

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

**C** Name of organization  
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM  
% ANTHONY ZUMPANO  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
51 NORTH 39TH STREET

City or town, state or province, country, and ZIP or foreign postal code  
PHILADELPHIA, PA 191042640

**D** Employer identification number  
23-2810852

**E** Telephone number  
(215) 662-4868

**G** Gross receipts \$ 973,479,342

**F** Name and address of principal officer:  
MICHELE VOLPE  
3001 MARKET STREET STE 320  
PHILADELPHIA, PA 19104

**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.pennmedicine.org](http://www.pennmedicine.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1995

**M** State of legal domicile: PA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
PROVISION OF CHARITABLE HEALTHCARE SERVICES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3,623
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year		Current Year	
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,897,831		6,306,298	
<b>9</b> Program service revenue (Part VIII, line 2g)	855,215,652		885,155,752	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,202,878		8,083,105	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,261,427		73,934,187	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	880,172,032		973,479,342	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0		0	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	352,574,457		393,612,166	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶196,284				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	477,743,988		513,017,277	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	830,318,445		906,629,443	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	49,853,587		66,849,899	
	Beginning of Current Year		End of Year	
	<b>20</b> Total assets (Part X, line 16)	724,452,524		812,689,177
<b>21</b> Total liabilities (Part X, line 26)	284,266,225		294,631,027	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	440,186,299		518,058,150	

## 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: MICHELE M VOLPE CEO  
Date: 2021-05-04  
Type or print name and title

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

**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:

PROVISION OF CHARITABLE HEALTHCARE SERVICES.

**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 \$ 833,162,380 including grants of \$ 0 ) (Revenue \$ 951,833,539 )  
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 ▶ 833,162,380

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

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

		Yes	No
<b>22</b>	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
<b>23</b>	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	
<b>24a</b>	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> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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
<b>33</b>	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> . . . . .	Yes	
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

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



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (4), 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

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANTHONY ZUMPANO 3001 MARKET ST SUITE 320 PHILADELPHIA, PA 191042640 (215) 662-8810

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN B MAHONEY EX-OFFICIO MEMBER	1.0 54.0	X						0 1,770,889	207,844	
(2) PHILIP A OKALA EX-OFFICIO MEMBER	1.0 54.0	X						0 1,588,534	193,693	
(3) KEITH KASPER CONTROLLER; EX-OFFICIO MEMBER	1.0 54.0	X		X				0 1,451,035	188,855	
(4) MICHELE M VOLPE CEO; EX-OFFICIO MEMBER	1.0 54.0	X		X				0 906,164	11,053	
(5) JACK ENDE MD BOARD MEMBER	1.0 54.0	X						0 425,599	45,618	
(6) ANTHONY ZUMPANO ASST. CONTROLLER & SECRETARY	51.0 4.0	X		X			383,069	0	19,072	
(7) JAMES BALLINGHOFF RN MSN MBA BOARD MEMBER; CNO	55.0 0.0	X		X			392,094	0	4,226	
(8) KIMBERLY A DEPPERT ASSOC. EXEC. DIR. CARD SRVCS	55.0 0.0					X	298,975	0	11,986	
(9) JOHN CHUNG MD PHYSICIAN HOSPITALIST	55.0 0.0					X	256,410	0	25,792	
(10) S SIU MD PHYSICIAN ADVISOR	55.0 0.0					X	269,935	0	0	
(11) MARGORIE MICHELE CHIEF HR OFFICER	53.0 2.0					X	237,419	0	30,779	
(12) GEORGE IYOOB CLINICAL DIRECTOR	55.0 0.0					X	240,680	0	0	
(13) RICHARD J COHEN PHD FACHE CHAIRPERSON	1.0 0.0	X		X			0	0	0	
(14) ANN CONLIN BOARD MEMBER	1.0 0.0	X					0	0	0	
(15) CLARE D'AGOSTINO ESQ BOARD MEMBER	1.0 0.0	X					0	0	0	
(16) REV DR WILLIAM J SHAW BOARD MEMBER	1.0 0.0	X					0	0	0	





