DALE EDD EVP, CHIEF ADVANCEMENT OFFICER	(i)	502,885	170,500	235,789	265,362	10,533	1,185,069	89,712
	(ii)	0	0	0	0	0	0	0
JOHN C EKARIUS EVP, CHIEF OF STAFF	(i)	554,636	178,813	150,056	265,362	7,637	1,156,504	0
	(ii)	0	0	0	0	0	0	0
JEFFREY STEVENS EVP, CHIEF HR OFFICER	(i)	500,237	215,500	80,466	371,215	22,843	1,190,261	0
	(ii)	0	0	0	0	0	0	0
JACK LUDMIR MD EVP, EQTY ASSOC PROV(EFF 1/19)	(i)	585,222	92,857	38,378	57,731	15,543	789,731	0
	(ii)	0	0	0	0	0	0	0
NASSAR NIZAMI EVP, CHIEF INFORMATION OFFICER	(i)	478,478	225,099	4,573	30,250	22,164	760,564	0
	(ii)	0	0	0	0	0	0	0
CHARLES G LEWIS EVP, CHIEF GRWTH&MRKT OFFICER	(i)	440,704	139,500	67,064	278,863	24,191	950,322	0
	(ii)	0	0	0	0	0	0	0
ROSALYN RITTS PHD EVP, CHIEF INNOVATION OFFICER	(i)	395,236	128,000	33,322	50,140	22,843	629,541	0
	(ii)	0	0	0	0	0	0	0
NEIL GOMES EVP, CHIEF DIGITAL OFFICER	(i)	270,345	81,750	19,057	34,514	24,566	430,232	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE CONNERSMBABSNNR EVP, COO JH (EFF 9/18)	(i)	188,395	0	260	0	533	189,188	0
	(ii)	0	0	0	0	0	0	0
JOSEPH W DEVINE FACHE CHIEF EXPERIENCE OFFICER JH	(i)	0	0	0	0	0	0	0
	(ii)	739,521	428,733	20,818	67,320	27,425	1,283,817	0
ALFRED C SALVATO SVP, CAPITAL MANAGEMENT & CIO	(i)	533,219	162,060	81,904	73,743	17,409	868,335	30,646
	(ii)	0	0	0	0	0	0	0

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				
MICHAEL J VERGARE MD SVP, PARTNERSHIPS&AFFILIATIONS	(i)	497,675	121,175	78,179	35,750	19,671	752,450	4,037
	(ii)	4,636	0	0	464	0	5,100	0
RONALD BOWLAN SVP, FACILITIES & CAMPUS PLAN	(i)	349,320	83,672	47,527	35,750	15,802	532,071	2,187
	(ii)	0	0	0	0	0	0	0
JOSEPH HILL SVP, CHIEF DIVERSITY OFFICER	(i)	304,937	62,986	26,644	35,750	15,807	446,124	0
	(ii)	0	0	0	0	0	0	0
ROBERT H ROSENWASSER MD PROFESSOR & PHYSICIAN	(i)	1,233,541	113,750	617,593	35,750	17,317	2,017,951	320,056
	(ii)	282,750	0	0	26,975	0	309,725	0
JAMES S HARROP MD PROFESSOR & PHYSICIAN	(i)	227,059	0	34,069	27,640	23,995	312,763	0
	(ii)	1,035,907	733,934	0	27,500	0	1,797,341	0
SRINIVAS PRASAD MD MS PROFESSOR & PHYSICIAN	(i)	59,774	0	1,140	6,600	8,789	76,303	0
	(ii)	1,460,131	318,188	0	27,500	0	1,805,819	0
JACK JALLO MD PHD PROFESSOR & PHYSICIAN	(i)	260,199	0	2,622	34,450	25,995	323,266	0
	(ii)	1,117,204	432,404	0	27,500	0	1,577,108	0
MARC R ROSEN MD PROFESSOR & PHYSICIAN	(i)	93,872	0	22,939	12,870	26,595	156,276	0
	(ii)	1,066,766	280,785	0	27,500	0	1,375,051	0
THEODORE F TARASCHI PHD FORMER OFFICER	(i)	239,405	34,425	7,888	35,750	16,082	333,550	0
	(ii)	0	0	0	0	0	0	0
JOHN J KELLY MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	707,174	0	0	707,174	67,155
STEPHEN SPINELLI FORMER KEY EMPLOYEE	(i)	305,813	279,000	367,883	35,750	10,682	999,128	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **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 the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917RHC2	12-13-2006	63,412,500	REFUNDING PREVIOUS BOND & CAP EXP		X		X		X
B	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917R8G3	10-04-2012	45,634,203	CAPITAL PURCHASES & IMPROVEMENTS		X		X		X
C	MONTGOMERY CTY HIGHER EDUCATION & HEALTH AUTHORITY	23-2328939	313604WK9	08-02-2012	205,883,542	REFUNDING PREVIOUS BONDS & CAP EXP		X		X	X	
D	PHILADELPHIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917SNP4	02-26-2015	550,268,991	CONSTRUCTION & REFUNDING PREV BOND		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	63,412,500		45,634,203		205,886,594		550,268,991	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	420,474		562,929		1,973,968		4,608,598	
8	Credit enhancement from proceeds	777,430		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	62,214,596		21,285,000		34,050,210		545,660,383	
11	Other spent proceeds	0		23,786,274		169,862,416		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2007		2014		2013		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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			
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 %		0 260 %		0 300 %		0 %	
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 ▶			0 260 %		0 300 %			
6 Total of lines 4 and 5			0 520 %		0 600 %			
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?				X		X		X
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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		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		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
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		X
b Name of provider	0		0		0		0	
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		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN D	ADDITIONAL 2015A-G CUSIP NUMBERS INCLUDE 70917SNB5, 70917SNC3, 70917SND1, 70917SNE9, 70917SNF6, 70917SNG4, 70917SNH2, 70917SNJ8, 70917SNK5, 70917SNL3, 70917SNM1, 70917SNN9, 70917SNQ2, 70917SNR0, 70917SNS8, 70917SNT6, 70917SNU3, 70917SNV1, 70917SNW9, 70917SNX7 ADDITIONAL 2019A CUSIP NUMBERS INCLUDE 613603BS5

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	SERIES 2006B BONDS (TJU) - A FINAL REBATE CALCULATION WAS PERFORMED AS OF JANUARY 29, 2008 AS ALL FUNDS WERE DEPOSITED INTO AN IRREVOCABLE ESCROW ACCOUNT SERIES 2012 BONDS (ABINGTON) - A REBATE CALCULATION WAS PERFORMED AS OF AUGUST 1, 2017 SERIES 2015 BONDS (TJU) - A FINAL REBATE CALCULATION WAS PERFORMED AS OF JUNE 23, 2016 AS ALL BOND PROCEEDS WERE EXPENDED AS OF MAY 3, 2016 THERE IS NO FUTURE LIABILITY PROVIDED THERE ARE NO REPLACEMENT PROCEEDS AND THE DEBT SERVICE FUND CONTINUES TO OPERATE AS A BONA FIDE DEBT SERVICE FUND

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

Schedule K (Form 990)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THOMAS JEFFERSON UNIVERSITY

Employer identification number

23-1352651

Part I Bond Issues

Table with columns (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. Rows include Philadelphia Authority for Industrial Development, Montgomery County Higher Education and Health Auth.

Part II Proceeds

Table with columns A, B, C, D for various bond proceeds items. Includes rows for amount of bonds retired, gross proceeds, issuance costs, and final allocation questions.

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Includes rows for partnership/LLC ownership and lease arrangements.

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?								
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 %		0 %		0 %			
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 ▶								
6 Total of lines 4 and 5								
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?		X		X		X		
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	0		0		0			
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	0		0		0			
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).

