

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
% JOSEPH P HEANEY
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
250 KING OF PRUSSIA RD 4TH FL

City or town, state or province, country, and ZIP or foreign postal code
RADNOR, PA 190875220

D Employer identification number
23-2729852

E Telephone number
(610) 902-1739

G Gross receipts \$ 159,266,097

F Name and address of principal officer
RONALD B BARG MD
250 KING OF PRUSSIA RD 4TH FL
RADNOR, PA 19087

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UPHS UPENN EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1993

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CLINICAL CARE ASSOCIATES SERVES TO FURTHER THE EDUCATIONAL AND CHARITABLE MISSIONS OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,060
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	140,061,500	145,475,283	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,556	1,607,283	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,528,419	12,183,531	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,681,475	159,266,097	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,722,965	100,924,944	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,755,625	48,630,466	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	142,478,590	149,555,410	
19 Revenue less expenses Subtract line 18 from line 12	2,202,885	9,710,687	
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	43,694,436	45,306,292
	21 Total liabilities (Part X, line 26)	134,312,950	135,356,607
22 Net assets or fund balances Subtract line 21 from line 20	-90,618,514	-90,050,315	

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: _____ Date: 2019-05-10
KEITH KASPER TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ANTONIO C RUSSO Preparer's signature: ANTONIO C RUSSO Date: _____
Check if self-employed PTIN: P00858539
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: _____
Firm's address: 2001 MARKET ST SUITE 1800 Phone no: (267) 330-3000
PHILADELPHIA, PA 19103

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CLINICAL CARE ASSOCIATES SERVES TO FURTHER THE EDUCATIONAL AND CHARITABLE MISSIONS OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 134,093,320 including grants of \$ 0) (Revenue \$ 157,658,814)
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 ▶ 134,093,320

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		No
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>		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>		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>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JOSEPH P HEANEY 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 (610) 902-1739).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(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			
(1) MICHAEL A ACKER MD BOARD MEMBER	1 0 54 0	X						0 1,706,530	60,420	
(2) RONALD B BARG MD EXECUTIVE DIRECTOR, EX OFFICIO	55 0 0 0	X		X				0 660,257	75,817	
(3) MICHAEL J DUNCAN BOARD MEMBER	1 0 54 0	X						0 861,287	113,921	
(4) JOSEPH P HEANEY CFO, ASST CONTROLLER & SECY	55 0 0 0	X		X				0 254,038	25,506	
(5) ELIZABETH B JOHNSTON BOARD MEMBER	1 0 54 0	X						0 1,108,974	134,142	
(6) KEITH KASPER CONTROLLER, BOARD MEMBER	1 0 54 0	X		X				0 1,282,274	176,358	
(7) THERESA M LARIVEE BOARD MEMBER	1 0 54 0	X						0 733,736	94,252	
(8) KEVIN B MAHONEY BOARD MEMBER, NETWORK EXEC	1 0 54 0	X		X				0 1,761,028	176,456	
(9) RALPH W MULLER CHAIR, EX OFFICIO	1 0 54 0	X		X				0 2,477,764	503,454	
(10) RICHARD A NEILL MD BOARD MEMBER- THRU 6/4/18	1 0 54 0	X						0 167,355	27,671	
(11) PHILIP A OKALA BOARD MEMBER	1 0 54 0	X						0 1,291,829	158,325	
(12) CHARLES F ORELLANA MD SR MEDICAL DIRECTOR, BOARD MBR	55 0 0 0	X		X				0 336,901	17,370	
(13) MICHAEL S PARMACEK MD BOARD MEMBER	1 0 54 0	X						0 1,008,311	79,297	
(14) PETER D QUINN MD EX OFFICIO BOARD MEMBER	1 0 54 0	X						0 1,571,946	43,073	
(15) STEVEN J RALSTON MD MPH BOARD MEMBER	1 0 54 0	X						0 564,217	38,753	
(16) MICHELE M VOLPE BOARD MEMBER	1 0 54 0	X						0 788,053	80,211	
(17) KRISTEN RAINEAR MD CARDIOLOGIST	55 0 0 0					X		795,268 0	25,149	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JITEN RANA MD CARDIOLOGIST	55 0 0 0					X		724,874	0	28,498
(19) JACK F QUINLAN MD CARDIOLOGIST	55 0 0 0					X		683,751	0	25,079
(20) GARY DORSHIMER MD INTERNIST	55 0 0 0					X		655,614	0	17,140
(21) JOSEPH D WACHSPRESS MD CARDIOLOGIST	55 0 0 0					X		564,701	0	22,084
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							3,424,208	16,574,500		1,922,976

