

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) M

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TEMPLE UNIVERSITY HOSPITAL, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TEMPLE UNIVERSITY HOSPITAL, INC.</u></p> <p><u>3509 N. BROAD STREET - 9TH FLOOR</u> <u>PHILADELPHIA, PA 19140</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>23-2825878</u></p> <p>2c Plan Sponsor's telephone number <u>215-707-5977</u></p> <p>2d Business code (see instructions)</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/16/2025</u>	<u>FREDERICK BERGER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TEMPLE UNIVERSITY HEALTH SYSTEM, INC. 3509 N. BROAD STREET - 9TH FLOOR PHILADELPHIA, PA 19140	3b Administrator's EIN 23-2825881
	3c Administrator's telephone number 215-707-5977

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2021** and ending **06/30/2022**

A Name of plan TEMPLE UNIVERSITY HOSPITAL, INC.	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 TEMPLE UNIVERSITY HOSPITAL, INC.	D Employer Identification Number (EIN) 23-2825878	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JP MORGAN

13-6038770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	11285	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>TEMPLE UNIVERSITY HOSPITAL, INC.</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEMPLE UNIVERSITY HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>23-2825878</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JP MORGAN CHASE BANK, N.A.</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK STRATEGIC PROPERTY FUND</u>		
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan TEMPLE UNIVERSITY HOSPITAL, INC.	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 TEMPLE UNIVERSITY HOSPITAL, INC.	D Employer Identification Number (EIN) 23-2825878

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	40004 0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	458561 0
(2) U.S. Government securities	1c(2)	0 0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	0 0
(B) Common	1c(4)(B)	12925418 0
(5) Partnership/joint venture interests	1c(5)	2939630 0
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	143043756 0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	159407369	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	159407369	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2498	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	124471	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		126969
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1224456	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1224456
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	39556647	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	40799539	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1242892
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-13815525	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		96
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7835750
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-21542646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	11285	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11285
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11285

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-21553931
l Transfers of assets:			
(1) To this plan	2l(1)		98924237
(2) From this plan	2l(2)		236777675

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			
INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			
VP456000 ALLSPRING GOVERNMENT	MONEY MARKET FUND 729,529.590	729,530	729,530
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		729,530	729,530
PARTNERSHIP/JOINT VENTURE INTERESTS			
HN0022790 BLK MSCI WORLD IDX NON-LENDABLE FD	1,090,995.850	34,460,487	30,021,611
HN0023723 I R & M INTERMEDIATE FUND	216,265.320	3,099,202	2,998,790
HN0023731 LONG GOVERNMENT CREDIT FUND LLC	5,696,384.820	79,799,800	70,523,563
TOTAL PARTNERSHIP/JOINT VENTURE INTERESTS		117,359,490	103,543,964
TOTAL GENERAL INVESTMENTS		118,089,019	104,273,494

THROUGH

IDENTITY OF ISSUE, BORROWER, LESSOR OTHER SECURITIES	DESCRIPTION OF INVESTMENT SHARES / PAR	COST OF ACQUISITION	PROCEEDS FROM DISPOSITION
MS6878537 HOLDBACK - DAVIDSON KEMPNER	691,519.100	(691,519)	691,570
TOTAL OTHER SECURITIES		(691,519)	691,570
TOTAL GENERAL INVESTMENTS		(691,519)	691,570

REPORT FD492 MAY CONTAIN MORE TRANSACTIONS THAN NEED TO BE REPORTED WHEN FILING WITH THE DEPARTMENT OF LABOR. IT IS TO BE USED AS A WORKING DOCUMENT TO DETERMINE THE ACTUAL ITEMS THAT NEED TO BE REPORTED. SOME ITEMS MAY NEED TO BE EXCLUDED IN THE ACTUAL FILING.