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 the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 organization managers or disqualified persons during the year under section 4958 \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) STEPHEN K KLASKO	PRES/CEO	MORTGAGE		X	300,000	300,000		No	Yes		Yes	
Total						▶ \$	300,000					

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) JACOB LANDMAN	FAMILY MEMBER OF TRUSTEE	56,731	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number
23-1352651

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	52,500	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	1,592,050	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>BROAD STREET LEASE</u>)	X	1	180,000	FMV
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**

	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 is not 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 did not 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 O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

23-1352651

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THOMAS JEFFERSON UNIVERSITY, INC IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THOMAS JEFFERSON UNIVERSITY IS THE SOLE CORPORATE MEMBER OR STOCKHOLDER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED THOMAS JEFFERSON UNIVERSITY AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THOMAS JEFFERSON UNIVERSITY ("TJU") WAS FIRST INCORPORATED UNDER THE NAME JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA BY A SPECIAL ACT OF THE PENNSYLVANIA GENERAL ASSEMBLY IN 1838 TJU IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THOMAS JEFFERSON UNIVERSITY IS THE SOLE CORPORATE MEMBER OR STOCKHOLDER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED THOMAS JEFFERSON UNIVERSITY AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) TODAY, TJU IS AN INNOVATIVE HEALTH SCIENCES UNIVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY ("SKMC") AS WELL AS THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITATION SCIENCES AND LIFE SCIENCES TJU'S EDUCATIONAL PROGRAMS ARE FULLY ACCREDITED AND IT EDUCATES OVER 4,000 STUDENTS ANNUALLY TJU EDUCATES MEDICAL STUDENTS, NURSES, SCIENTISTS, PHYSICIAN'S ASSISTANTS, TECHNICIANS, PHARMACISTS, OCCUPATIONAL AND PHYSICAL THERAPISTS, POPULATION HEALTH EXPERTS, AND OTHER HEALTHCARE PROFESSIONALS TO PROVIDE HEALTHCARE SERVICES AND TO CONDUCT CUTTING-EDGE SCIENTIFIC AND MEDICAL RESEARCH IN THE CURE AND PREVENTION OF DISEASES TJU ALSO CONDUCTS CLINICAL AND STATISTICAL RESEARCH, STUDIES, AND EXPERIMENTS TO IMPROVE CURRENT DISEASE PREVENTION AND TREATMENT KNOWLEDGE AND TECHNIQUES TJU DEDICATES ITSELF TO COLLABORATIVE, TRANSDISCIPLINARY AND INTER-PROFESSIONAL APPROACHES TO LEARNING THAT OFFER A VIBRANT AND EXPANDABLE PLATFORM FOR EDUCATION THROUGH THIS UNIQUE MODEL, WE ARE PREPARING OUR STUDENTS FOR CURRENT AND YET-TO-BE-IMAGINED CAREERS SETTING TOMORROW'S STANDARDS BY BREAKING TODAY'S TJU ALSO SERVES AS THE PARENT OR CONTROLLING ORGANIZATION OF A GROUP OF AFFILIATED TAX-EXEMPT ORGANIZATIONS CONDUCTING THEIR OPERATIONS AS JEFFERSON HEALTH ("JEFFERSON HEALTH", OR THE "SYSTEM") THE SYSTEM INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITALS ("TJUH"), JEFFERSON UNIVERSITY PHYSICIANS ("JUP"), METHODIST ASSOCIATES IN HEALTHCARE, ABINGTON HEALTH, THE ARIA HEALTH SYSTEM, PHILADELPHIA UNIVERSITY, THE KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL THE SYSTEM AS A WHOLE OPERATES AS</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>AN INTEGRATED ACADEMIC MEDICAL CENTER AND HAS A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE OUR MISSION WE IMPROVE LIVES AND PROVIDE STUDENTS WITH EXCEPTIONAL VALUE IN 21ST CENTURY PROFESSIONAL EDUCATION OUR VISION WE ARE REIMAGINING HEALTH, EDUCATION AND DISCOVERY TO CREATE UNPARALLELED VALUE CURRENT ACTIVITIES ===== TJU CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE EDUCATION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AS WELL AS THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS , POPULATION HEALTH, REHABILITATION SCIENCES AND LIFE SCIENCES SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY (SKMC) -----</p> <p>---- SKMC WAS ORIGINALLY KNOWN AS THE JEFFERSON MEDICAL COLLEGE, WHICH WAS FOUNDED IN 1824 SKMC HAS AWARDED MORE THAN 31,000 MEDICAL DEGREES AND HAS MORE LIVING GRADUATES THAN ANY OTHER PRIVATE MEDICAL SCHOOL IN THE NATION IT OFFERS BOTH UNDERGRADUATE MEDICAL EDUCATION PROGRAMS AND INNOVATIVE JOINT DEGREE PROGRAMS TO MORE THAN 1,000 STUDENTS EACH YEAR SKMC IS RECOGNIZED FOR ITS BALANCED APPROACH TO MEDICAL EDUCATION, AND APPROXIMATELY ONE OUT OF FOUR TO ONE OUT OF FIVE APPLICANTS THROUGHOUT THE UNITED STATES APPLY TO SKMC IT IS COMMITTED TO (1) EDUCATING PHYSICIANS WHO WILL FORM AND LEAD THE INTEGRATED HEALTHCARE DELIVERY AND RESEARCH TEAMS OF TOMORROW, (2) DISCOVERING NEW KNOWLEDGE THAT WILL DEFINE THE FUTURE OF CLINICAL CARE THROUGH INVESTIGATION FROM THE LABORATORY TO THE BEDSIDE, AND INTO THE COMMUNITY, AND (3) SETTING THE STANDARD FOR QUALITY, COMPASSIONATE AND EFFICIENT PATIENT CARE FOR OUR COMMUNITY AND FOR THE NATION JEFFERSON COLLEGE OF NURSING -- ----- SINCE 1891, WHEN NURSING EDUCATION BEGAN AT TJU, GRADUATES OF TJU NURSING PROGRAMS HAVE BEEN LEADERS IN EDUCATION, RESEARCH, HEALTHCARE DELIVERY, AND COMMUNITY SERVICE THE FACULTY AND LEADERSHIP OF THE JEFFERSON COLLEGE OF NURSING ("JCN") ARE COMMITTED TO WORKING WITH THEIR STUDENTS TO CONTINUE THIS RICH TRADITION JCN CONTINUALLY MAKES INNOVATIVE CURRICULAR CHANGES AIMED AT PREPARING ITS STUDENTS TO FUNCTION AS OUTSTANDING NURSING PROFESSIONALS IN A DYNAMIC HEALTHCARE ENVIRONMENT A CRUCIAL CHARACTERISTIC OF TODAY'S HEALTHCARE SYSTEM IS THE INTER-PROFESSIONAL NATURE OF PRACTICE AS AN INTEGRAL PART OF A MAJOR ACADEMIC HEALTH CENTER. JCN AFFORDS ITS STUDENTS THE OPPORTUNITY TO INTERACT WITH OTHER STUDENTS IN AN ARRAY OF HEALTHCARE PROFESSIONS THE ENTIRE CURRICULUM IS BASED ON A SET OF CORE COMPETENCIES THAT FACULTY AND FUTURE EMPLOYERS BELIEVE IS ESSENTIAL TO EFFECTIVE PRACTICE JCN'S STRATEGIC PLAN COMMITS TO MAINTAINING ITS STATUS AS A PREMIER EDUCATIONAL INSTITUTION FOR THE EDUCATION