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 ▶ 258			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PEMBROKE TOWNSHIP LP, STE 287 - 24 N BRYN MAWR AVE BRYN MAWR, PA 19010	PROP LEASE/MAINTENCE	748,465
WILLOWBROOK PARTNERS LP, STE 603 - 600 WILLOWBROOD LN WEST CHESTER, PA 19382	PROP LEASE/MAINTENCE	706,409
PHOENIXVILLE HOSPITAL LLC, 140 NUTT RD PHOENIXVILLE, PA 19460	MEDICAL SERVICES	329,369
601-605 W STATE ST LLC, 12 CHURCH RD MEDIA, PA 19063	PROP LEASE/MAINTENCE	328,605
ANCHOR CHESTER MOB LP, STE 209 - 1300 GRANT AVE WILMINGTON, DE 19806	PROP LEASE/MAINTENCE	312,710

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 ▶ 14	
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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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUES		900099	120,563,623	120,563,623		
	b NET SERVICE REVENUES		900099	5,334,118	5,334,118		
	c NET SUPPORT		900099	19,577,542	19,577,542		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			145,475,283				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			75,589		75,589	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	240,616	1,291,079			
		d Net gain or (loss)			1,531,694		1,531,694
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	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 OTHER OPERATING REVENUES	900099	11,471,142	11,471,142				
b THIRD PARTY SETTLEMENTS	900099	712,389	712,389				
c _____							
d All other revenue							
e Total. Add lines 11a-11d			12,183,531				
12 Total revenue. See Instructions			159,266,097	157,658,814	1,607,283		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	81,466,539	72,505,220	8,961,319	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	14,662,497	13,049,622	1,612,875	0
10 Payroll taxes.	4,795,908	4,268,358	527,550	0
11 Fees for services (non-employees):				
a Management.	22,304,718	19,851,199	2,453,519	0
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,178,664	1,049,011	129,653	
12 Advertising and promotion.	94,271	83,901	10,370	0
13 Office expenses.	2,175,801	1,936,463	239,338	0
14 Information technology.	117,845	104,882	12,963	0
15 Royalties.	0			
16 Occupancy.	4,258,457	3,790,027	468,430	0
17 Travel.	84,838	75,506	9,332	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	590,428	525,481	64,947	0
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,517,175	1,517,175	0	0
23 Insurance.	6,870,656	6,114,884	755,772	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	7,473,775	7,473,775	0	0
b REPAIRS & MAINTENANCE	1,017,922	905,951	111,971	0
c MISCELLANEOUS EXPENSES	444,706	395,788	48,918	0
d PARKING	259,844	231,261	28,583	0
e All other expenses	241,366	214,816	26,550	
25 Total functional expenses. Add lines 1 through 24e.	149,555,410	134,093,320	15,462,090	0
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	11,030	1	11,030
	2 Savings and temporary cash investments	348,058	2	347,249
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	4,112,973	4	6,270,030
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	7	0
	8 Inventories for sale or use	272,147	8	272,147
	9 Prepaid expenses and deferred charges	383,427	9	313,680
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 64,633,612		
	b Less accumulated depreciation	10b 29,230,370		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	295,947	12	195,947
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	2,434,884	15	2,492,967
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,694,436	16	45,306,292	
Liabilities	17 Accounts payable and accrued expenses	23,585,115	17	25,615,264
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to 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	0	23	0
	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	110,727,835	25	109,741,343
	26 Total liabilities. Add lines 17 through 25	134,312,950	26	135,356,607
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-90,618,514	27	-90,050,315
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	-90,618,514	33	-90,050,315
	34 Total liabilities and net assets/fund balances	43,694,436	34	45,306,292