TEMPLE UNIVERSITY HEALTH SYSTEM
 INVESTMENT ROLLUP
 BASE CURRENCY: USD THROUGH

BASED ON MARKET VALUE OF 159,407,369 5% VALUE OF 7,970,368
 PURCHASE PRICE EXPENSES COST OF ASSET CURRENT VALUE NET GAIN
 SELLING PRICE

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 120,752,395 10/19/21 BUY 311 1.0000 0 120,752,395 120,752,395 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 121,694,444 10/19/21 SELL 313 1.0000 0 121,694,444 121,694,444 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 20,207,994 10/19/21 BUY 534 1.0000 0 20,207,994 20,207,994 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 74,494,444 10/19/21 BUY 536 1.0000 0 74,494,444 74,494,444 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 90,707,391 10/20/21 SELL 542 1.0000 0 90,707,391 90,707,391 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 47,200,000 11/04/21 BUY 327 1.0000 0 47,200,000 47,200,000 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 47,200,000 11/05/21 SELL 333 1.0000 0 47,200,000 47,200,000 0

VP4560000 ALLSPRING GOVERNMENT
 MONEY MARKET FUND
 BROKER 1 CASH SWEEP TRADES
 43,257,438 01/27/22 BUY 350 1.0000 0 43,257,438 43,257,438 0

TEMPLE UNIVERSITY HEALTH SYSTEM
 INVESTMENT ROLLUP
 BASE CURRENCY: USD THROUGH

BASED ON MARKET VALUE OF 159,407,369 5% VALUE OF 7,970,368
 PURCHASE PRICE EXPENSES COST OF ASSET CURRENT VALUE NET GAIN
 SELLING PRICE

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BUY/SELL	PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	351 45,660,000 01/27/22 SELL	1.0000	0	45,660,000	45,660,000	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	631 93,535,238 03/17/22 BUY	1.0000	0	93,535,238	93,535,238	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	632 98,800,000 03/17/22 SELL	1.0000	0	98,800,000	98,800,000	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	663 14,502,000 05/27/22 BUY	1.0000	0	14,502,000	14,502,000	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	401 10,500,000 06/01/22 BUY	1.0000	0	10,500,000	10,500,000	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	403 9,744,901 06/01/22 SELL	1.0000	0	9,744,901	9,744,901	0
VP4560000 BROKER 1	ALLSPRING GOVERNMENT MONEY MARKET FUND CASH SWEEP TRADES	674 14,502,139 06/01/22 SELL	1.0000	0	14,502,139	14,502,139	0
057071854 BROKER 5200	BAIRD AGGREGATE BOND FUND- INSTITUTIONAL SHARES # 72 MISCELLANEOUS	539 1,437,740 10/18/21 SELL	11.4200	0	15,295,849	16,418,989	1,123,140

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE			CURRENT VALUE	
		SELLING PRICE				
HN0022790 BROKER 5200	BLK MSCI WORLD IDX NON-LENDABLE FD MISCELLANEOUS					
	1,445,565 01/27/22 BUY	31.5863	0	45,660,000	45,660,000	0
HN0022790 BROKER 5200	BLK MSCI WORLD IDX NON-LENDABLE FD MISCELLANEOUS					
	354,569 05/29/22 SELL	29.6134	0	11,199,513	10,500,000	(699,513)
HN0022790 BROKER 5200	BLK MSCI WORLD IDX NON-LENDABLE FD MISCELLANEOUS					
	(354,569) 05/29/22 RSELL	29.6134	0	(11,199,513)	(10,500,000)	699,513
HN0022790 BROKER 5200	BLK MSCI WORLD IDX NON-LENDABLE FD MISCELLANEOUS					
	354,569 05/29/22 RBSELL	29.6134	0	11,199,513	10,500,000	(699,513)
956990AG0 BROKER 5200	CASH HELD AT OUTSIDE FUND MISCELLANEOUS					
	47,200,000 10/19/21 BUY	100.0000	0	47,200,000	47,200,000	0
956990AG0 BROKER 5200	CASH HELD AT OUTSIDE FUND MISCELLANEOUS					
	(47,200,000) 10/19/21 RBUY	100.0000	0	(47,200,000)	(47,200,000)	0
256206103 BROKER 5200	DODGE & COX INTERNATIONAL STOCK FUND #1048 MISCELLANEOUS					
	453,840 10/18/21 SELL	49.3000	0	18,770,706	22,374,297	3,603,591
277923264 BROKER 5200	EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE FUND CLASS I #208 MISCELLANEOUS					
	1,052,342 10/18/21 SELL	10.6400	0	10,319,197	11,196,924	877,727
412295107 BROKER 5200	HARDING LOEVNER INTERNATIONAL EQUITY PORTFOLIO INSTITUTIONAL CLASS #201 MISCELLANEOUS					
	830,019 10/18/21 SELL	30.2100	0	16,474,997	25,074,876	8,599,879