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 12,377			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 6,293,921			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,306,298		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUES		621110	775,082,896	775,082,896		
<b>b</b> MEDICAL SUPPLIES/DRUG SALES		900099	110,072,856	110,072,856		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .			885,155,752			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		118,816			118,816		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0					
	<b>5</b> Royalties . . . . .		0					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	7,256,400				
			(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	7,256,400	0			
	<b>d</b> Net rental income or (loss) . . . . .			7,256,400			7,256,400	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	-496,012	8,460,301			
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-496,012	8,460,301			
	<b>d</b> Net gain or (loss) . . . . .			7,964,289			7,964,289	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					0	
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				0
			<b>c</b> Net income or (loss) from fundraising events . . . . .					0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					0	
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				0
			<b>c</b> Net income or (loss) from gaming activities . . . . .					0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					0	
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>				0	
<b>c</b> Net income or (loss) from sales of inventory . . . . .							0	
Miscellaneous Revenue		Business Code						
<b>11a</b> MISCELLANEOUS REVENUES		900099	64,911,593	64,911,593				
<b>b</b> CAFATERIA REVENUES		900099	1,766,194	1,766,194				
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			66,677,787					
<b>12 Total revenue.</b> See instructions . . . . .			973,479,342	951,833,539		15,339,505		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,044,510	929,092	115,418	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	300,657,674	267,435,001	33,072,344	150,329
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	79,570,649	70,778,093	8,752,771	39,785
<b>10</b> Payroll taxes . . . . .	12,339,333	10,975,836	1,357,327	6,170
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	144,645,156	127,287,737	17,357,419	
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,287,621	20,493,106	2,794,515	
<b>12</b> Advertising and promotion . . . . .	13,169	11,589	1,580	
<b>13</b> Office expenses . . . . .	11,766,997	10,354,957	1,412,040	
<b>14</b> Information technology . . . . .	657,830	578,890	78,940	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	14,060,941	12,373,628	1,687,313	
<b>17</b> Travel . . . . .	163,280	143,686	19,594	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	-27,578	-24,269	-3,309	
<b>20</b> Interest . . . . .	5,845,811	5,144,314	701,497	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	27,880,812	27,880,812		
<b>23</b> Insurance . . . . .	4,960,607	4,365,334	595,273	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	235,362,135	235,362,135		
<b>b</b> TAXES & ASSESSMENTS	26,917,176	23,687,115	3,230,061	
<b>c</b> REPAIRS AND MAINTENANCE	10,731,522	9,443,739	1,287,783	
<b>d</b> DUES & LICENSES	501,122	440,987	60,135	
<b>e</b> All other expenses	6,250,676	5,500,598	750,078	
<b>25</b> Total functional expenses. Add lines 1 through 24e	906,629,443	833,162,380	73,270,779	196,284
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,110	<b>1</b>	24,156
	<b>2</b> Savings and temporary cash investments . . . . .	-10,864,957	<b>2</b>	6,461,001
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	108,819,715	<b>4</b>	124,137,705
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	12,295,639	<b>8</b>	13,310,121
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,366,522	<b>9</b>	11,478,540
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 685,751,969		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 318,593,754	402,316,568	<b>10c</b> 367,158,215
	<b>11</b> Investments—publicly traded securities . . . . .	157,055,741	<b>11</b>	157,029,965
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	46,453,186	<b>15</b>	133,089,474
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	724,452,524	<b>16</b>	812,689,177	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,741,628	<b>17</b>	49,931,904
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,166,667	<b>19</b>	1,166,667
	<b>20</b> Tax-exempt bond liabilities . . . . .	189,871,257	<b>20</b>	105,461,542
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	50,486,673	<b>25</b>	138,070,914
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	284,266,225	<b>26</b>	294,631,027
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	283,725,300	<b>27</b>	361,151,382
	<b>28</b> Net assets with donor restrictions . . . . .	156,460,999	<b>28</b>	156,906,768
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	440,186,299	<b>32</b>	518,058,150	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	724,452,524	<b>33</b>	812,689,177	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	973,479,342
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	906,629,443
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	66,849,899
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	440,186,299
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	11,021,952
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	518,058,150

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2810852

**Name:** PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

Form 990 (2019)

---

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

---

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

**Employer identification number**  
23-2810852

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2810852

**Name:** PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

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

**Facts And Circumstances Test**

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

**Employer identification number**  
23-2810852

**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 . . . . .	468	
2 Aggregate value of contributions to (during year)	523,472	
3 Aggregate value of grants from (during year)	330,209	
4 Aggregate value at end of year . . . . .	46,109,329	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	137,910,872	136,193,580	126,951,963	116,592,465	123,820,878
<b>b</b> Contributions . . . . .	3,896	750,547	6,330	192,846	0
<b>c</b> Net investment earnings, gains, and losses	4,166,132	6,488,517	14,920,855	15,750,468	-1,714,766
<b>d</b> Grants or scholarships . . . . .	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs . . . . .	6,289,409	5,521,772	5,685,568	5,583,816	4,746,323
<b>f</b> Administrative expenses . . . . .	0	0	0	0	767,324
<b>g</b> End of year balance . . . . .	135,791,491	137,910,872	136,193,580	126,951,963	116,592,465

**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 ▶ 100.000 %
- 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	Yes	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

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

**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
<b>1a</b> Land . . . . .		4,788,853		4,788,853
<b>b</b> Buildings . . . . .		383,379,683	160,840,200	222,539,483
<b>c</b> Leasehold improvements		1,669,813	1,669,013	800
<b>d</b> Equipment . . . . .		214,049,857	156,084,541	57,965,316
<b>e</b> Other . . . . .		81,863,763	0	81,863,763
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				367,158,215

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) GOODWILL	24,887,819
(2) BOND FINANCING COSTS	623,947
(3) MERGER FINANCING COSTS	1,473,467
(4) OTHER NON-CURRENT ASSETS	106,104,241
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	133,089,474

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) THIRD PARTY SETTLEMENTS	108,184,384
(3) FIN 47 ASSET RETIREMENT	4,038,687
(4) DUE TO AFFILIATE	25,848,481
(5) POST-RETIREMENT BENEFITS LIABILITY	-638
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	138,070,914

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

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

**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	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2810852

**Name:** PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	USE OF ENDOWMENT FUNDS ALL ENDOWMENT FUNDS ARE USED FOR A VARIETY OF PURPOSES IN FURTHERAN CE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSES. -----

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 1	DETAIL OF OTHER LIABILITIES THE DUE TO AFFILIATE ACCOUNT REPRESENTS AMOUNTS OWED BY THIS ORGANIZATION TO THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("PENN"), A RELATED ORGANIZATION, BASED UPON PENN'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, 2020 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 STATEMENTS.