AND CLINICAL PREPARATION OF OUTSTANDING NURSE LEADERS AND PROFESSIONALS JCN DRAWS UPON A MULTITUDE OF RESOURCES WITHIN TJU AND ITS CLINICAL AFFILIATES TJU ENSURES THAT THE COLLEGE'S FACULTY ACHIEVES SUPERIOR QUALITY IN PRACTICE , RESEARCH, AND TEACHING, THERE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>EBY PROVIDING THE APPROPRIATE BACKDROP FOR EXCELLENT EDUCATIONAL EXPERIENCES FOR ITS STUDENT BODY FOR EVERY STUDENT THIS MEANS AN EDUCATIONAL CREDENTIAL THAT OPENS EXCEPTIONAL ACCESS TO EMPLOYMENT IN HEALTHCARE PRACTICE SETTINGS NURSES GRADUATING FROM JCN BOAST EXCELLENT SUCCESS RATES ON REQUIRED LICENSURE AND CERTIFICATION EXAMINATIONS, WHICH ARE CONSISTENTLY ABOVE THE NATIONAL AVERAGE JCN PROGRAMS ARE DESIGNED NOT ONLY TO ASSIST JCN STUDENTS IN DEVELOPING THE KNOWLEDGE, SKILLS, AND COMPETENCIES NECESSARY TO ENTER AND EXCEL IN THE NURSING PROFESSION BUT ALSO TO EDUCATE NURSES WHO MODEL POSITIVE ATTITUDES, CRITICAL THINKING, PROBLEM-SOLVING STRATEGIES AND STRONG PROFESSIONAL ETHICS IN ALL THEIR PROFESSIONAL ROLES JEFFERSON COLLEGE OF PHARMACY ----- THE JEFFERSON COLLEGE OF PHARMACY ("JCP") PROVIDES AN INNOVATIVE DOCTOR OF PHARMACY PROGRAM THAT PREPARES ITS GRADUATES FOR INTERESTING AND CHALLENGING PHARMACY PRACTICE ROLES ACROSS THE HEALTHCARE CONTINUUM UNDERPINNING THE JCP CURRICULUM IS AN ACCOMPLISHED AND DIVERSE TEAM OF HEALTHCARE LEADERS, TEACHERS, RESEARCHERS AND PRECEPTORS (PRACTITIONERS) WHO MAKE UP ITS FACULTY COLLECTIVELY, THIS GROUP BRINGS A BROAD RANGE OF EXPERIENCES AND PERSPECTIVES TO TJU STUDENTS, AND THEY ARE RECOGNIZED FOR THEIR LEADERSHIP IN NATIONAL AND INTERNATIONAL PHARMACY AND HEALTHCARE MEMBERSHIP ORGANIZATIONS AS WELL AS THEIR RESEARCH IN PHARMACEUTICS, PHARMACOLOGY, HEALTH OUTCOMES, THE CLINICAL SCIENCES AND RELATED FIELDS DURING THE PAST ACADEMIC YEAR, JCP UNDERWENT ITS FIRST RE-ACCREDITATION BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AS PART OF THIS PROCESS, THE DOCTOR OF PHARMACY (PHARM D) PROGRAM RECEIVED A FULL 8-YEAR REACCREDITATION THROUGH JUNE 30, 2026 JCP'S MISSION IS TO PREPARE ITS STUDENTS FOR CAREERS IN THE PROFESSION OF PHARMACY THROUGH THE PROVISION OF A LEARNER-CENTERED, INTERDISCIPLINARY CURRICULUM, STUDENTS DEVELOP THE REQUISITE KNOWLEDGE, SKILLS, AND ATTITUDES TO PROVIDE EXCELLENT PATIENT-CENTERED AND POPULATION-BASED CARE CONSISTENT WITH THE MISSION OF TJU. JCP STRIVES TO DEVELOP A SENSE OF SOCIAL, PERSONAL AND PROFESSIONAL RESPONSIBILITY IN ITS STUDENTS JCP PROVIDES A SUPERB ENVIRONMENT THAT FOSTERS COLLABORATIVE RELATIONSHIPS WITH HEALTHCARE PRACTITIONERS AND SCIENTISTS THAT RESULT IN THE ADVANCEMENT OF PATIENT CARE, SAFETY, EDUCATIONAL METHODOLOGIES, AND RESEARCH JCP CLASSROOM, LABORATORY AND PHARMACY-PRACTICE EXPERIENCES ARE COMPLEMENTED BY A WIDE RANGE OF CO-CURRICULAR AND EXTRACURRICULAR ACTIVITIES DESIGNED TO ENABLE STUDENT PHARMACISTS TO BECOME COMPETENT AND CONFIDENT PRACTITIONERS THAT APPLY THEIR KNOWLEDGE AND SKILLS TO CARE FOR INDIVIDUAL PATIENTS AS WELL AS IMPROVE THE OVERALL HEALTH OF THE COMMUNITY WITH A STRONG EMPHASIS ON LEADERSHIP SKILLS AND SOCIAL RESPONSIBILITY, JCP GRADUATES ARE PREPARED TO MAKE AN IMPACT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>JEFFERSON COLLEGE OF HEALTH PROFESSIONS ----- THE JEFFERSON COLLEGE OF HEALTH PROFESSIONS ("JCHP") (PREVIOUSLY KNOWN AS THE SCHOOL OF HEALTH PROFESSIONS) OFFERS INTER-PROFESSIONAL PROGRAMS ACROSS THE HEALTH PROFESSIONS JCHP OFFERS DEGREES RANGING FROM A BACHELOR OF SCIENCE THROUGH CLINICAL DOCTORATE ACROSS SEVERAL ACADEMIC DEPARTMENTS WHICH INCLUDE THE FOLLOWING COUNSELING & BEHAVIORAL HEALTH TJU COMBINED TWO OF ITS DISTINGUISHED GRADUATE PROGRAMS, ITS MS IN COUPLE AND FAMILY THERAPY AND ITS MS IN COMMUNITY AND TRAUMA COUNSELING, TO CREATE THE COUNSELING AND BEHAVIORAL HEALTH DEPARTMENT THE DEPARTMENT INCREASES COLLABORATION AMONG TJU'S BEHAVIORAL HEALTH PROGRAMS AND PROVIDES THE FRAMEWORK TO EXPAND TJU'S EDUCATIONAL BEHAVIORAL HEALTH OFFERINGS DISASTER MEDICINE & MANAGEMENT THE MASTER OF SCIENCE IN DISASTER MEDICINE AND MANAGEMENT PROGRAM, DELIVERED AS A PARTNERSHIP BETWEEN TJU AND THE DEPARTMENT OF EMERGENCY MEDICINE OF THE ALBERT EINSTEIN HEALTH NETWORK, PREPARES STUDENTS TO MANAGE AND DEVELOP THE INCREASINGLY COMPLEX DISASTER MANAGEMENT AND PREPAREDNESS REQUIREMENTS OF THE 21ST CENTURY THE DISASTER MEDICINE AND MANAGEMENT PROGRAM IS DESIGNED TO EDUCATE MEDICAL, PUBLIC SAFETY AND DEFENSE PROFESSIONALS WORKING IN THE PUBLIC AND PRIVATE SECTORS TO PLAN FOR, RESPOND TO, AND MITIGATE THE EFFECTS OF NATURAL AND MANMADE DISASTERS, INCLUDING TERRORISM, WAR, TSUNAMIS, EARTHQUAKES, HURRICANES, FLOODS, WILDFIRES, VOLCANOES, HAZARDOUS MATERIALS AND MAJOR POWER GRID DISRUPTIONS HEALTH SCIENCES - THE BACHELORS OF SCIENCE IN HEALTH SCIENCES PROGRAM OFFERS STUDENTS AN UNDERGRADUATE EMPHASIS ON HEALTHCARE STUDENTS CAN USE THE PROGRAM TO MEET PREREQUISITES FOR NURSING SCHOOL, PHARMACY SCHOOL, MEDICAL SCHOOL AND OTHER POST-GRADUATE STUDIES STUDENTS CAN ALSO PARTICIPATE IN ACCELERATED UNDERGRADUATE DEGREE PROGRAMS IN THE HEALTH SCIENCES COMBINED WITH MASTER'S DEGREES IN PHYSICIAN ASSISTANT STUDIES, OCCUPATIONAL THERAPY, COMMUNITY AND TRAUMA COUNSELING, ATHLETIC TRAINING OR MEDICAL LAB SCIENCES AND BIOTECHNOLOGY MEDICAL IMAGING & RADIATION SCIENCES - TJU'S DEPARTMENT OF MEDICAL IMAGING & RADIATION SCIENCES PROVIDES EXCELLENCE AND LEADERSHIP IN ALL ASPECTS OF RADIOLOGIC SCIENCES BY TEACHING, UNDERTAKING RESEARCH AND PROVIDING EXEMPLARY CLINICAL PRACTICE SKILLS IN THE BROAD FIELD COVERED BY THIS DISCIPLINE THE DEPARTMENT OF MEDICAL IMAGING & RADIATION SCIENCES IS ONE OF THE FEW ACADEMIC PROGRAMS THAT HAVE BOTH A BACHELOR'S AND MASTER'S DEGREE OPTION IN THE FIELD OF RADIOLOGIC SCIENCES MEDICAL LABORATORY SCIENCES & BIOTECHNOLOGY - A MEDICAL LABORATORY SCIENTIST LAYS THE FOUNDATION FOR THE HEALTHCARE AND SCIENCE-BASED INDUSTRIES BY DIAGNOSING ABNORMAL CELLS BEFORE THEY TRANSFORM TO CANCER, MONITORING A PATIENT'S HEALTH OR DISEASE STATUS, ISOLATING A MOLECULE THAT WILL BECOME A MEDICINE OR MAPPING A GENETIC PATTERN THAT CAN SOLVE A CRIME TJU'S PROGRAM OFFERS ONE OF THE MOST ROBUST MULTISPECIALTY CURRICULA IN THE COUNTRY AN</p>