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		5% VALUE OF	NET GAIN OR (LOSS)
		EXPENSES	COST OF ASSET		
		BUYING PRICE	SELLING PRICE		
HN0023731 LONG GOVERNMENT CREDIT FUND LLC BROKER 5200 MISCELLANEOUS 2,737,555 03/17/22 BUY 647		14.0089	0	38,350,000	0
HN0023731 LONG GOVERNMENT CREDIT FUND LLC BROKER 5200 MISCELLANEOUS 697,274 03/17/22 BUY 648		14.0089	0	9,768,000	0
HN0023731 LONG GOVERNMENT CREDIT FUND LLC BROKER 5200 MISCELLANEOUS 2,506,273 03/17/22 BUY 651		14.0089	0	35,110,000	0
92206C722 VANGUARD RUSSELL 1000 INDEX FUND INSTITUTIONAL CLASS #1848 BROKER 5200 MISCELLANEOUS 138,846 10/18/21 SELL 318		404.3700	0	56,145,216	31,334,840
92206C722 VANGUARD RUSSELL 1000 INDEX FUND INSTITUTIONAL CLASS #1848 BROKER 5200 MISCELLANEOUS 112,093 11/04/21 BUY 332		421.0800	0	47,200,000	0
92206C722 VANGUARD RUSSELL 1000 INDEX FUND INSTITUTIONAL CLASS #1848 BROKER 5200 MISCELLANEOUS 112,497 01/26/22 SELL 352		384.5200	0	43,257,438	(4,111,754)
921937603 VANGUARD TOTAL BOND MARKET INDEX - ADMIRAL CLASS #584 BROKER 5200 MISCELLANEOUS 8,091,650 10/19/21 BUY 541		11.2100	0	90,707,391	0
921937603 VANGUARD TOTAL BOND MARKET INDEX - ADMIRAL CLASS #584 BROKER 5200 MISCELLANEOUS 8,891,182 03/16/22 SELL 633		10.5200	0	93,535,238	(5,853,692)

FD496
 SCHEDULE H (FORM 5500 - 4J-4)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 TRANSACTIONS WITH SAME PARTY

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 26336499
 JUNE 30, 2021
 JUNE 30, 2022

TEMPLE UNIVERSITY HEALTH SYSTEM
 INVESTMENT ROLLUP
 BASE CURRENCY: USD THROUGH

IDENTITY OF PARTY INVOLVED
 DESCRIPTION OF ASSET

BASED ON MARKET VALUE OF 159,407,369 5% VALUE OF 7,970,368

PURCHASE PRICE EXPENSES COST OF ASSET CURRENT VALUE NET GAIN OR (LOSS)