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

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

**Employer identification number**  
 23-2810852

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .		No
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			2,619,063	0	2,619,063	0.290 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			142,675,790	117,240,648	25,435,142	2.810 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			145,294,853	117,240,648	28,054,205	3.100 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4).						
<b>f</b> Health professions education (from Worksheet 5) . . . . .			22,793,927	8,737,723	14,056,204	1.550 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			22,793,927	8,737,723	14,056,204	1.550 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			168,088,780	125,978,371	42,110,409	4.650 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	22,514,410
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	13,700,647
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	171,791,686
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	176,983,909
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-5,192,223
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	Yes

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 PENN PRESBYTERIAN MEDICAL CTR

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCH H, PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SCH H, PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

PENN PRESBYTERIAN MEDICAL CTR

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____ % and FPG family income limit for eligibility for discounted care of 300. _____ %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SCH H, PART V, SECT. C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SCH H, PART V, SECT. C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SCH H, PART V, SECT. C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

PENN PRESBYTERIAN MEDICAL CTR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
-----------	---	----	-----

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

PENN PRESBYTERIAN MEDICAL CTR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
<b>1</b> PENN CENTER FOR REHABILITATION & CARE 3609 CHESTNUT STREET PHILADELPHIA, PA 191042612	SKILLED NURSING FACILITY
<b>2</b> PENN MEDICINE AT CHERRY HILL 1865 E ROUTE 70 2ND FLOOR CHERRY HILL, NJ 08034	OUTPATIENT FACILITY
<b>3</b> PENN CARDIOLOGY - WILLINGBORO 200 CAMPBELL DRIVE SUITE 115 WILLINGBORO, NJ 08046	OUTPATIENT FACILITY
<b>4</b> PENN CARDIOLOGY CAPE MAY 211 S MAIN STREET SUITE 205 CAPE MAY COURTHOUSE, NJ 08210	OUTPATIENT FACILITY
<b>5</b> PENN CARDIOLOGY - PPMC 39TH AND MARKET STREET - SUITE 400 PHILADELPHIA, PA 19104	OUTPATIENT FACILITY
<b>6</b> PENN CARDIOLOGY MAYFAIR 7133 ROOSEVELT BLVD PHILADELPHIA, PA 19149	OUTPATIENT FACILITY
<b>7</b> PENN CARDIOLOGY - MEDIA 605 W STATE STREET MEDIA, PA 19063	OUTPATIENT FACILITY
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7 (BAD DEBT EXPENSE, COSTING METHODOLOGY USED)	CONSISTENT WITH PRIOR YEAR, DUE TO THE ADOPTION OF ACCOUNTING PRONOUNCEMENT ASC 606, IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE. THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990, SCHEDULE H INSTRUCTIONS. -----

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II (DETAIL OF COMMUNITY BUILDING ACTIVITIES)	DETAILS REGARDING THE VARIOUS COMMUNITY BUILDING ACTIVITIES CONDUCTED BY THE ORGANIZATION IS INCLUDED IN OUR RESPONSE TO FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS. -----



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2 (IMPLICIT PRICE CONCESSIONS/BAD DEBT EXPENSE)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER ACCOUNTING PRONOUNCEMENT ASC 606). ----- ----- PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY) THIS ORGANIZATION IS A PART OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("UPHS"). UPHS UTILIZES A THIRD-PARTY VENDOR TO POPULATE THE NUMBER OF INDIVIDUALS WITHIN EACH HOUSEHOLD AND THE MEAN HOUSEHOLD INCOME BASED ON THE ACCOUNT ADDRESS. UPHS ESTIMATES THE AMOUNT OF BAD DEBTS (IMPLICIT PRICE CONCESSIONS) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ITS FINANCIAL ASSISTANCE POLICY BASED UPON 300% OF THE FEDERAL POVERTY GUIDELINES. ----- PART III, SECTION A, LINE 4 (IMPLICIT PRICE CONCESSION FOOTNOTE) THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE DISCLOSURE CAN BE FOUND ON PAGE 10 OF THE ELECTRONICALLY ATTACHED CONSOLIDATED FINANCIAL STATEMENTS FOR THE UNIVERSITY OF PENNSYLVANIA. ----- -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO. CONSISTENT WITH THE CHARTIABLE HEALTHCARE MISSION OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (UPHS) AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, UPHS PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT UPHS. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY UPHS TO PROVIDE SUCH SERVICES. -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B (COLLECTION PRACTICES)	THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM PROVIDES URGENT/EMERGENT MEDICAL SERVICES WITHOUT REGARD TO ABILITY TO PAY. WHEN IT HAS BEEN DETERMINED THAT A PATIENT IS NOT ELIGIBLE FOR COVERAGE BY EXTERNAL SOURCES OF FUNDING, FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR BOTH THE UNINSURED AND UNDERINSURED, THE INDIGENT, HARDSHIP AND MEDICALLY INDIGENT AND MAY BE APPROVED AS EITHER FULL OR PARTIAL FREE CARE. PATIENTS WHO DO NOT COOPERATE WITH THE FINANCIAL COUNSELING PROCESS OR WHOSE APPLICATION FOR FINANCIAL ASSISTANCE IS DENIED BY THE HEALTH SYSTEM MAY BE PURSUED BY COLLECTION EFFORTS, INCLUDING REFERRAL TO AN OUTSIDE COLLECTION AGENCY OR ATTORNEY AS DETERMINED BY OUR PATIENT ACCOUNTING DEPARTMENT. -----