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>D IS THE ONLY INSTITUTION IN THE REGION TO OFFER ACADEMIC HEALTHCARE PROGRAMS IN BIOTECHNOLOGY/MOLECULAR SCIENCES, CYTOTECHNOLOGY/CELL SCIENCES AND MEDICAL LABORATORY SCIENCES. STUDENTS PARTICIPATE IN CORE CURRICULUM COURSES SPANNING THESE DISCIPLINES, AND LEARN AND PRACTICE SPECIALIZED HANDS-ON, LABORATORY-BASED TRAINING AT EVERY STAGE OF THEIR PROGRAMS. MIDWIFERY & WOMEN'S HEALTH - THE MIDWIFERY INSTITUTE AT JEFFERSON IS ON THE CUTTING EDGE OF A CHANGING WORLD, BY WEAVING TRADITION WITH TECHNOLOGY, AND OFFERS STUDENTS EDUCATION FOR THE BETTERMENT OF THE HEALTH OF WOMEN, THEIR FAMILIES, AND COMMUNITIES. THE MIDWIFERY INSTITUTE AT JEFFERSON HAS BEEN EDUCATING MIDWIVES FOR MORE THAN TWO DECADES. THROUGH AN INNOVATIVE ONLINE DISTANCE LEARNING MODEL OF MIDWIFERY EDUCATION, THE PROGRAM IS ABLE TO OFFER A WIDE RANGE OF STUDENTS, FACULTY AND ALUMNI A SUPPORTIVE, ENCOURAGING NETWORK TO LEARN AND EXPLORE. PHYSICIAN ASSISTANT STUDIES TJU'S PHYSICIAN ASSISTANT STUDIES PROGRAM PREPARES STUDENTS TO BE LEADERS IN HEALTHCARE AND HUMAN SERVICES, AND USE ADVANCED EXPERTISE TO TRANSLATE KNOWLEDGE AND SKILLS INTO EVIDENCE-BASED, INNOVATIVE MEDICAL PRACTICE. THE CURRICULUM IS BASED ON A SET OF CORE COMPETENCIES THAT ARE ESSENTIAL TO EFFECTIVE PRACTICE. PROGRAMS CONTINUALLY MAKE INNOVATIVE CURRICULAR CHANGES TO PREPARE STUDENTS TO FUNCTION AS OUTSTANDING HEALTH PROFESSIONALS IN THE DYNAMIC ENVIRONMENT OF HEALTHCARE. AS AN INTEGRAL PART OF A MAJOR ACADEMIC HEALTH CENTER, STUDENTS HAVE MANY INTER-PROFESSIONAL OPPORTUNITIES FOCUSED ON WORKING TOGETHER, UNDERSTANDING ONE ANOTHER'S CONTRIBUTIONS AND EFFECTIVELY COMMUNICATING IN ORDER TO PROVIDE THE BEST POSSIBLE CARE FOR PATIENTS. JEFFERSON COLLEGE OF POPULATION HEALTH ----- TJU ESTABLISHED THE JEFFERSON COLLEGE OF POPULATION HEALTH ("JCPH") IN 2003 TO PROVIDE GRADUATE EDUCATION THAT PREPARES LEADERS WITH GLOBAL VISION TO EXAMINE THE SOCIAL DETERMINANTS OF HEALTH AND TO EVALUATE, DEVELOP AND IMPLEMENT HEALTH POLICIES AND SYSTEMS THAT WILL IMPROVE THE HEALTH OF POPULATIONS AND ENHANCE THE QUALITY OF LIFE. ORIGINALLY FORMED IN 1990 AS THE OFFICE OF HEALTH POLICY AND CLINICAL OUTCOMES, JCPH PREPARES HEALTHCARE PROVIDERS FOR THE CHALLENGES OF A DYNAMIC HEALTHCARE ENVIRONMENT. THE INCREASING COMPLEXITY OF HEALTHCARE AND ITS IMPORTANCE TO THE NATIONAL ECONOMY ESTABLISHED THE NEED AND DEMAND FOR PROFESSIONALS AND RESEARCHERS WELL-VERSED AND PREPARED TO ASSUME LEADERSHIP ROLES. IN ADDITION, THE COMPLEXITY AND SCOPE OF THE INDUSTRY REQUIRED THAT RESEARCH AND EDUCATION BE ADDRESSED COMPREHENSIVELY AND HOLISTICALLY FROM THE PERSPECTIVE OF POPULATION HEALTH. HEALTH OUTCOMES AND THEIR DISTRIBUTION WITHIN THE POPULATION, THE DETERMINANTS THAT INFLUENCE THIS DISTRIBUTION, AND THE POLICIES AND INTERVENTIONS THAT IMPACT THESE DETERMINANTS. JCPH SEEKS TO CREATE CONDITIONS THAT PROMOTE HEALTH, PREVENT ADVERSE EVENTS, AND IMPROVE OUTCOMES. POPULATION HEALTH BUILDS ON PUBLIC HEALTH FOUNDATIONS BY - CONNECTIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>G PREVENTION, WELLNESS AND BEHAVIORAL HEALTH SCIENCE WITH HEALTHCARE DELIVERY, QUALITY AND SAFETY, DISEASE PREVENTION/MANAGEMENT AND ECONOMIC ISSUES OF VALUE AND RISK ALL IN THE SERVICE OF A SPECIFIC POPULATION, BE IT A CITY, PROVIDER'S PRACTICE, EMPLOYEE GROUP, HOSPITAL'S PRIMARY SERVICE AREA OR AGE GROUP, - IDENTIFYING SOCIO-ECONOMIC AND CULTURAL FACTORS THAT DETERMINE THE HEALTH OF POPULATIONS AND DEVELOPING POLICIES THAT ADDRESS THE IMPACT OF THESE DETERMINANTS, - APPLYING EPIDEMIOLOGY AND BIostatISTICS IN NEW WAYS TO MODEL DISEASE STATES, MAP THEIR INCIDENCE AND PREDICT THEIR IMPACT, AND - USING DATA ANALYSIS TO DESIGN SOCIAL AND COMMUNITY INTERVENTIONS AND NEW MODELS OF HEALTHCARE DELIVERY THAT STRESS CARE COORDINATION AND EASE OF ACCESSIBILITY</p> <p>JEFFERSON COLLEGE OF REHABILITATION SCIENCES ----- ----- JEFFERSON COLLEGE OF REHABILITATION SCIENCES ("J CRS") INCLUDES TJU'S OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND ATHLETIC TRAINING PROGRAMS , TWO OF WHICH ARE RANKED BY U S NEWS & WORLD REPORT THE OCCUPATIONAL THERAPY PROGRAM WAS RANKED #6 AND THE DEPARTMENT OF PHYSICAL THERAPY WAS RANKED #46 BOTH PROGRAMS OFFER STUDENTS OPPORTUNITIES TO PARTICIPATE IN RESEARCH, CLINICAL, AND EDUCATIONAL EXPERIENCES DIVISION OF ATHLETIC TRAINING TJU'S ATHLETIC TRAINING PROGRAM MEETS THE GROWING DEMAND FOR PROFESSIONAL CERTIFIED ATHLETIC TRAINERS IT PREPARES HIGHLY MOTIVATED STUDENTS WITH AN INTEREST IN THE MEDICAL FIELD TO TAKE THE BOARD OF CERTIFICATION) EXAMINATION UPON GRADUATION</p> <p>DEPARTMENT OF OCCUPATIONAL THERAPY - TJU'S DEPARTMENT OF OCCUPATIONAL THERAPY, RANKED #6 NATIONALLY AND #1 IN THE DELAWARE VALLEY BY U S NEWS AND WORLD REPORT, PROMOTES THE HEALTH AND WELLBEING OF PEOPLE THROUGH THEIR OCCUPATION BY DEVELOPING PRACTITIONERS WHO DYNAMICALLY RESPOND TO CHANGING DEMANDS IN HEALTHCARE, COMMUNITY, AND ENVIRONMENTS AND ENGAGE IN SERVICE, PRACTICE, ADVOCACY, LEADERSHIP, SCHOLARSHIP, AND CONDUCT RESEARCH</p> <p>DEPARTMENT OF PHYSICAL THERAPY - THE MISSION AND GOALS OF TJU'S DEPARTMENT OF PHYSICAL THERAPY FOCUS ON EXCELLENCE IN FOUR AREAS EDUCATION, RESEARCH, HEALTHCARE DELIVERY AND COMMUNITY AND PROFESSIONAL SERVICE (1) EDUCATION - TO PRODUCE HIGHLY COMPETENT SELF-REFLECTIVE PHYSICAL THERAPISTS THAT PRACTICE EVIDENCE-BASED PHYSICAL THERAPY, WHO ARE PATIENT ADVOCATES AND LEADERS IN THE COMMUNITY AND THE PROFESSION, AND WHO PREPARED TO TREAT A CULTURALLY DIVERSE POPULATION OF CLIENTS AND PURSUE PROFESSIONAL DEVELOPMENT OPPORTUNITIES (2) RESEARCH - TO ADVANCE PHYSICAL THERAPY PRACTICE AND EDUCATION THROUGH DEVELOPMENT AND APPLICATION OF EVIDENCE-BASED PRACTICE AND THE PURSUIT OF CLINICAL, EDUCATIONAL AND TRANSLATIONAL RESEARCH (3) CLINICAL PRACTICE - TO USE PHYSICAL THERAPY KNOWLEDGE AND SKILLS FOR THE BENEFIT OF PATIENTS AND SOCIETY BY PROVIDING EFFICIENT AND