SELLING PRICE

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)				
BROKER 5200	MISCELLANEOUS									
057071854	BAIRD AGGREGATE BOND FUND- INSTITUTIONAL SHARES #72	1,437,740	10/18/21	SELL	539	11.4200	0	15,295,849	16,418,989	1,123,140
HN0022790	BLK MSCI WORLD IDX NON-LENDABLE FD									
1,445,565	01/27/22	BUY	379	31.5863	0	45,660,000	0	45,660,000	0	(699,513)
354,569	05/29/22	SELL	412	29.6134	0	11,199,513	0	10,500,000	10,500,000	699,513
(354,569)	05/29/22	RSELL	421	29.6134	0	(11,199,513)	0	(10,500,000)	10,500,000	(699,513)
354,569	05/29/22	RSELL	422	29.6134	0	11,199,513	0	10,500,000	10,500,000	(699,513)
956990AG0	CASH HELD AT OUTSIDE FUND									
47,200,000	10/19/21	BUY	335	100.0000	0	47,200,000	0	47,200,000	47,200,000	0
(47,200,000)	10/19/21	RBUY	336	100.0000	0	(47,200,000)	0	(47,200,000)	(47,200,000)	0
256206103	DODGE & COX INTERNATIONAL STOCK FUND #1048									
453,840	10/18/21	SELL	315	49.3000	0	18,770,706	0	18,770,706	22,374,297	3,603,591
277923264	EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE FUND CLASS I #208									
1,052,342	10/18/21	SELL	316	10.6400	0	10,319,197	0	10,319,197	11,196,924	877,727
412295107	HARDING LOEVNER INTERNATIONAL EQUITY PORTFOLIO INSTITUTIONAL CLASS #201									
830,019	10/18/21	SELL	317	30.2100	0	16,474,997	0	16,474,997	25,074,876	8,599,879
HN0023731	LONG GOVERNMENT CREDIT FUND LLC									
2,737,555	03/17/22	BUY	647	14.0089	0	38,350,000	0	38,350,000	38,350,000	0
697,274	03/17/22	BUY	648	14.0089	0	9,768,000	0	9,768,000	9,768,000	0
2,506,273	03/17/22	BUY	651	14.0089	0	35,110,000	0	35,110,000	35,110,000	0
92206C722	VANGUARD RUSSELL 1000 INDEX FUND INSTITUTIONAL CLASS #1848									
138,846	10/18/21	SELL	318	404.3700	0	24,810,376	0	24,810,376	56,145,216	31,334,840
112,093	11/04/21	BUY	332	421.0800	0	47,200,000	0	47,200,000	47,200,000	0
112,497	01/26/22	SELL	352	384.5200	0	47,369,193	0	47,369,193	43,257,438	(4,111,754)
921937603	VANGUARD TOTAL BOND MARKET INDEX - ADMIRAL CLASS #584									
8,091,650	10/19/21	BUY	541	11.2100	0	90,707,391	0	90,707,391	90,707,391	0
8,891,182	03/16/22	SELL	633	10.5200	0	99,388,930	0	99,388,930	93,535,238	(5,853,692)
057071854	BAIRD AGGREGATE BOND FUND- INSTITUTIONAL SHARES #72									
2,287	07/30/21	BUYNC	470	11.6000	0	26,528	0	26,528	26,528	0

THROUGH

BASED ON MARKET VALUE OF 159,407,369 5% VALUE OF 7,970,368
 PURCHASE PRICE EXPENSES COST OF ASSET CURRENT VALUE NET GAIN
 SELLING PRICE

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
92206722 VANGUARD RUSSELL 1000 INDEX FUND INSTITUTIONAL CLASS #1848	391.3799 418.2504	0 0	174,785 169,193	174,785 169,193	0 0
921937702 VANGUARD SHORT-TERM BOND INDEX CLASS ADM	10.8000 10.7800 10.7400 10.6900	0 0 0 0	3,653 3,414 3,314 3,684,637	3,653 3,414 3,314 3,789,005	0 0 0 104,368
921937603 VANGUARD TOTAL BOND MARKET INDEX - ADMIRAL CLASS #584	11.4300 11.3900 11.2700 11.2500 11.2700 11.2700 11.2100 11.1900 10.9000 10.9300 10.7900	0 0 0 0 0 0 0 0 0 0 0	7,204 7,196 6,918 62,872 1,000,000 151,145 147,433 155,788 2,500,000 154,438 150,158	7,204 7,196 6,918 62,872 1,000,000 151,145 147,433 155,788 2,500,000 154,438 150,158	0 0 0 0 0 0 0 0 0 0 0
33,880,481 BROKER TOTAL		0	568,919,938	608,454,390	39,534,453



April 14, 2025

By: *EFAST efile*

Internal Revenue Service
Ogden, UT 84201-0018

Re: Temple University Hospital Inc. Master Trust
Taxpayer ID 23-2825878
Form 5500 for Plan Year Ending 06-30-2022

To Whom it May Concern:

We are in receipt of your correspondence dated March 24, 2025 requesting additional information regarding the 2021 Form 5500 filing for the Temple University Hospital, Inc. Master Trust (the "Trust"). Effective June 30, 2022, Temple University Health System, Inc. merged its six defined benefit pension plans into one plan, the Temple University Health System, Inc. Consolidated Pension Plan (the "Plan"). Concurrently, the Trust was converted into a single plan trust and a final Form 5500 was filed on its behalf for the plan year ending June 30, 2022 (the "2021 Filing").