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	<p>THE MISSION OF UPHS IS TO PROVIDE THE MOST ADVANCED AND HIGHEST QUALITY PATIENT CARE POSSIBLE; TO PROVIDE A RICH AND DIVERSE EDUCATIONAL ENVIRONMENT FOR STUDENTS AND TRAINEES; AND TO SUPPORT CLINICAL RESEARCH THAT PUSHES THE BOUNDARIES OF CURRENT HUMAN KNOWLEDGE. TO THE SE ENDS, UPHS IS AN ACTIVE PARTICIPANT IN THE WEST PHILADELPHIA NEIGHBORHOOD THAT IS OUR H OME. ON ANY GIVEN DAY, UPHS PHYSICIANS, NURSES, MEDICAL STUDENTS, AND VOLUNTEERS ARE OUT I N THE COMMUNITY SHARING THEIR SKILLS, THEIR TALENTS AND MOST IMPORTANTLY, THEMSELVES FOR T HE BETTERMENT OF THE COMMUNITY. - HOW UPHS IDENTIFIES AND TAKES ACTION TO ADDRESS RACIAL, ETHNIC, AND GENDER DISPARITIES IN MEDICAL CARE EVERY DAY IN OUR NEIGHBORHOOD CLINICS, IN O UR EMERGENCY ROOM AND PHYSICIANS' OFFICES WE SEE THE EFFECTS OF RACIAL, ETHNIC, AND GENDER DISPARITIES IN HEALTH CARE. IN KEEPING WITH OUR CHARITABLE PURPOSE, UPHS ACCEPTS PATIENTS IN NEED OF URGENT MEDICAL CARE REGARDLESS OF THEIR FINANCIAL STATUS OR ANY OTHER SOCIO-EC ONOMIC FACTORS. AS THE MAIN PROVIDER IN A SERVICE AREA THAT INCLUDES A NUMBER OF ECONOMICALLY-CHALLENGED NEIGHBORHOODS, UPHS PROVIDES CARE TO MANY PATIENTS WHO DO NOT HAVE HEALTH I NSURANCE PROVIDING MORE THAN \$100 MILLION IN CHARITY AND UNDERFUNDED CARE EACH YEAR. IN PA RTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND OTHER AREA INSTITUTIONS, UPHS SEEKS TO ID ENTIFY AND ADDRESS RACIAL, ETHNIC, AND GENDER DISPARITIES THROUGH SUPPORT FOR PROGRAMS INC LUDING, BUT NOT LIMITED TO: &gt; PUENTES DE SALUD - A WEEKLY FREE CLINIC THAT SEEKS TO ADDRES S THE HEALTH NEEDS OF THE GROWING LATINO POPULATION BY PROVIDING LOW-COST CARE TO PATIENTS ANNUALLY. &gt; THE UNITY CLINIC - A FREE CLINIC THAT PROVIDES PRIMARY CARE SERVICES TO LOW-I NCOME ASIAN IMMIGRANTS IN PHILADELPHIA. &gt; WOMEN AND CHILDREN'S HEALTH SERVICES - AN AMBULA TORY CARE FACILITY THAT SPECIALIZES IN THE PROVISION OF OBSTETRICAL, FAMILY PLANNING, AND SOCIAL SERVICES THROUGH FREE AND LOW COST PROGRAMS THAT EXTEND WELL BEYOND TRADITIONAL MED ICAL CARE. - HOW THE HEALTH SYSTEM ASSESSES COMMUNITY HEALTH STATUS UPHS PROVIDES VARIOUS COMMUNITY SERVICES WHICH, IN CONJUNCTION WITH PROVIDING PATIENT CARE AND EDUCATIONAL INFOR MATION, HELP US ASSESS THE HEALTH STATUS OF OUR COMMUNITY. SOME OF OUR MOST SUCCESSFUL INI TIATIVES RESULT FROM APPLYING THE COLLECTIVE RESOURCES OF COMMUNITY RESIDENTS AND ORGANIZA TIONS, HEALTH CARE PROFESSIONALS, AND PUBLIC HEALTH AGENCIES WITH THE GOAL OF IDENTIFYING AND ADDRESSING A COMMUNITY PROBLEM. THIS IS ACCOMPLISHED IN MANY WAYS, SUCH AS: FORMAL HEA LTH ASSESSMENTS THAT INDIVIDUAL PROGRAMS MAY PERFORM, OPEN DIALOGUE WITH COMMUNITY LEADERS THROUGH PARTICIPATION IN COMMUNITY MEETINGS, OR BY ASSESSING COMMUNITY HEALTH STATUS IN T HE WORK WE PERFORM OUT IN THE COMMUNITY. - HOW THE HEALTH SYSTEM COLLABORATES WITH COMMUNI TY STAKEHOLDERS, INCLUDING OTHER INSTITUTIONAL PROVIDERS, TO IDENTIFY SPECIFIC COMMUNITY H EALTH NEEDS AND TO DEVELOP AND MEASURE EFFECTIVENESS OF PROGRAMS TO HELP MEET THOSE NEEDS COLLABORATION WITH COMMUNITY STAKEHOLDERS AND OTHER INSTITUTIONAL PROVIDERS IS A PARTICULA RLY STRONG AREA FOR UPHS. WORKING IN CONJUNCTION WITH COMMUNITY-BASED NON-PROFIT ORGANIZAT IONS, CITY AGENCIES AND OTHER COMMUNITY STAKEHOLDERS, UPHS SEEKS TO IDENTIFY AND ADDRESS C OMMUNITY HEALTH NEEDS THROUGH PROGRAMS AND SERVICES, SUCH AS: &gt; SAYRE HEALTH CENTER - RECO GNIZING A NEED FOR PRIMARY CARE SERVICES IN THE NEIGHBORHOOD, PENN JOINED