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	159,266,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,555,410
3	Revenue less expenses Subtract line 2 from line 1	3	9,710,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-90,618,514
5	Net unrealized gains (losses) on investments	5	
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	-9,142,488
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-90,050,315

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2729852

Name: CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Form 990 (2017)

Form 990, Part III, Line 4a:

CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("CCA") IS PART OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("UPHS") IN KEEPING WITH ITS CHARITABLE PURPOSE, UPHS ACCEPTS PATIENTS IN SERIOUS NEED OF MEDICAL CARE REGARDLESS OF THEIR FINANCIAL STATUS UPHS MAINTAINS RECORDS TO IDENTIFY AND MONITOR LEVELS OF CHARITY CARE PROVIDED, INCLUDING THE AMOUNT OF PAYMENT FORGONE, BASED ON ESTABLISHED RATES, FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY UPHS ALSO PROVIDES CARE TO PATIENTS WHO DO NOT HAVE HEALTH INSURANCE OR MEET THE CRITERIA TO QUALIFY FOR ITS CHARITY CARE POLICY, AND CERTAIN AMOUNTS CHARGED FOR SUCH SERVICES ARE DEEMED TO BE UNCOLLECTIBLE UPHS WAS ESTABLISHED IN 1993 AS THE NATION'S FIRST INTEGRATED HEALTH SYSTEM CAPABLE OF PROVIDING MEDICAL CARE ACROSS THE RANGE OF HUMAN SICKNESSES WITHOUT BYPASSING PATIENT PREFERENCES REGARDING THE DEGREES AND KINDS OF DESIRED MEDICAL INTERVENTIONS UPHS INCLUDES THE PERELMAN SCHOOL OF MEDICINE, THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PRESBYTERIAN MEDICAL CENTER, PENNSYLVANIA HOSPITAL, PHOENIXVILLE HOSPITAL, A NUMBER OF PRIMARY AND SPECIALTY-CARE CLINICAL PRACTICES, AND CENTERS THAT PROVIDE END-OF-LIFE CARE SUCH AS LONG-TERM CARE AND HOSPICE CARE CCA IS ONE OF THE FOUR CLINICAL PRACTICE GROUPS AFFILIATED WITH UPHS CCA IS COMPRISED OF 40 CLINICAL PRACTICES CCA'S NETWORK OF PHYSICIANS INCLUDES PRIMARY CARE PROVIDERS, AS WELL AS SPECIALISTS IN AREAS SUCH AS OBSTETRICS/GYNECOLOGY, PEDIATRICS, AND INTERNAL MEDICINE CCA PRACTICES ACCEPT MEDICARE, MEDICAID, AND PROVIDE CARE WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY CCA PRACTICES FURTHER THE EDUCATIONAL AND CHARITABLE MISSIONS OF UPHS MEDICAL RESIDENTS, INTERNS, FELLOWS AND OTHER HEALTH CARE PROFESSIONALS AT THE PERELMAN SCHOOL OF MEDICINE OR OTHERWISE AFFILIATED WITH UPHS ROTATE THROUGH THE VARIOUS PRACTICES IN CCA TO FURTHER THEIR CLINICAL EDUCATION ACCORDING TO THE OFFICE OF MEDICAL EDUCATION, CCA PHYSICIANS PROVIDE EXTENSIVE AMOUNTS OF EDUCATION AND TRAINING EACH YEAR TO MEDICAL RESIDENTS, INTERNS, FELLOWS AND OTHER HEALTH-CARE PROFESSIONALS CCA PRACTICES ALSO PERFORM COMMUNITY OUTREACH SERVICES THESE PROGRAMS AIM TO EDUCATE PATIENTS ON PREVENTING AND MANAGING CHRONIC DISEASES SUCH AS ASTHMA SOME PRACTICES ALSO ORGANIZE HEALTH FAIRS AND HAVE THEIR PHYSICIANS AND STAFF AVAILABLE TO ANSWER HEALTH QUESTIONS THE PRACTICES ALSO SERVE TO CHANNEL PATIENTS TO THE VARIOUS EXEMPT HOSPITALS AND HEALTH CARE CENTERS WITHIN UPHS AND THEREBY FURTHER THE CHARITABLE AND EDUCATIONAL PURPOSES OF THESE ORGANIZATIONS