The 2021 Filing erroneously states that the Trust had outstanding assets totaling \$104,399,041. However, all assets in the Trust were reallocated to the single plan trust associated with the Plan. This is accurately reflected in the Plan's 2021 Form 5500 filing, which shows that the Plan had \$104,399,041 in assets for the plan year ending June 30, 2022. To correct this error, we have amended the attached 2021 Form 5500 filing for the Trust to accurately reflect that there were no assets in the Trust at the end of the plan year ending June 30, 2022.

Please let us know if you require any additional information.

Very truly yours,

A handwritten signature in cursive script that reads "Frederick P. Berger".

Frederick Berger
VP, Benefits and Retirement Administration
Temple University Health System, Inc.

Enclosures

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE	SELLING PRICE	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	5% VALUE OF	CURRENT VALUE	NET GAIN OR (LOSS)
VP4560000	ALLSPRING GOVERNMENT MONEY MARKET FUND			159,407,369			7,970,368		
BROKER 1	CASH SWEEP TRADES								
	40,004 07/01/21 B BUY	1.0000	40,004	0	0	40,004	40,004	40,004	0
	40,000 07/01/21 S SELL	1.0000	40,000	0	0	40,000	40,000	40,000	0
	458,561 07/01/21 S SELL	1.0000	458,561	0	0	458,561	458,561	458,561	0
	40,000 07/01/21 B BUY	1.0000	40,000	0	0	40,000	40,000	40,000	0
	11,104 07/01/21 S SELL	1.0000	11,104	0	0	11,104	11,104	11,104	0
	2,928,441 07/09/21 B BUY	1.0000	2,928,441	0	0	2,928,441	2,928,441	2,928,441	0
	18 08/02/21 B BUY	1.0000	18	0	0	18	18	18	0
	717,043 08/02/21 S SELL	1.0000	717,043	0	0	717,043	717,043	717,043	0
	0 08/02/21 B BUY	1.0000	0	0	0	0	0	0	0
	28,790 08/02/21 S SELL	1.0000	28,790	0	0	28,790	28,790	28,790	0
	19 09/01/21 B BUY	1.0000	19	0	0	19	19	19	0
	616,874 09/01/21 S SELL	1.0000	616,874	0	0	616,874	616,874	616,874	0
	0 09/01/21 B BUY	1.0000	0	0	0	0	0	0	0
	13 10/01/21 B BUY	1.0000	13	0	0	13	13	13	0
	628,534 10/01/21 S SELL	1.0000	628,534	0	0	628,534	628,534	628,534	0
	107 10/01/21 S SELL	1.0000	107	0	0	107	107	107	0
	23,995 10/04/21 S SELL	1.0000	23,995	0	0	23,995	23,995	23,995	0
	120,752,395 10/19/21 B BUY	1.0000	120,752,395	0	0	120,752,395	120,752,395	120,752,395	0
	121,694,444 10/19/21 S SELL	1.0000	121,694,444	0	0	121,694,444	121,694,444	121,694,444	0
	20,207,994 10/19/21 B BUY	1.0000	20,207,994	0	0	20,207,994	20,207,994	20,207,994	0
	1,916 10/19/21 B BUY	1.0000	1,916	0	0	1,916	1,916	1,916	0
	74,494,444 10/19/21 B BUY	1.0000	74,494,444	0	0	74,494,444	74,494,444	74,494,444	0
	90,707,391 10/20/21 S SELL	1.0000	90,707,391	0	0	90,707,391	90,707,391	90,707,391	0
	6 10/21/21 B BUY	1.0000	6	0	0	6	6	6	0
	18,992 10/21/21 S SELL	1.0000	18,992	0	0	18,992	18,992	18,992	0
	5 11/01/21 B BUY	1.0000	5	0	0	5	5	5	0
	39 11/01/21 B BUY	1.0000	39	0	0	39	39	39	0
	1,110,215 11/01/21 S SELL	1.0000	1,110,215	0	0	1,110,215	1,110,215	1,110,215	0
	47,200,000 11/04/21 B BUY	1.0000	47,200,000	0	0	47,200,000	47,200,000	47,200,000	0
	47,200,000 11/05/21 S SELL	1.0000	47,200,000	0	0	47,200,000	47,200,000	47,200,000	0
	1,000,000 11/05/21 S SELL	1.0000	1,000,000	0	0	1,000,000	1,000,000	1,000,000	0
	13 12/01/21 B BUY	1.0000	13	0	0	13	13	13	0
	16 12/01/21 B BUY	1.0000	16	0	0	16	16	16	0
	605,304 12/01/21 S SELL	1.0000	605,304	0	0	605,304	605,304	605,304	0
	5,705,568 01/03/22 B BUY	1.0000	5,705,568	0	0	5,705,568	5,705,568	5,705,568	0
	17 01/03/22 B BUY	1.0000	17	0	0	17	17	17	0
	1,013,594 01/03/22 S SELL	1.0000	1,013,594	0	0	1,013,594	1,013,594	1,013,594	0
	1,340,312 01/26/22 S SELL	1.0000	1,340,312	0	0	1,340,312	1,340,312	1,340,312	0
	2,500,000 01/26/22 B BUY	1.0000	2,500,000	0	0	2,500,000	2,500,000	2,500,000	0
	43,257,438 01/27/22 B BUY	1.0000	43,257,438	0	0	43,257,438	43,257,438	43,257,438	0
	45,660,000 01/27/22 S SELL	1.0000	45,660,000	0	0	45,660,000	45,660,000	45,660,000	0
	2,500,000 01/27/22 S SELL	1.0000	2,500,000	0	0	2,500,000	2,500,000	2,500,000	0
	6,223,673 01/28/22 B BUY	1.0000	6,223,673	0	0	6,223,673	6,223,673	6,223,673	0
	47 02/01/22 B BUY	1.0000	47	0	0	47	47	47	0
	882,006 02/01/22 S SELL	1.0000	882,006	0	0	882,006	882,006	882,006	0