FORCES WITH THE SCHOOL DISTRICT OF PHILADELPHIA TO BRING A STATE-OF-THE-ART HEALTH CARE FACILITY TO SAYRE HIGH SCHOOL IN WEST PHILADELPHIA. IN ADDITION TO PROVIDING PRIMARY CARE SERVICES TO THE CO MMUNITY, PENN MEDICINE PHYSICIANS WORK IN PARTNERSHIP WITH SAYRE STUDENTS TO TEACH BASIC M EDICAL SERVICES THAT ONE DAY COULD LEAD TO A CAREER IN THE MEDICAL PROFESSION. &gt; BRIDGING THE GAPS - A PARTNERSHIP OF THE AREA'S FIVE ACADEMIC HEALTH CENTERS, BRIDGING THE GAPS (BT G) LINKS THE TRAINING OF HEALTH PROFESSIONALS WITH THE PROVISION OF CARE TO ECONOMICALLY D ISADVANTAGED POPULATIONS. LED BY UPHS PHYSICIANS AND STAFF, BTG GIVES MEDICAL STUDENTS THE OPPORTUNITY TO GAIN FIRST-HAND INSIGHT INTO THE COMPLEX ISSUES AFFECTING UNDERSERVED URBA N COMMUNITIES. IN ADDITION TO THE PROGRAMS OUTLINED ABOVE, UPHS PHYSICIANS AND STAFF PROVI DE EDUCATIONAL PROGRAMS IN CONJUNCTION WITH AREA HIGH SCHOOLS AND VOLUNTEER THEIR EXPERTIS E TO NUMEROUS PUBLIC HEALTH COMMITTEES AND AGENCIES AT THE COMMUNITY, STATE AND NATIONAL L EVEL. - HOW THE HEALTH SYSTEM REGULARLY REPORTS TO THE COMMUNITY ON THE ORGANIZATION'S QUA LITY PERFORMANCE FOR THE FULL RANGE OF SERVICES IT PROVIDES SINCE 2007, UPHS HAS PUBLISHED AN ANNUAL COMMUNITY BENEFIT REPORT, "SIMPLY BECAUSE," WHICH HIGHLIGHTS SOME OF THE EXTENS IVE WORK UPHS PERFORMS IN THE COMMUNITY. THIS WIDELY DISTRIBUTED REPORT INCLUDES EXAMPLES OF OUR COMMUNITY EFFORTS AS WELL AS STATISTICS RELATED TO THE COMMUNITY BENEFIT WE PROVIDE .</p> <p><a href="https://www.pennmedicine.org/news/publications-and-special-projects/simply">https://www.pennmedicine.org/news/publications-and-special-projects/simply</a> -because ADDI TIONALLY, UPHS HAS ALSO IMPLEMENTED OUR "PENN MEDI</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	<p>CINE CARES" (COMMUNITY ACTIVITY REPORTING E-INITIATIVE) PROGRAM. WHILE THE "SIMPLY BECAUSE " REPORT PROVIDES US A BRIEF GLIMPSE INTO ALL THE GOOD WORK UPHS PERSONNEL ARE INVOLVED IN , IT REPRESENTS ONLY A FRACTION OF THE TOTAL COMMUNITY SERVICE WORK THAT OCCURS. THIS REPO RTING PROGRAM HAS BEEN DEVELOPED TO ENCOURAGE UPHS EMPLOYEES TO REPORT ALL OF THE COMMUNIT Y SERVICES THEY PROVIDE SO THAT WE CAN BETTER TRACK COMMUNITY OUTREACH, ENCOURAGE MORE VOL UNTEERISM AND BETTER TARGET OUR EFFORTS TO MEET THE GREATEST COMMUNITY NEEDS. <a href="http://www.p ennmedicine.org/health-system/about/community/">http://www.p ennmedicine.org/health-system/about/community/</a> -WHETHER AND HOW UPHS IS ADDRESSING THE PER CAPITA COST OF CARE IN THE COMMUNITY. UPHS SUPPORTS EFFORTS TO PROVIDE FREE AND LOW-COST CARE TO THE COMMUNITY THROUGH PARTNERSHIPS WITH BOTH PENN-RELATED AND NON-RELATED PROGRAMS . UPHS PHYSICIANS AND STAFF WORK IN HEALTH CLINICS THROUGHOUT PHILADELPHIA THAT PROVIDE TH ESE MUCH-NEEDED SERVICES THAT ALSO ADDRESSES THE PER CAPITA COST OF HEALTH CARE IN THE COM MUNITY. IN ADDITION, UPHS HAS A SPECIALTY CARE CONTRACT WITH THE CITY OF PHILADELPHIA THAT ALLOWS PHYSICIANS FROM THE CITY'S DISTRICT HEALTH CENTERS TO REFER PATIENTS INTO THE SYST EM FOR APPOINTMENTS IN SPECIALTIES SUCH AS CARDIOLOGY, NEUROLOGY AND DERMATOLOGY. THESE SE RVICES ARE PROVIDED TO THE CITY AT A SIGNIFICANTLY REDUCED COST - GIVING UNINSURED AND UND ERINSURED PATIENTS ACCESS TO CARE THEY MIGHT NOT OTHERWISE RECEIVE WHILE KEEPING DOWN THE PER CAPITA COST FOR THE CITY AND RESIDENTS OF THE COMMUNITY. AT UPHS, WORKING FOR THE BENE FIT OF THE COMMUNITY IS NOT ONLY A PRIORITY; IT IS ROOTED DEEP IN OUR CULTURE. ALONG WITH OUR ROLE AS A LEADER IN MEDICAL CARE