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number

23-2729852

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 _____

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First 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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
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	76,126,599	120,591,521	129,153,046	140,061,500	145,475,283	611,407,949
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	76,126,599	120,591,521	129,153,046	140,061,500	145,475,283	611,407,949
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						611,407,949

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	76,126,599	120,591,521	129,153,046	140,061,500	145,475,283	611,407,949
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,285	-15,073	-36	35,587	75,589	110,352
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	14,285	-15,073	-36	35,587	75,589	110,352
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,919,159	5,173,061	4,785,939	4,528,419	12,183,531	31,590,109
13 Total support. (Add lines 9, 10c, 11, and 12.)	81,060,043	125,749,509	133,938,949	144,625,506	157,734,403	643,108,410
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95.071%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.475%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.017%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.006%
19a 33 1/3% support tests—2017. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12	DETAIL OF OTHER INCOME LINE 12 INCLUDES MISCELLANEOUS OTHER REVENUES EARNED BY THE ORGANIZATION

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
23-2729852

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 8/17/06, 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 ► \$ _____

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| 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		5,584,189		5,584,189
b Buildings		35,667,024	8,780,088	26,886,936
c Leasehold improvements		9,875,778	8,840,524	1,035,254
d Equipment		10,212,039	9,272,176	939,863
e Other		3,294,582	2,337,582	957,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				35,403,242

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) OTHER ASSETS	299,915
(2) OTHER NONCURRENT ASSETS	2,193,052
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,492,967

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
DUE TO AFFILIATES	109,741,343
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	109,741,343

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: 23-2729852

Name: CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 1	DETAIL OF OTHER LIABILITIES THE DUE TO AFFILIATES ACCOUNT REPRESENTS AMOUNTS OWED BY THIS ORGANIZATION TO THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY"), A RELATED ORGANIZATION, BASED UPON THE UNIVERSITY'S CENTRAL TREASURY OFFICE MANAGING THE CASH BALANCES OF CERTAIN OF ITS AFFILIATES -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TEXT OF FIN 48 (ASC 740) FOOTNOTE THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE FIN 48 (ASC 740) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2018 FINANCIAL STATEMENTS OF THE UNIVERSITY THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
23-2729852