EFFECTIVE HEALTHCARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>(4) SERVICE - TO DEVELOP AND DELIVER INNOVATIVE MODELS OF PHYSICAL THERAPY PRACTICE TO SERVE THE HEALTH NEEDS OF DIVERSE PATIENT POPULATIONS LOCALLY AND GLOBALLY, TO PROVIDE STUDENTS OPPORTUNITY TO APPLY EDUCATION TO PRACTICE, AND SET THE STANDARDS OF PRACTICE FOR THE PROFESSION PHYSICAL THERAPY ("PT") PROGRAM TJU'S PT PROGRAM IS ONE OF THE MOST RESPECTED PT PROGRAMS IN THE REGION STUDENTS FROM AROUND THE COUNTRY COME TO EXPERIENCE A POSITIVE, COLLABORATIVE LEARNING ENVIRONMENT THAT CONTRIBUTES TO SUCCESS ADVANCED PRACTICE CERTIFICATE IN HAND & UPPER LIMB REHABILITATION - TJU'S PROGRAM ENABLES PHYSICAL OR OCCUPATIONAL THERAPISTS TO PARTICIPATE IN ADVANCED STUDY OF THE HAND AND UPPER LIMB REHABILITATION THE CURRICULUM CONSISTS OF FOUR GRADUATE LEVEL COURSES, OFFERED IN A CONVENIENT WEB-BASED FORMAT WITH LIMITED ONSITE WEEKEND SESSIONS TO PRACTICE PSYCHOMOTOR SKILLS REQUIRED FOR ADVANCED PRACTICE IN HAND THERAPY THE COURSE WORK HAS HELPED GRADUATES PREPARE FOR THE CERTIFICATION IN HAND THERAPY EXAMINATION OFFERED BY THE HAND THERAPY CERTIFICATION COMMISSION ADVANCED PRACTICE CERTIFICATE IN USING DESIGN IN HEALTHCARE DELIVERY - THE ADVANCED PRACTICE CERTIFICATE IN USING DESIGN IN HEALTHCARE DELIVERY PROVIDES PRACTICING OCCUPATIONAL THERAPY PRACTITIONERS AND OTHER HEALTHCARE PROFESSIONALS WITH SPECIFIC KNOWLEDGE IN DESIGN PRINCIPLES AND A DISTINCT SKILL-SET IN DESIGN APPROACHES AND METHODS THAT ENHANCES THEIR PRACTICE AND EXPANDS INTER-PROFESSIONAL COLLABORATIVE OPPORTUNITIES THROUGH FOUR, 3-CREDIT ONLINE COURSES WITH LIMITED ON-CAMPUS SESSIONS, STUDENTS APPLY DESIGN PRINCIPLES AND STRATEGIES TO ENHANCE CLIENT INTERVENTION PLANNING, IMPLEMENTATION, AND OUTCOMES JEFFERSON COLLEGE OF LIFE SCIENCES ----- ----- THE MISSION OF THE JEFFERSON COLLEGE OF LIFE SCIENCES ("JCLS") IS TO "TRAIN TOMORROW'S SCIENTIFIC LEADERS TODAY" BY PROVIDING THE HIGHEST QUALITY UNDERGRADUATE, GRADUATE AND POSTDOCTORAL EDUCATION AND RESEARCH TRAINING IN THE LIFE SCIENCES, IN ORDER TO PREPARE STUDENTS AND FELLOWS TO MAKE SIGNIFICANT CONTRIBUTIONS TO THE PROGRESS OF LIFE SCIENCE THROUGH CAREERS INCLUDING ACADEMIA, INDUSTRY, AND GOVERNMENT JCLS AND ITS FACULTY OFFER COURSES AND PROGRAMS ACROSS A WIDE FIELD OF BASIC AND TRANSLATIONAL SCIENCES, LEADING TO THE BS DEGREE, PHD DEGREE, THE MS DEGREE AND GRADUATE CERTIFICATE PROGRAMS IN ADDITION, JCLS OFFERS A POST BACCALAUREATE PRE-PROFESSIONAL PROGRAM FOR CANDIDATES INTERESTED IN COMPLETING THEIR PREREQUISITE COURSE WORK FOR MEDICAL AND PROFESSIONAL SCHOOLS THE COLLEGE ALSO COORDINATES POSTDOCTORAL TRAINING PROGRAMS ACROSS THE CAMPUS ADDITIONALLY, JCLS, IN CONJUNCTION WITH THE SIDNEY KIMMEL MEDICAL COLLEGE, OFFERS A COMBINED MD/PHD PROGRAM THE COLLEGE'S EDUCATION AND TRAINING PROGRAMS PROVIDE A SOLID FOUNDATION FOR GRADUATES, MANY OF WHOM HAVE PURSUED ADDITIONAL GRADUATE AND PROFESSIONAL EDUCATION AND TRAINING PROGRAMS OTHER JCLS GRADUATES HAVE DIRECTLY ENTERED SUCCESSFUL CAREERS INCLUDING POSITIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>AT COLLEGES AND UNIVERSITIES, PHARMACEUTICAL AND BIOTECHNOLOGY COMPANIES, HEALTHCARE SETTING, GOVERNMENT AGENCIES, AND MANY OTHER PROFESSIONAL VENUES RESEARCH TRAINING AT JCLS IS ANCHORED BY A LARGE AND DIVERSE PORTFOLIO OF ACTIVE RESEARCH PROGRAMS WITH EXTENSIVE OUTSIDE GRANT SUPPORT THAT FOUNDATION, COMBINED WITH CLINICAL RESEARCH AND PATIENT-CARE PROGRAMS, PROVIDES OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT AND BASIC AND TRANSLATIONAL RESEARCH EXPERIENCES IN A CHALLENGING, EXCITING AND SATISFYING UNDERGRADUATE AND GRADUATE TRAINING ENVIRONMENT RESEARCH AT TJU ===== RESEARCH IS A KEY COMPONENT OF TJU'S TRIPARTITE MISSION AND LINKS DIRECTLY TO ITS EDUCATIONAL AND HEALTHCARE MISSION ACROSS ALL DIVISIONS OF THE UNIVERSITY, ITS CENTERS AND INSTITUTES, AND ITS STUDENT OPPORTUNITIES, RESEARCH IS A DRIVING FORCE TJU CONDUCTS MULTIFACETED RESEARCH IN AUTISM, COMPUTATIONAL MEDICINE, HEMATOLOGY AND VASCULAR DISEASE, POPULATION HEALTH, NEUROSCIENCE, PULMONARY DISEASE, CANCER, FIBROSIS, IMMUNOLOGY AND INFECTIOUS DISEASE, MUSCULOSKELETAL DISEASE, AND METABOLISM AND MITOCHONDRIAL FUNCTION TJU HAS GIVEN SPECIAL EMPHASIS TO RESEARCH FOCUSED ON CANCER AND CANCER BIOLOGY, CARDIAC AND CARDIOVASCULAR BIOLOGY, NEUROSCIENCE, POPULATION AND PUBLIC HEALTH, AND INFECTIOUS DISEASES AND VACCINES CANCER THROUGH THE SIDNEY KIMMEL CANCER CENTER, A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER, TJU ACCELERATES DISCOVERY IN FIVE NCI-DESIGNATED PROGRAM AREAS, AIMING TO TRANSLATE FINDINGS INTO MORE EFFECTIVE TREATMENTS THESE AREAS ARE CANCER CELL BIOLOGY AND SIGNALING, MOLECULAR BIOLOGY AND GENETICS, PROSTATE CANCER, BREAST CANCER AND GASTROINTESTINAL CANCER CARDEZA FOUNDATION FOR HEMATOLOGIC RESEARCH IN 1939, MR AND MRS THOMAS D CARDEZA ESTABLISHED THE CARDEZA FOUNDATION FOR HEMATOLOGIC RESEARCH IN THE DIVISION OF HEMATOLOGY IN DEPARTMENT OF MEDICINE AT THOMAS JEFFERSON UNIVERSITY AS A MEMORIAL TO CHARLOTTE DRAKE CARDEZA CARDEZA FOUNDATION ENABLES TJU TO CONDUCT A BROAD RANGE OF BASIC RESEARCH, CLINICAL AND TRANSLATIONAL RESEARCH AND CORE LABORATORIES RELATED TO HEMATOLOGY, INCLUDING THROMBOSIS AND HEMOSTASIS, CIRCULATING BLOOD PLATELET CONTRIBUTIONS TO BLOOD CLOTTING AND GROWTH OF SOLID TUMORS, GENETIC EFFECTS OF PLATELET FUNCTIONS, BREAST AND PROSTATE CANCER CELL METASTASIS, GENE EXPRESSION IN MEGAKARYOCYTES AND PLATELETS AND THEIR ROLE IN CARDIOVASCULAR DISEASE AND THROMBOPOIESIS FARBER INSTITUTE FOR NEUROSCIENCE COMPOSED OF THE DEPARTMENTS OF NEUROLOGICAL SURGERY, NEUROLOGY, NEUROSCIENCE AND PSYCHIATRY AND HUMAN BEHAVIOR, THE FARBER INSTITUTE FOR NEUROSCIENCE, A DIVISION OF TJU, CONDUCTS BASIC, TRANSLATIONAL AND CLINICAL RESEARCH TO UNDERSTAND THE FUNDAMENTAL MECHANISMS OF THE NORMAL AND DISEASED BRAIN FARBER INSTITUTE SPECIALISTS TRANSLATE THEIR UNDERSTANDING INTO TREATMENTS