AND RESEARCH, UPHS HAS CULTIVATED A STRONG AFFINITY W ITH THE NEIGHBORHOODS WE SERVE-BECOMING INCREASINGLY RESPONSIVE IN IDENTIFYING NEEDS AND PROACTIVE IN FINDING SOLUTIONS. IN ADDITION TO OUR OWN INTERNAL EFFORTS, UPHS ALSO COLLABO RATES WITH VARIOUS PUBLIC AND PRIVATE AGENCIES TO HELP DETERMINE COMMUNITY HEALTH NEEDS AN D HOW BEST TO ADDRESS THEM. THE SUCCESS OF COMMUNITY OUTREACH REQUIRES A STRONG FOCUS ON S OLUTIONS. AT UPHS, WE CONTINUALLY FIND WAYS TO EXPAND AND STRENGTHEN THE SAFETY NET THAT H ELPS ENSURE THE WELL-BEING OF THE COMMUNITIES WE SERVE. IN THAT REGARD, ONE OF OUR MAJOR R ESponsibilities IS TO SHARE KNOWLEDGE. WORKING TOGETHER WITH COMMUNITY PARTNERS ENABLES US TO ACCOMPLISH MORE THAN ANY ONE PERSON COULD INDIVIDUALLY. PLEASE SEE OUR MOST RECENTLY C OMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN FOR ADDITIONAL INFORMAT ION. A COPY OF OUR CHNA AND IMPLEMENTATION PLAN CAN BE ACCESSED AT: <a href="https://www.pennmedicir ne.org/about/serving-our-community/reports">HTTPS://WWW.PENNMEDICIR NE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS</a>. -----</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3 (PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE)	<p>UPHS IS COMMITTED TO CARING FOR ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT AND COMPASSION WITHOUT REGARD TO AGE, RACE, COLOR, NATIONAL ORIGIN, RELIGIOUS CREED, SEX, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS OR SEXUAL PREFERENCE. AS PART OF THIS COMMITMENT, UPHS OFFERS FINANCIAL COUNSELING AND ASSISTANCE PROGRAMS TO UNINSURED AND UNDERINSURED PATIENTS TO ASSIST THOSE WHO CANNOT PAY FOR ALL OR PART OF THEIR CARE. PATIENTS WILL BE CONSIDERED FOR FINANCIAL ASSISTANCE ON AN INDIVIDUAL BASIS, TAKING INTO CONSIDERATION TOTAL HOUSEHOLD INCOME AND OTHER RESOURCES. UPHS WILL ALSO CONSIDER OTHER FACTORS IN THE PATIENT/FAMILY FINANCIAL SITUATION, SHOULD THERE BE OTHER CRITICAL EXPENSES, NOT RELATED TO THE PATIENT'S MEDICAL CARE, THAT MAKE PAYMENT OF THE FINANCIAL OBLIGATION IMPOSSIBLE, SUCH AS CARING FOR A DISABLED FAMILY MEMBER. UPHS INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER UPHS'S CHARITY CARE POLICY. PATIENTS ARE INFORMED OF THE AVAILABILITY OF CHARITY CARE IN VARIOUS WAYS (E.G. AT POINT OF REGISTRATION, ON POSTERS THROUGHOUT HOSPITAL, IN PRACTICES, FINANCIAL COUNSELOR INTERVIEW AND WEBSITE). A COPY OF OUR FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT: <a href="https://www.pennmedicine.org/for-patients-and-visitors/patient-information/insurance-and-billing/financial-assistance">HTTPS://WWW.PENNMEDICINE.ORG/FOR-PATIENTS-AND-VISITORS/PATIENT-INFORMATION /INSURANCE-AND-BILLING/FINANCIAL-ASSISTANCE</a> -----</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4 (COMMUNITY INFORMATION)	UPHS IS SENSITIVE TO THE DISPARITY IN THE QUALITY OF HEALTH AND HEALTH CARE AMONG THE PEOPLE OF THE PHILADELPHIA AREA. IN NEIGHBORHOODS THROUGHOUT THE CITY, MANY RESIDENTS, OFTEN THE VERY YOUNG OR THE VERY OLD DO NOT HAVE ACCESS TO ADEQUATE CARE. THE QUALITY OF THEIR LIVES IS DIMINISHED BECAUSE THEY ARE UNABLE TO RECEIVE THE SERVICES AND SUPPORT THEY NEED. AWARE OF THE BARRIERS TO HEALTH CARE FACED BY OUR COMMUNITIES, WE USE OUR RESOURCES TO IMPROVE THE HEALTH AND WELLNESS AMONG THE UNDERSERVED. OUR MORAL IMPERATIVE IS TO LOOK, LISTEN, AND ACT IN WAYS THAT WILL MAKE A DIFFERENCE. IN COLLABORATION WITH OUR PHYSICIANS, NURSES, STUDENTS AND COMMUNITY PARTNERS, WE TAKE ACTION TO ENHANCE THE WELL-BEING OF THE NEIGHBORHOODS WE ALL SHARE. -----