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<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									
<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									
<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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input 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	No								
	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
SCHEDULE J, PART I, LINE 3	TOP MANAGEMENT COMPENSATION AS PROVIDED IN THE FORM 990, SCHEDULE J INSTRUCTIONS, SINCE THE ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF THE METHODS DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THIS QUESTION HAS BEEN LEFT UNANSWERED REFER TO SCHEDULE O FOR A DESCRIPTION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS ----- -----
SCHEDULE J, PART I, LINE 4B	PARTICIPATION IN A SUPP NONQUALIFIED PLAN CERTAIN TRUSTEES, OFFICERS AND/OR KEY EMPLOYEES OF THIS ORGANIZATION ARE COMPENSATED BY A RELATED ORGANIZATION, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("HEALTH SYSTEM") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE CONTRIBUTIONS ARE MADE VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 65, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE") CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE FULLY VESTED WHEN MADE UPON REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE BALANCE IN THEIR ACCOUNTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE UNIVERSITY/HEALTH SYSTEM SERP PLAN DURING THE YEAR ACKER, MICHAEL A , MD- NO DISTRIBUTION BARG, RONALD - \$50,778 DUNCAN, MICHAEL J - \$96,484 JOHNSTON, ELIZABETH B - \$137,138 KASPER, KEITH - \$141,829 LARIVEE, THERESA- \$57,718 MAHONEY, KEVIN B - \$167,904 MULLER, RALPH W - NO DISTRIBUTION OKALA, PHILIP A - \$85,506 QUINN, PETER D , MD- NO DISTRIBUTION VOLPE, MICHELE - \$68,305 THE HEALTH SYSTEM ALSO MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DESIGNED FOR SENIOR FACULTY OF THE SCHOOL OF MEDICINE OF THE UNIVERSITY, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE UNIVERSITY WHEN THE CONTRIBUTIONS ARE MADE (THE "MED SERP") VESTING IN THE MED SERP OCCURS AFTER EVERY TEN YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 60, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE") CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 60 (WITH 2 OR MORE YEARS OF PARTICIPATION) WILL BE FULLY VESTED WHEN MADE UPON REACHING A VESTING DATE, TAXES OWED WILL BE WITHDRAWN FROM THE PLAN, AND THE REMAINING AFTER-TAX BALANCE WILL REMAIN IN THE PLAN PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION THE SUMMER AFTER THE YEAR IN WHICH THEY TERMINATE EMPLOYMENT, AT WHICH TIME ANY EARNINGS NOT YET TAXED WILL BE TREATED AS TAXABLE INCOME PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE NON-VESTED BALANCE IN THEIR ACCOUNTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE MED SERP PLAN DURING THE YEAR ACKER, MICHAEL A - \$24,418 PARMACEK, MICHAEL S MD- NO DISTRIBUTION QUINN, PETER D , MD- NO DISTRIBUTION -----
SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS CLINICAL CARE ASSOCIATES PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE COMPENSATION COMMITTEE THROUGH THE PROCESS DISCRIBED IN FORM 990, PART VI, SECITON B, LINE 15

Additional Data

Software ID:

Software Version:

EIN: 23-2729852

Name: CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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				
1MICHAEL A ACKER MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,090,861	111,301	504,368	34,521	25,899	1,766,950	24,418
1RONALD B BARG MD EXECUTIVE DIRECTOR, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	406,810	178,332	75,115	57,901	17,916	736,074	50,778
2MICHAEL J DUNCAN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	663,070	81,153	117,064	95,850	18,071	975,208	96,484
3JOSEPH P HEANEY CFO, ASST CONTROLLER & SECRY	(i)	0	0	0	0	0	0	0
	(ii)	195,894	57,741	403	0	25,506	279,544	0
4ELIZABETH B JOHNSTON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	642,387	298,729	167,858	124,601	9,541	1,243,116	137,138
5KEITH KASPER CONTROLLER, BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	746,155	353,631	182,488	147,501	28,857	1,458,632	141,829
6THERESA M LARIVEE BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	447,031	209,062	77,643	65,401	28,851	827,988	57,718
7KEVIN B MAHONEY BOARD MEMBER, NETWORK EXEC	(i)	0	0	0	0	0	0	0
	(ii)	1,141,636	406,298	213,094	158,001	18,455	1,937,484	167,904
8RALPH W MULLER CHAIR, EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,659,654	784,318	33,792	490,715	12,739	2,981,218	0
9RICHARD A NEILL MD BOARD MEMBER- THRU 6/4/18	(i)	0	0	0	0	0	0	0
	(ii)	158,620	0	8,735	15,086	12,585	195,026	0
10PHILIP A OKALA BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	826,182	359,331	106,316	132,801	25,524	1,450,154	85,506
11CHARLES F ORELLANA MD SR MEDICAL DIRECTOR, BOARD MBR	(i)	0	0	0	0	0	0	0
	(ii)	251,860	72,949	12,092	0	17,370	354,271	0
12MICHAEL S PARMACEK MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	323,195	293,514	391,602	34,521	44,776	1,087,608	0
13PETER D QUINN MD EX OFFICIO BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	934,772	627,179	9,995	24,300	18,773	1,615,019	0
14STEVEN J RALSTON MD MPH BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	334,243	0	229,974	24,300	14,453	602,970	0
15MICHELE M VOLPE BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	474,904	213,906	99,243	69,451	10,760	868,264	68,305
16KRISTEN RAINEAR MD CARDIOLOGIST	(i)	735,824	38,820	20,624	0	25,149	820,417	0
	(ii)	0	0	0	0	0	0	0
17JITEN RANA MD CARDIOLOGIST	(i)	648,870	57,240	18,764	0	28,498	753,372	0
	(ii)	0	0	0	0	0	0	0
18JACK F QUINLAN MD CARDIOLOGIST	(i)	630,276	38,540	14,935	0	25,079	708,830	0
	(ii)	0	0	0	0	0	0	0
19GARY DORSHIMER MD INTERNIST	(i)	538,000	92,798	24,816	0	17,140	672,754	0
	(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				
21 JOSEPH D WACHSPRESS MD CARDIOLOGIST	(i)	514,322	35,080	15,299	0	22,084	586,785	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number