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THROUGH

7,970,368

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	QUANTITY	DATE	TYPE	BUY/SELL	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	5% VALUE OF	CURRENT VALUE	NET GAIN OR (LOSS)
						PURCHASE PRICE					
						SELLING PRICE					
3	02/01/22	B	BUY	595		1.0000	0	3		3	0
7,304,431	02/24/22	S	SELL	366		1.0000	0	7,304,431		7,304,431	0
7,304,431	02/24/22	B	BUY	608		1.0000	0	7,304,431		7,304,431	0
46	03/01/22	B	BUY	368		1.0000	0	46		46	0
610	12/03/01/22	B	BUY	12		1.0000	0	12		12	0
609,646	03/01/22	S	SELL	612		1.0000	0	609,646		609,646	0
46	03/16/22	S	SELL	372		1.0000	0	46		46	0
46	03/16/22	B	BUY	623		1.0000	0	46		46	0
93,535,238	03/17/22	B	BUY	631		1.0000	0	93,535,238		93,535,238	0
98,800,000	03/17/22	S	SELL	632		1.0000	0	98,800,000		98,800,000	0
691,570	03/31/22	B	BUY	377		1.0000	0	691,570		691,570	0
3	04/01/22	B	BUY	383		1.0000	0	3		3	0
109	04/01/22	B	BUY	634		1.0000	0	109		109	0
823,724	04/01/22	S	SELL	636		1.0000	0	823,724		823,724	0
84,873	04/05/22	B	BUY	644		1.0000	0	84,873		84,873	0
311,803	05/02/22	S	SELL	397		1.0000	0	311,803		311,803	0
940,272	05/02/22	S	SELL	655		1.0000	0	940,272		940,272	0
103	05/03/22	B	BUY	399		1.0000	0	103		103	0
139	05/03/22	B	BUY	662		1.0000	0	139		139	0
14,502,000	05/27/22	B	BUY	663		1.0000	0	14,502,000		14,502,000	0
10,500,000	06/01/22	B	BUY	401		1.0000	0	10,500,000		10,500,000	0
9,744,901	06/01/22	S	SELL	403		1.0000	0	9,744,901		9,744,901	0
14,502,139	06/01/22	S	SELL	674		1.0000	0	14,502,139		14,502,139	0
173	06/02/22	B	BUY	405		1.0000	0	173		173	0
1,178	06/02/22	B	BUY	681		1.0000	0	1,178		1,178	0
10,430	06/03/22	S	SELL	406		1.0000	0	10,430		10,430	0
405,344	06/10/22	S	SELL	410		1.0000	0	405,344		405,344	0
212,372	06/21/22	S	SELL	413		1.0000	0	212,372		212,372	0
157,037	06/29/22	B	BUY	732		1.0000	0	157,037		157,037	0
64,316	06/30/22	B	BUY	739		1.0000	0	64,316		64,316	0
450,193,343				42	TOTAL BUYS		0	450,193,343		450,193,343	0
449,922,374				33	TOTAL SELLS		0	449,922,374		449,922,374	0
900,115,717					SECURITY TOTAL		0	900,115,717		900,115,717	0
057071854	BAIRD AGGREGATE BOND FUND- INSTITUTIONAL SHARES # 72										
BROKER 5200	MISCELLANEOUS										
2,287	07/30/21	B	BUYNC	470		11.6000	0	26,528		26,528	0
2,063	08/31/21	B	BUYNC	492		11.5300	0	23,782		23,782	0
2,184	09/30/21	B	BUY	528		11.5000	0	25,119		25,119	0
1,437,740	10/18/21	S	SELL	539		11.4200	0	15,295,849		16,418,989	1,123,140
6,534				3	TOTAL BUYS		0	75,429		75,429	0
1,437,740				1	TOTAL SELLS		0	15,295,849		16,418,989	1,123,140
1,444,274					SECURITY TOTAL		0	15,371,278		16,494,418	1,123,140