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 (INFORMATION REGARDING PROMOTION OF COMMUNITY HEALTH)	DETAILS REGARDING THE VARIOUS COMMUNITY OUTREACH ACTIVITIES CONDUCTED BY THIS ORGANIZATION DESIGNED TO PROMOTE COMMUNITY HEALTH IS INCLUDED IN OUR RESPONSE TO SCHEDULE H, PART VI, LINE 2, AS WELL AS IN FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS. -----



**990 Schedule H, Scheduling Information**

Form and Line Reference	Explanation
<p>PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)</p>	<p>THE MISSION OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM IS EXCELLENCE IN EDUCATION, RESEARCH, AND CLINICAL CARE. WE STRIVE TO ACHIEVE THESE GOALS BY HAVING THE BEST PEOPLE IN MEDICAL EDUCATION, HEALTH-RELATED RESEARCH, AND PATIENT CARE; MAKING USE OF KNOWLEDGE GAINED FROM NEARLY TWO AND A HALF CENTURIES OF LEARNING AND DISCOVERY AS PART OF A WORLD-CLASS UNIVERSITY; DELIVERING HIGH-QUALITY MEDICINE TO PATIENTS ACROSS A FULLY-INTEGRATED ACADEMIC HEALTH SYSTEM; AND FULFILLING A COMMITMENT TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES SERVED BY THE HEALTH SYSTEM AND AROUND THE WORLD. AS PART OF AN AFFILIATED HEALTHCARE SYSTEM, THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM CONSISTS OF CERTAIN OPERATING DIVISIONS OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") AND AFFILIATED ENTITIES, INCLUDING: - THE CHESTER COUNTY HOSPITAL ("CCH"), INCLUDES A 245 BED COMPLEX IN WEST CHESTER, PENNSYLVANIA, AND SATELLITE LOCATIONS IN EXTON, WEST GOSHEN, NEW GARDEN, JENNERSVILLE, AND KENNETT SQUARE, PENNSYLVANIA; - THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA ("HUP"), A 727 LICENSED BED QUATERNARY CARE HOSPITAL AND ACADEMIC MEDICAL CENTER LOCATED ON THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA; - PENN PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PRESBYTERIAN"), A 317 LICENSED BED ACUTE CARE HOSPITAL LOCATED ADJACENT TO THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA; - PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PENNSYLVANIA HOSPITAL"), A 550 LICENSED BED ACUTE CARE HOSPITAL LOCATED IN THE CENTER CITY AREA OF PHILADELPHIA, PENNSYLVANIA; - THE CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA ("CPUP"), THE APPROVED FACILITY PRACTICE PLAN FOR THE CLINICAL PRACTICES OF MEMBERS OF THE MEDICAL FACULTY OF THE UNIVERSITY'S PERELMAN SCHOOL OF MEDICINE; - CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("CCA"), A PRIMARY CARE PHYSICIAN NETWORK THAT INCLUDES LOCATIONS IN SOUTHEASTERN PENNSYLVANIA AND SOUTHERN NEW JERSRY THROUGH ITS NEW JERSEY AFFILIATE; - LANCASTER GENERAL HEALTH ("LGH") AND ITS AFFILIATES. LGH OPERATES THREE HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, INCLUDING LANCASTER GENERAL HOSPITAL, A 533-BED GENERAL ACUTE CARE HOSPITAL, WOMEN &amp; BABIES HOSPITAL, A 98-BED FACILITY SPECIALIZING IN WOMEN'S HEALTH AND MATERNITY SERVICES, AND LANCASTER REHABILITATION HOSPITAL, A 59-BED REHABILITATION HOSPITAL, AS WELL AS 14 OUTPATIENT CENTERS, THREE URGENT CARE SITES, AND A PHYSICIAN PRACTICE NETWORK WITH NEARLY 200 PRIMARY CARE AND SPECIALTY PRACTICES AT 40 PRACTICE SITES; - WISSAHICKON HOSPICE, A HOSPICE CARE FACILITY SERVING THE TERMINALLY ILL, LOCATED IN BALA CYNWYD, PENNSYLVANIA; AND - PRINCETON HEALTHCARE SYSTEM ("PRINCETON") AND ITS AFFILIATES. PRINCETON INCLUDES A COMPREHENSIVE HEALTHCARE PROVIDER LOCATED IN CENTRAL NEW JERSEY THAT PRINCIPALLY INCLUDES THE MEDICAL CENTER OF PRINCETON, A GENERAL ACUTE CARE HOSPITAL FACILITY IN PLAINSBORO, NJ, WITH 319 INPATIENT BEDS (PLUS 24 NEWBORN BASSINETS), AND PRINCETON HOUSE BEHAVIORAL HEALTH, WHICH INCLUDES A 110 BED INPATIENT FACILITY IN PRINCETON, NJ, AS WELL AS FOUR ADDITIONAL OUTPATIENT LOCATIONS. PRINCETON INCLUDES APPROXIMATELY 1,200 PHYSICIANS ON STAFF AND EMPLOYS APPROXIMATELY 3,200 PEOPLE.</p> <p>-----</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 (STATE FILING OF COMMUNITY BENEFIT REPORT)	N/A