23-2729852

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	FORMS 1099 THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("TRUSTEES") THE FORMS 1099 DISTRIBUTED AS PART OF THIS ENTITY'S ACTIVITIES ARE DONE SO THROUGH THE UNIVERSITY HEALTH SYSTEM AND CONSOLIDATED WITH THE TRUSTEES ----- -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION A DRAFT COPY OF THE 2017 FORM 990 WAS REVIEWED BY VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS BEFORE IT WAS SUBMITTED TO THE BOARD FOR THEIR REVIEW A COPY OF THE FINAL 2017 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 12C	<p>CONFLICT OF INTEREST POLICY THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") EACH COVERED PERSON* ANNUALLY SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE PROVIDED BY THE UNIVERSITY AND SHALL UPDATE SUCH QUESTIONNAIRE PROMPTLY AS NECESSARY TO REFLECT CHANGES DURING THE COURSE OF THE YEAR FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI ARE ENCOURAGED BUT NOT REQUIRED TO COMPLETE THE QUESTIONNAIRE DURING THE FIVE-YEAR PERIOD FOLLOWING COMPLETION OF THEIR TERMS COMPLETED QUESTIONNAIRES SHALL BE RETURNED TO THE OFFICE OF THE SECRETARY AND SHALL BE SUBJECT TO REVIEW BY SUCH OFFICE AND THE OFFICE OF THE GENERAL COUNSEL, AS WELL AS BY ANY OUTSIDE LEGAL COUNSEL AND/OR AUDITORS WHO MAY BE APPOINTED TO ADVISE THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES APPOINTED TO OVERSEE THIS POLICY COMPLETED QUESTIONNAIRES ALSO SHALL BE AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER *COVERED PERSONS INCLUDE (1) VOTING MEMBERS OF THE BOARD OF TRUSTEES (INCLUDING CHARTER TRUSTEES, TERM TRUSTEES, ALUMNI TRUSTEES, AND COMMONWEALTH TRUSTEES), (2) TRUSTEE EMERITI WHO HAVE SERVED IN THAT CAPACITY FOR FIVE YEARS OR LESS, (3) OTHER FORMER VOTING TRUSTEES FOR A PERIOD OF FIVE YEARS FROM THE END OF THEIR TERM AS SUCH, (4) OFFICERS AS DEFINED IN THE STATUTES, AND (5) MEMBERS OF THE INVESTMENT BOARD EACH COVERED PERSON (EXCEPT FORMER BOARD MEMBERS WHO ARE NOT TRUSTEE EMERITI) SHALL BE REQUIRED TO ACKNOWLEDGE, NOT LESS THAN ANNUALLY, THAT HE OR SHE HAS READ AND IS IN COMPLIANCE WITH THIS POLICY -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") COMPENSATION ARRANGEMENTS INVOLVING ANY OF OUR OFFICERS AND /OR KEY EMPLOYEES ARE ESTABLISHED BY THE UNIVERSITY PURSUANT TO A PROCESS THAT SATISFIES THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR SECTION 4958 EXCESS BENEFIT TRANSACTION TAX PURPOSES (WHICH REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, USE OF APPROPRIATE COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS) -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABILITY TO PUBLIC OUR FORMS 1023 AND 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS NET ALLOCATION TO CCA OF NJ \$(9,226,425) OTHER CHANGES IN NET ASSETS 83,937 ----- TOTAL \$(9,155,784) -----