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF	PURCHASE PRICE	SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF	CURRENT VALUE	NET GAIN OR (LOSS)
HN0022790	BLK MSCI WORLD IDX NON-LENDABLE FD	159,407,369							7,970,368
BROKER 5200	MISCELLANEOUS								
	1, 445,565 01/27/22 B BUY		31.5863		0	45,660,000		45,660,000	0
	354,569 05/29/22 S SELL		29.6134		0	11,199,513		10,500,000	(699,513)
	(354,569) 05/29/22 S RSELL		29.6134		0	(11,199,513)		(10,500,000)	699,513
	354,569 05/29/22 S RSELL		29.6134		0	11,199,513		10,500,000	(699,513)
	1, 445,565 1 TOTAL BUYS				0	45,660,000		45,660,000	0
	354,569 1 TOTAL SELLS				0	11,199,513		10,500,000	(699,513)
	1,800,134 SECURITY TOTAL				0	56,859,513		56,160,000	(699,513)
256206103	DODGE & COX INTERNATIONAL STOCK FUND #1048								
BROKER 5200	MISCELLANEOUS								
	453,840 10/18/21 S SELL		49.3000		0	18,770,706		22,374,297	3,603,591
	453,840 1 TOTAL SELLS				0	18,770,706		22,374,297	3,603,591
	453,840 SECURITY TOTAL				0	18,770,706		22,374,297	3,603,591
277923264	EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE FUND CLASS I #208								
BROKER 5200	MISCELLANEOUS								
	1,052,342 10/18/21 S SELL		10.6400		0	10,319,197		11,196,924	877,727
	1,052,342 1 TOTAL SELLS				0	10,319,197		11,196,924	877,727
	1,052,342 SECURITY TOTAL				0	10,319,197		11,196,924	877,727
41295107	HARDING LOEVNER INTERNATIONAL EQUITY PORTFOLIO INSTITUTIONAL CLASS #201								
BROKER 5200	MISCELLANEOUS								
	830,019 10/18/21 S SELL		30.2100		0	16,474,997		25,074,876	8,599,879
	830,019 1 TOTAL SELLS				0	16,474,997		25,074,876	8,599,879
	830,019 SECURITY TOTAL				0	16,474,997		25,074,876	8,599,879
HN0023731	LONG GOVERNMENT CREDIT FUND LLC								
BROKER 5200	MISCELLANEOUS								
	2,737,555 03/17/22 B BUY		14.0089		0	38,350,000		38,350,000	0
	697,274 03/17/22 B BUY		14.0089		0	9,768,000		9,768,000	0
	411,169 03/17/22 B BUY		14.0089		0	5,760,000		5,760,000	0
	286,961 03/17/22 B BUY		14.0088		0	4,020,000		4,020,000	0
	506,273 03/17/22 B BUY		14.0089		0	35,110,000		35,110,000	0
	143,267 03/17/22 B BUY		14.0088		0	2,007,000		2,007,000	0
	561,433 05/25/22 S SELL		12.8528		0	7,865,024		7,216,000	(649,024)