FOR NEURODEGENERATIVE AND OTHER DEVASTATING DISORDERS RESEARCHERS AT THE INSTITUTE SHARE THEIR FINDINGS AND EXPERIENCES WITH OTHER ACADEMICS AND SPECIALISTS FROM AR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>OUND THE WORLD AND WORK TOGETHER TO TREAT, PREVENT, AND FIND CURES FOR ALL KINDS OF NEUROLOGICAL AND SPINE DISORDERS JEFFERSON VACCINE CENTER JEFFERSON MEDICAL COLLEGE ESTABLISHED THE JEFFERSON VACCINE CENTER ("JVC") IN 2007 WITH THE GOAL OF COMBINING AND FURTHER ENHANCING THE EXISTING INTEREST AND EXPERTISE AT TJU IN THE AREA OF VACCINE RESEARCH FOR INFECTIOUS DISEASES AND CANCER JVC COMBINES AND UTILIZES RESEARCH EFFORT IN IMMUNOLOGY, MICROBIAL PATHOGENESIS AND TUMOR IMMUNOLOGY THE MISSION OF THE JVC IS TO STRENGTHEN THE BASIC AND TRANSLATIONAL RESEARCH AT TJU IN VACCINOLOGY AND THERAPEUTICS BY ESTABLISHING CUTTING EDGE RESEARCH PROGRAMS IN VACCINOMICS AND BUILDING A NATIONALLY AND INTERNATIONALLY KNOWN CENTER OF EXCELLENCE DANIEL BAUGH INSTITUTE FOR FUNCTIONAL GENOMICS/COMPUTATIONAL BIOLOGY THE DANIEL BAUGH INSTITUTE FOR FUNCTIONAL GENOMICS/COMPUTATIONAL BIOLOGY, PART OF TJU'S DEPARTMENT OF PATHOLOGY, ANATOMY AND CELL BIOLOGY, PROVIDES AN INTERDISCIPLINARY BASE FOR RESEARCH AND EDUCATION IN THE RAPIDLY EVOLVING FIELDS OF INTEGRATIVE MODELING AND COMPUTATIONAL ANALYSIS OF THE DYNAMICS OF BIOLOGICAL SYSTEMS THE INSTITUTE FOCUSES ON THE DEVELOPMENT OF MAMMALIAN SYSTEMS BIOLOGY TO STUDY THE MULTI-SCALE REGULATORY NETWORKS IN THE CONTEXT OF ADAPTATION IN CENTRAL AUTONOMIC CONTROL CIRCUITS, DYSFUNCTION OF CARDIO-RESPIRATORY REGULATION, ALCOHOLIC LIVER DISEASE AND LIVER REPAIR, AND STEM CELL DIFFERENTIATION IN ORDER TO STUDY INTRA- AND INTER-CELLULAR NETWORKS, TJU EMPLOYS GENOMIC AND OTHER "OMIC" TECHNOLOGIES TO ACQUIRE DATASETS SUITABLE FOR ANALYSES TO IDENTIFY VARIABLES AND RELATIONSHIPS THAT PROVIDE A BASIS FOR MODELING AND SIMULATION OF MULTI-SCALE SYSTEM DYNAMICS TJU DEVELOPS BIOINFORMATICS TOOLS TO IMPROVE THE ABILITY TO DERIVE NETWORKS, PATHWAYS AND RELATIONSHIPS SUBSERVING CELLULAR PROCESSES TJU BRINGS PRINCIPLES OF CONTROL AND SYSTEMS THEORY AS WELL AS PROBABILISTIC/STATISTICAL TECHNIQUES TO BEAR ON THE ANALYSIS OF BIOLOGICAL PROCESSES THE FUTURE ===== TJU'S FORWARD-LOOKING EDUCATIONAL PROGRAMS INCLUDE ITS INSTITUTE OF EMERGING HEALTH PROFESSIONS, WHICH PROVIDES INNOVATIVE AND UNIQUE EDUCATION AND TRAINING TO FILL FUTURE CAREER AND CERTIFICATION GAPS IN HEALTHCARE PRACTICE AND DELIVERY IN A WORLD WHERE RAPID CHANGE IS THE NORM, EMPLOYERS ARE SEEKING GRADUATES WHO ARE READY FOR WHATS HAPPENING RIGHT NOW AND FOR WHAT WILL COME NEXT TJU'S DISTINCTIVE, ACTIVE, COLLABORATIVE, REAL-WORLD APPROACH IS EXACTLY WHAT STUDENTS NEED TO GAIN THAT KIND OF COMPETITIVE ADVANTAGE TJU WORKS TO CONNECT DISCIPLINES AND ESTABLISHES CREATIVE, COLLABORATIVE, REAL- WORLD LEARNING ENVIRONMENTS FOR ITS STUDENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>BY WORKING ON TRANSDISCIPLINARY TEAMS AT TJU, STUDENTS GAIN A BROADER UNDERSTANDING OF DIVERGING PERSPECTIVES AND DEVELOP CRITICAL DECISION-MAKING SKILLS BUILT FOR A FUTURE THAT HAS YET TO BE DEFINED. TJU IS CROSSING DISCIPLINES TO BRING UNRIVALED INNOVATION AND DISCOVERY TO HIGHER EDUCATION THROUGH BOUNDARY-BREAKING COLLABORATION, RESEARCH AND HANDS-ON, EXPERIENTIAL LEARNING. TJU EQUIPS GRADUATES WITH LEADERSHIP AND ANALYTICAL SKILLS SHAPED FOR AN ACCELERATED JOB MARKET TJU IS RESHAPING EDUCATION FOR THE 21ST CENTURY TJU IS SIMILARLY FORWARD-LOOKING IN ITS RESEARCH PROGRAMS THROUGH ITS JANE AND LEONARD KORMAN RESPIRATORY INSTITUTE JEFFERSON HEALTH & NATIONAL JEWISH HEALTH, TJU IS FOCUSED ON BASIC AND TRANSLATIONAL RESEARCH BY RECRUITING A LUNG BIOLOGIST WHOSE RESEARCH IS EXPECTED TO ENHANCE METHODS OF DETECTING AND TREATING A VARIETY OF LUNG DISEASES IN THE EXAM ROOM IN ADDITION, A MEDICAL ONCOLOGIST WILL FOCUS ON BRINGING CLINICAL TRIALS AND THE NEWEST ADVANCES IN MOLECULAR THERAPEUTICS AND PERSONALIZED MEDICINE TO PATIENTS AT THE FOREFRONT OF ACADEMIC MEDICINE, TJU IS USING ITS CENTER FOR TRANSLATIONAL MEDICINE TO CREATE A NEW CULTURE OF COLLABORATION AND COOPERATION BETWEEN BASIC SCIENCE INVESTIGATORS AND PHYSICIANS THE CENTER BRIDGES BASIC SCIENTIFIC DISCOVERIES WITH PHYSICIANS' NEEDS FOR THEIR PATIENTS THE CENTER EMPHASIZES CUTTING-EDGE BASIC MOLECULAR BIOMEDICAL RESEARCH AND ITS TRANSLATION INTO THE MOST EFFICIENT AND TAILORED FORMS OF DIAGNOSIS AND TREATMENT AS WELL AS MODES OF PREVENTION TJU'S SIDNEY KIMMEL CANCER CENTER WORKS EVERY DAY TO ACHIEVE ITS MISSION OF IMPROVING LIVES OF CANCER PATIENTS AND THEIR FAMILIES THROUGH COMPASSION, INNOVATION AND BREAKTHROUGH DISCOVERIES TO ACHIEVE THAT MISSION, THE CENTER WILL USE SCIENTIFIC DISCOVERIES AND ADVANCES IN CANCER DETECTION AND TREATMENT ITS RESEARCHERS ARE COMMITTED TO TRANSLATING SCIENTIFIC FINDINGS INTO PROMISING TREATMENTS FOR ALL TYPES OF CANCER, INCLUDING LUNG CANCER, HEAD AND NECK SQUAMOUS CELL CARCINOMA, AND PROSTATE CANCER, WITH A FOCUS ON INCIDENCE AND MORTALITY IN TJU'S LOCAL CATCHMENT AREA AND BEYOND WITH AN EMPHASIS ON VULNERABLE POPULATIONS, INCLUDING AFRICAN AMERICAN AND GERIATRIC PATIENTS THE CANCER CENTER'S BREAST CANCER PROGRAM IS COMMITTED TO DECREASING THE INCIDENCE AND MORBIDITY OF BREAST CANCER THROUGH DISCOVERY AND TRANSLATION INTO PRACTICE IN THE PHILADELPHIA AREA AND BEYOND THE GASTROINTESTINAL CANCER PROGRAM IS IDENTIFYING, AT THE MOLECULAR LEVEL, THE UNDERLYING FORMATION OF CANCER AND ITS METASTASIS, AND TRANSLATING THESE COMPONENTS INTO NOVEL DIAGNOSTIC TOOLS ENABLING EARLY DETECTION, PROGNOSIS, PREDICTION, RISK-STRATIFICATION AND PREVENTION ITS ADDITIONAL GOALS ARE TO EXPLOIT NOVEL MECHANISMS TO DEFINE MOLECULARLY TARGETED THERAPEUTICS FOR CANCER PREVENTION, TREATMENT AND CONTROL AND TO ADVANCE DIAGNOSTIC AND THERAPEUTIC MODALITIES INTO EVIDENCE-BASED PRACTICE FOR CANCER PREVENTION AND CONTROL FINALLY, TJU'S CANCER CENTER IS IMPROVING POPULATION</p>