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number

23-2729852

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

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.

(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
See Additional Data Table									

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLINICAL HEALTHCARE ASSOCIATES OF NJ PC	J,N,O	9,226,425	FMV

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 23-2729852

Name: CLINICAL CARE ASSOCIATES OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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
1086 PENLLYN BLUE BELL PIKE BLUE BELL, PA 19422 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA		No
C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(c)(3)	12, II	PA HOSPITAL		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES		No
306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147	FUNDRAISING	PA	501(C)(3)	12, I	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1365353	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1525 W WT HARRIS BLVD CHARLOTTE, NC 28262 23-6210940	SUPPORT TRUST	PA	501(C)(3)	12, III-FI	NA		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-1986931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3609 CHESTNUT STREET PHILADELPHIA, PA 19104 23-2422635	HEALTHCARE	PA	501(c)(3)	3	PMC		No
30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	NA		No
210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES		No
850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL		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
800 SPRUCE STREET PHILADELPHIA, PA 19107 31-1538725	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		No
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501(c)(3)	12, I	NA		No
3001 MARKET STREET 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573	SUPPORT ORG	PA	501(c)(3)	12, I	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501(c)(3)	9	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501(c)(3)	12, I	PMC		No
3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325	EDU SUPPORT	PA	501(c)(3)	12, I	NA		No
1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464	BUS TRUST	PA	501(c)(3)	8	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		No
217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	4	LG HEALTH		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868	SUPPORT ORG	PA	501(C)(3)	10	NA		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508	FAC CLUB	PA	501(c)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744	BENEFITS	PA	501(c)(3)	12, I	TRUSTEES		No
150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662	HOSPICE CARE	PA	501(c)(3)	10	TRUSTEES		No
700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956	HEALTHCARE	PA	501(c)(3)	3	PA HOSPITAL		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
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	SUPPORT ORG	NJ	501(C)(3)	12, I	TRUSTEES		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HEALTHCARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HEALTHCARE	NJ	501(C)(3)	10	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 21-0635009	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		No

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
BARGE GANSE VENACARE BUS TRUST 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017	HEALTHCARE	PA	LGSBT	TRUST					No
CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 190875220 23-2865181	PHYS MGMT	PA	CCA	C-CORP	-3,180,518	131,392,541	100 000 %	Yes	
DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP					No
FRANKLIN CASUALTY INSURANCE CO PO BOX 350 BURLINGTON, VT 054020530 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
LANCASTER GENERAL SERVICES INC AND SUB 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128	PROPERTY SVCS	PA	LG HEALTH	TRUST					No
NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST, BEIJING 100004 CH	BUS CONSULTING	CH	UPENN INT'L	C-CORP					No
PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991	HEALTHCARE	PA	PMC	C-CORP					No
UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 191046228 23-3076589	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No
QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST ROOM 329 PHILADELPHIA, PA 19104 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
THE PAM 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KYI-1102 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
TURK'S HEAD HEALTH SERVICES 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SRVCS	PA	CCH&HS	C-CORP					No
LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	TRUST	PA	LG HEALTH	TRUST					No
PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					No

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
PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899	INACTIVE	NJ	PHCS HOLDING	C-CORP					No
ACRM 1740 FUND LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No