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304,135	05/25/22 S SELL	12.8528	0	4,260,585	3,909,000	(351,585)
93,287	05/25/22 S SELL	12.8528	0	1,306,841	1,199,000	(107,841)
54,540	05/25/22 S SELL	12.8528	0	764,050	701,000	(63,050)
45,749	05/25/22 S SELL	12.8528	0	640,886	588,000	(52,886)
18,517	05/25/22 S SELL	12.8528	0	259,406	238,000	(21,406)
3,315	06/29/22 S SELL	12.3259	0	46,436	40,857	(5,579)
4,195	06/29/22 S SELL	12.3259	0	58,772	51,711	(7,061)
536	06/29/22 S SELL	12.3259	0	7,505	6,603	(902)
407	06/29/22 S SELL	12.3259	0	5,696	5,012	(684)
6,782,499	6 TOTAL BUYS		0	95,015,000	95,015,000	0
1,086,114	10 TOTAL SELLS		0	15,215,201	13,955,183	(1,260,018)
7,868,613	SECURITY TOTAL		0	110,230,201	108,970,183	(1,260,018)
92206722	VANGUARD RUSSELL 1000 INDEX FUND					
	INSTITUTIONAL CLASS #1848					
BROKER 5200	MISCELLANEOUS					
447	09/29/21 B BUYNC	391.3799	0	174,785	174,785	0
138,846	10/18/21 S SELL	404.3700	0	24,810,376	56,145,216	31,334,840
112,093	11/04/21 B BUY	421.0800	0	47,200,000	47,200,000	0
405	12/16/21 B BUYNC	418.2504	0	169,193	169,193	0
112,497	01/26/22 S SELL	384.5200	0	47,369,193	43,257,438	(4,111,754)
112,945	3 TOTAL BUYS		0	47,543,978	47,543,978	0
251,343	2 TOTAL SELLS		0	72,179,569	99,402,654	27,223,086
364,288	SECURITY TOTAL		0	119,723,547	146,946,632	27,223,086
921937603	VANGUARD TOTAL BOND MARKET INDEX -					
	ADMIRAL CLASS #584					
BROKER 5200	MISCELLANEOUS					
630	07/30/21 B BUYNC	11.4300	0	7,204	7,204	0
632	08/31/21 B BUYNC	11.3900	0	7,196	7,196	0
614	09/30/21 B BUY	11.2700	0	6,918	6,918	0
8,091,650	10/19/21 B BUY	11.2100	0	90,707,391	90,707,391	0
5,589	10/29/21 B BUY	11.2500	0	62,872	62,872	0
88,731	11/04/21 B BUY	11.2700	0	1,000,000	1,000,000	0
13,411	11/30/21 B BUY	11.2700	0	151,145	151,145	0
13,152	12/23/21 B BUYNC	11.2100	0	147,433	147,433	0
0	12/23/21 S RGAIN	.0000	0	0	147,433	147,433
BROKER 5200	MISCELLANEOUS					
13,922	12/31/21 B BUY	11.1900	0	155,788	155,788	0
229,358	01/26/22 B BUY	10.9000	0	2,500,000	2,500,000	0
14,130	01/31/22 B BUY	10.9300	0	154,438	154,438	0
13,916	02/28/22 B BUY	10.7900	0	150,158	150,158	0
8,891,182	03/16/22 S SELL	10.5200	0	99,388,930	93,535,238	(5,853,692)

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF	EXPENSES	COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE			CURRENT VALUE	
		SELLING PRICE				
12	TOTAL BUYS	0	95,050,543		95,050,543	0
2	TOTAL SELLS	0	99,388,930		93,682,671	(5,706,259)
	SECURITY TOTAL	0	194,439,473		188,733,214	(5,706,259)