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>N HEALTH ON A BROAD SCALE BY REDUCING CANCER BURDEN AND DISPARITIES THROUGH DISCOVERING, DEVELOPING, EVALUATING AND IMPLEMENTING EVIDENCE-BASED CARE TO BRING ABOUT HEALING WITH TAI LORED, WHOLE-PERSON CARE PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY TWO LEGAC IES JOINED BY ONE VISION</p> <p>===== == UNIFYING TWO RENOWNED LEGACIES OF INNOVATION, EDUCATION, RESEARCH AND PROFESSIONAL EXCELLENCE, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY) HAS MORE THAN THREE COMBINED CENTURIES OF HISTORY DRIVEN BY THIS NEWLY UNITED AND ROBUST PAST, JEFFERSON DELIVERS UNIQUE AND HIGH-IMPACT PROFESSIONAL EDUCATION TO OUR STUDENTS IN THE AREAS OF ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION, HEALTH, MEDICINE, SCIENCE, TEXTILES AND MORE THOMAS JEFFERSON UNIVERSITY WAS FOUNDED IN 1824 AS JEFFERSON MEDICAL COLLEGE, AND PHILADELPHIA UNIVERSITY WAS FOUNDED IN 1884 AS THE PHILADELPHIA TEXTILE SCHOOL BOTH WERE A HEAD OF THEIR TIME AND FOCUSED ON THE IMPORTANCE OF EXPERIENTIAL LEARNING THE NEW JEFFERSON WAS ESTABLISHED ON JULY 1, 2017 AS A RESULT OF THE MERGER OF THESE TWO RENOWNED UNIVERSITIES JOINED TOGETHER IN 2017 THROUGH A SHARED AND UNIQUE APPROACH TO EDUCATION, JEFFERSON (PHILADELPHIA UNIVERSITY + THOMAS JEFFERSON UNIVERSITY) IS NATIONALLY AND INTERNATIONALLY RECOGNIZED FOR MANY HISTORICAL "FIRSTS" INCLUDING THE FIRST SURGICAL USE OF ANESTHESIA IN PHILADELPHIA, THE BLENDING OF QUAIL FEATHERS AND WOOL TO CREATE THE ARMY'S UBIQUITOUS OLIVE DRAB AS AN ALTERNATIVE TO DARK BLUE AND LIGHT-COLORED KHAKI MILITARY UNIFORMS, THE FIRST SUCCESSFUL OPEN-HEART OPERATION USING A HEART-LUNG MACHINE, AND THE FIRST BIFURCATED AORTAL GRAFT DESIGNED BY USING MULTI-BRANCHED SEAMLESS TUBES THAT KNIT FIBERS NEEDED FOR ARTIFICIAL BLOOD VESSELS TODAY, WE ARE A PROFESSIONAL UNIVERSITY THAT DEFIES CONVENTION AND DEDICATES ITSELF TO COLLABORATIVE, TRANSDISCIPLINARY AND INTERPROFESSIONAL APPROACHES TO LEARNING THAT OFFER A VIBRANT AND EXPANDABLE PLATFORM FOR EDUCATION THROUGH THIS UNIQUE MODEL, WE ARE PREPARING OUR STUDENTS FOR CURRENT AND YET-TO-BE-IMAGINED CAREERS SETTING TOMORROW'S STANDARDS BY BREAKING TODAY'S TOGETHER, THESE UNIVERSITIES INCLUDE 10 COLLEGES AND 4 SCHOOLS INCLUDING ARCHITECTURE, BUSINESS, DESIGN, ENGINEERING, FASHION AND TEXTILES, HEALTH SCIENCE AND SOCIAL SCIENCE PROGRAMS OVER 160 UNDERGRADUATE/GRADUATE PROGRAMS ARE OFFERED JEFFERSON HEALTH ===== JEFFERSON HEALTH OFFERS EXCELLENT CLINICAL AND COMPASSIONATE CARE FOR OUR PATIENTS IN THE PHILADELPHIA REGION, EDUCATING THE HEALTH PROFESSIONALS OF TOMORROW IN A VARIETY OF DISCIPLINES AND DISCOVERING NEW KNOWLEDGE THAT WILL DEFINE THE FUTURE OF CLINICAL CARE CURRENTLY, JEFFERSON HEALTH IS COMPRISED OF - 14 HOSPITAL LOCATIONS, - 7 URGENT CARE CENTERS, - 1 NCI-DESIGNATED CANCER CENTER, - 22 REHAB SPECIALTY SERVICES, - 19 OUTPATIENT CENTERS, AND - 25 TESTINGS & IMAGING CENTERS JEFFERSON HEALTH DELIVERS CARE THROUGHOUT THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CITY AND SUBURBS ACROSS PHILADELPHIA, MONTGOMERY AND BUCKS COUNTIES IN PA , AND CAMDEN COUNTY IN NEW JERSEY DURING FY19, THESE FACILITIES SERVED MORE THAN 126,000 INPATIENTS, 499,000 EMERGENCY PATIENTS AND 4 MILLION OUTPATIENTS (47,000 OUTPATIENT SURGERIES PERFORMED) THOMAS JEFFERSON UNIVERSITY HOSPITAL IS THE LARGEST FREESTANDING ACADEMIC MEDICAL CENTER I N PHILADELPHIA ABINGTON HOSPITAL IS THE LARGEST COMMUNITY TEACHING HOSPITAL IN MONTGOMERY OR BUCKS COUNTIES OTHER HOSPITALS INCLUDE JEFFERSON HOSPITAL FOR NEUROSCIENCE IN CENTER CITY PHILADELPHIA, METHODIST HOSPITAL IN SOUTH PHILADELPHIA, AND ABINGTON LANSDALE HOSPITA L IN HATFIELD TOWNSHIP, JEFFERSON BUCKS HOSPITAL, JEFFERSON CHERRY HILL HOSPITAL, JEFFERSO N FRANKFORD HOSPITAL, JEFFERSON STRATFORD HOSPITAL, JEFFERSON TORRESDALE HOSPITAL, JEFFERS ON WASHINGTON TOWNSHIP HOSPITAL, MAGEE REHABILITATION HOSPITAL, AND ROTHMAN ORTHOPAEDIC SP ECIALTY HOSPITAL TOGETHER, JEFFERSON HEALTH INCLUDES 2,885 LICENSED BEDS, 6,300 PHYSICIAN S AND PRACTITIONERS AND 7,900 NURSES DURING FY19, JEFFERSON HEALTH PROVIDED OVER 6,700 GR OUND AND AIR TRANSPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V, QUESTION 2A & CORE FORM, PART VII	THOMAS JEFFERSON UNIVERSITY, INC IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM UTILIZES A COMMON PAYMASTER FOR THIS ORGANIZATION AND JEFFERSON UNIVERSITY PHYSICIANS, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE FORM 990 REGULATIONS AND INSTRUCTIONS, THE ORGANIZATION TREATS AMOUNTS PAID BY A COMMON PAYMASTER FOR SERVICES PERFORMED FOR THE ORGANIZATION AS IF PAID DIRECTLY BY THE ORGANIZATION SIMILARLY, THE ORGANIZATION TREATS AMOUNTS PAID BY A COMMON PAYMASTER FOR SERVICES PERFORMED FOR A RELATED ORGANIZATION AS IF PAID DIRECTLY BY THE RELATED ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	IRA BRIND, ESQ , WILLIAM A LANDMAN & ROBERT S ADELSON, ESQ - BUSINESS RELATIONSHIP, AND JOHN P SILVESTRI & JOSEPH MARESSA, JR ESQ - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 3	THE ORGANIZATION IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE AS THE PARENT ORGANIZATION OF THE SYSTEM THOMAS JEFFERSON UNIVERSITY PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE THOMAS JEFFERSON UNIVERSITY ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, AND RECORDS REVENUE AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE ORGANIZATION'S GOVERNING BODY HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE SYSTEM'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, SENIOR VICE PRESIDENT OF CORPORATION FINANCE AND CHIEF INVESTMENT OFFICER, VICE PRESIDENT OF CORPORATE FINANCE AND ASSOCIATE VICE PRESIDENT AND ENTERPRISE CONTROLLER ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED TO THE ORGANIZATION'S AUDIT, RISK AND COMPLIANCE COMMITTEE AND PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICTS OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR EL.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE. IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THE ORGANIZATION'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/ CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTIONS OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS, IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	ISIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS AND RENOVATIONS IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW IN ADDITION, THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	THEODORE TARASCHI, FORMER OFFICER OF THE ORGANIZATION, IS STILL EMPLOYED WITHIN THOMAS JEFFERSON UNIVERSITY AND JEFFERSON HEALTH AS THE ASSOCIATE PROVOST FOR RESEARCH CONDUCT AND COMPLIANCE AT THOMAS JEFFERSON UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, KEY EMPLOYEES AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART X, LINE 25</p>	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D, AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY, THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN 23-2829095 - TJUH SYSTEM, INC , EIN 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN 23-2809585 - ABINGTON HEALTH, EIN 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN 26-3359979 - ARIA HEALTH, EIN 23-0596940 - ARIA HEALTH SYSTEM, EIN 23-2239131 - PHILADELPHIA UNIVERSITY, EIN 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC , EIN 22-1773439 - KENNEDY HEALTH SYSTEM, INC , EIN 22-2442036 - MAGEE REHABILITATION HOSPITAL, EIN 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED ON THIS ORGANIZATION'S FEDERAL FORM 990, SCHEDULE K</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINES 27-29	<p>IN AUGUST 2016, THE FASB ISSUED ASU 2016-14, NOT-FOR-PROFIT ENTITIES PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR PROFIT ENTITIES, WHICH ELIMINATES THE REQUIREMENT FOR NOT-FOR-PROFITS (NFPS) TO CLASSIFY NET ASSETS AS UNRESTRICTED, TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED INSTEAD, NFPS ARE REQUIRED TO CLASSIFY NET ASSETS AS NET ASSETS WITH DONOR RESTRICTIONS OR WITHOUT DONOR RESTRICTIONS AMONG OTHER THINGS, THE GUIDANCE ALSO MODIFIES REQUIRED DISCLOSURES AND REPORTING RELATED TO NET ASSETS, INVESTMENT EXPENSES AND QUALITATIVE INFORMATION REGARDING LIQUIDITY NFPS ARE ALSO REQUIRED TO REPORT ALL EXPENSES BY BOTH FUNCTIONAL AND NATURAL CLASSIFICATION IN ONE LOCATION THE PROVISIONS OF ASU 2016-14 ARE EFFECTIVE FOR THE INSTITUTION FOR ANNUAL PERIODS BEGINNING AFTER DECEMBER 15, 2017 AND INTERIM PERIODS THEREAFTER AS SUCH, THE INSTITUTION ADOPTED ASU 2016-14 FOR THE YEAR ENDED DECEMBER 31, 2018 THE EFFECTS OF THE ADOPTION OF ASU 2016-14 WERE APPLIED RETROSPECTIVELY AS A RESULT OF THE ADOPTION OF ASU 2016-14, THE NET ASSET CATEGORIES HAVE BEEN UPDATED AS DESCRIBED ABOVE ADDITIONALLY, THE ADDITION OF QUANTITATIVE AND QUALITATIVE DISCLOSURES RELATED TO THE ANALYSIS OF EXPENSES BY BOTH NATURAL AND FUNCTIONAL CLASSIFICATIONS AND LIQUIDITY AND AVAILABILITY OF RESOURCES CAN BE FOUND IN NOTES 4 AND 14 THE ADOPTION OF ASU 2016-14 HAD NO IMPACT ON THE TOTAL NET ASSETS PREVIOUSLY REPORTED BY THE INSTITUTION AS OF DECEMBER 31, 2017</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS - \$31,727,303, - CHANGE IN NET PENSION LIABILITY - (\$54,894,000), - CHANGE IN INTEREST RATE SWAP CONTRACTS - (\$4,669,821), - NET ASSETS RELEASED FROM RESTRICTION USED FOR PURCHASE OF PP&E - \$540,210, - DISTRIBUTIONS TO NON-CONTROLLING INTERESTS - \$43,132, - CHANGE IN VALUE OF EXTERNAL TRUSTS (DONOR RESTRICTED) - (\$330,882), - NET ASSETS RELEASED FROM RESTRICTIONS (DONOR RESTRICTED) - (\$33,356,212), - CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (DONOR RESTRICTED) - \$18,423, - OTHER CHANGES IN NET ASSETS (DONOR RESTRICTED) - \$192,513, AND - OTHER CHANGES IN NET ASSETS - \$2,746,999

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018, RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE ORGANIZATION'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE SERVICES TOTAL FEES 65584881

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 39954812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BILLING FEES TOTAL FEES 8509639

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 2627433

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 1467595

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRANSCRIPTION SERVICES TOTAL FEES 126037

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THOMAS JEFFERSON UNIVERSITY

Employer identification number

23-1352651

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) 925 WALNUT HOLDING LLC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 81-3840390	REAL ESTATE	PA	1,258,204	43,046,820	TJU
(2) TJU FAIRWATER LLC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-3445382	INVESTMENTS	NY	0	0	TJU
(3) JEFFERSON HORIZON RESEARCH LLC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 83-2402762	RESEARCH	PA	6,624	100,000	TJU

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	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.

See Additional Data Table

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

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	THOMAS JEFFERSON UNIVERSITY, INC IS THE TAX-EXEMPT PARENT ORGANIZATION OF JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THIS ORGANIZATION ROUTINELY PAY EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 23-1352651
Name: THOMAS JEFFERSON UNIVERSITY

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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU	Yes	
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU	Yes	
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJU	Yes	
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS	PA	501(C)(3)	170B1AIII	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	AHS		No

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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU	Yes	
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	TJU	Yes	
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJU	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TJU INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	TJU	C CORP	794,831	95,886	100 000 %	Yes	
(1) WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	TJU	C CORP	8,029	0	100 000 %	Yes	
(2) ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS	PA	TJU	C CORP	508,976	3,991,962	100 000 %	Yes	
(3) HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS	PA	TJU	C CORP	4,059	0	100 000 %	Yes	
(4) JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS	PA	TJU	C CORP	8,596,203	1,180,902	100 000 %	Yes	
(5) JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS	PA	TJU	C CORP	213,044	185,807	100 000 %	Yes	
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	TJU	C CORP	0	0	100 000 %	Yes	
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	TJU	C CORP	0	0	100 000 %	Yes	
(8) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	TJU	C CORP	0	0	100 000 %	Yes	
(9) 925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	TJU	S CORP	183,652	11,185,481	100 000 %	Yes	
(10) SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO	DE	TJU	C CORP	127,320	10,483,097	100 000 %	Yes	
(11) TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	TJU	C CORP	4,113,538	21,500,583	100 000 %	Yes	
(12) HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS	PA	TJU	C CORP	887,280	1,439,038	100 000 %	Yes	
(13) KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	TJU	C CORP	1,413,024	791,149	100 000 %	Yes	
(14) PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS	NJ	TJU	C CORP	4,654,107	3,532,346	100 000 %	Yes	

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									Yes	No
(16) KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	TJU	C CORP	0	469,447	100 000 %		Yes	
(1) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS	NJ	TJU	C CORP	0	0	100 000 %		Yes	