**Additional Data****Software ID:****Software Version:****EIN:** 23-2810852**Name:** PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PENN PRESBYTERIAN MEDICAL CTR 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 WWW.PENNMEDICINE.ORG LICENSE #421101	X	X			X	X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINES 5, 6A & 6B (INPUT FROM COMMUNITY; JOINT CHNA)	<p>THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH ("PDPH") AND HEALTH CARE IMPROVEMENT FOUNDATION ("HFIC") ASSISTED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("UPHS") AND OTHER PARTICIPATING HOSPITALS AND HEALTH SYSTEMS WITH THE COMPLETION OF THEIR CHNA. PDPH AND HFIC DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WERE USED BY UPHS AND OTHER PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP THEIR IMPLEMENTATIONS PLANS. AMONG OTHERS, THE COLLABORATIVE CHNA INCLUDED THE FOLLOWING PARTNERING UPHS HOSPITAL AFFILIATES: - CHESTER COUNTY HOSPITAL - HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PENNSYLVANIA HOSPITAL OF UPHS - PENN PRESBYTERIAN MEDICAL CENTER OF UPHS FOR MORE INFORMATION, PLEASE SEE: <a href="https://www.pennmedicine.org/about/serving-our-community/reports">https://www.pennmedicine.org/about/serving-our-community/reports</a> -----</p>
PART V, SECTION B, LINE 7 & 10- CHNA & IMP. PLAN PUBLIC AVAILABILITY	<p>A COPY OF THE ORGANIZATION'S CHNA AND IMPLEMENTATION STRATEGY CAN BE ACCESSED AT: <a href="https://www.pennmedicine.org/about/serving-our-community/reports">https://www.pennmedicine.org/about/serving-our-community/reports</a> OUR CHNA AND IMPLEMENTATION STRATEGY ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST. ----- PART V, SECTION B, LINE 9 (TAX YEAR THE MOST RECENT IMP. STRATEGY WAS ADOPTED) THE ORGANIZATION'S MOST RECENT IMPLEMENTATION STRATEGY WAS ADOPTED BY 11/15/2019, AS PERMITTED UNDER THE REGULATIONS. ---</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA)	FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING: <a href="https://www.pennmedicine.org/about/serving-our-community/reports">https://www.pennmedicine.org/about/serving-our-community/reports</a> -----
PART V, SECTION B, LINE 16 (FINANCIAL ASSISTANCE POLICY AVAILABILITY)	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT: <a href="https://www.pennmedicine.org/for-patients-and-visitors/patient-information/insurance-and-billing/financial-assistance">https://www.pennmedicine.org/for-patients-and-visitors/patient-information/insurance-and-billing/financial-assistance</a> -----

**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM	Employer identification number 23-2810852
---	--

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 idemnification 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 idemnification 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 idemnification 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)									
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>									
<p><b>3</b> 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									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> 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.	<b>7</b>	Yes								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



**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	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION 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 AND/OR RECEIVED DISTRIBUTIONS DURING THE YEAR: KASPER, KEITH- \$160,663 MAHONEY, KEVIN- \$191,155 OKALA, PHILIP- \$154,225 VOLPE, MICHELE- \$81,001 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: JACK ENDE- NO DISTRIBUTION -----
SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS PRESBYTERIAN MEDICAL CENTER 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 DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15. -----



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2810852

**Name:** PRESBYTERIAN MEDICAL CENTER 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				
<b>1</b> JAMES BALLINGHOFF RN MSN MBA BOARD MEMBER; CNO	(i)	312,990	78,411	693	0	4,226	396,320	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> JACK ENDE MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	320,363	42,157	63,079	23,717	21,901	471,217	0
<b>2</b> KEITH KASPER CONTROLLER; EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	842,528	391,876	216,631	161,101	27,754	1,639,890	160,663
<b>3</b> PHILIP A OKALA EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	972,312	438,984	177,238	187,203	6,490	1,782,227	154,225
<b>4</b> MICHELE M VOLPE CEO; EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	541,797	253,260	111,107	0	11,053	917,217	0
<b>5</b> ANTHONY ZUMPANO ASST. CONTROLLER & SECRETARY	(i)	300,190	79,036	3,843	0	19,072	402,141	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> KIMBERLY A DEPERT ASSOC. EXEC. DIR. CARD SRVCS	(i)	236,374	61,657	944	0	11,986	310,961	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> S SIU MD PHYSICIAN ADVISOR	(i)	248,180	21,524	231	0	0	269,935	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> JOHN CHUNG MD PHYSICIAN HOSPITALIST	(i)	256,176	0	234	0	25,792	282,202	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> GEORGE IYOOB CLINICAL DIRECTOR	(i)	205,042	35,297	341	0	0	240,680	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> MARGORIE MICHELE CHIEF HR OFFICER	(i)	186,284	50,875	260	0	30,779	268,198	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> KEVIN B MAHONEY EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,091,597	455,364	223,928	187,203	20,641	1,978,733	191,155

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number

23-2810852

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired . . . . .				
2	Amount of bonds legally defeased . . . . .				
3	Total proceeds of issue . . . . .				
4	Gross proceeds in reserve funds . . . . .				
5	Capitalized interest from proceeds . . . . .				
6	Proceeds in refunding escrows . . . . .				
7	Issuance costs from proceeds . . . . .				
8	Credit enhancement from proceeds . . . . .				
9	Working capital expenditures from proceeds . . . . .				
10	Capital expenditures from proceeds . . . . .				
11	Other spent proceeds . . . . .				
12	Other unspent proceeds . . . . .				
13	Year of substantial completion . . . . .				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .				
16	Has the final allocation of proceeds been made? . . . . .				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

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

<b>Part V Procedures To Undertake Corrective Action</b>									
		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?									

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

<b>Return Reference</b>	<b>Explanation</b>
SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS	FORM 990, SCHEDULE K PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2012 BOND ISSUE FROM THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (EIN: 23-1352685) ("UNIVERSITY"), A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2012 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$20,964,622 AS OF JUNE 30, 2020. PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2014 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2014 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$15,000,000 AS OF JUNE 30, 2020. PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B 2016 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A&B 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$3,124,564 AS OF JUNE 30, 2020. PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2016 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES C 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$14,466,614 AS OF JUNE 30, 2020.

OMB No. 1545-0047

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization

PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

**Employer identification number**

23-2810852

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PRESBYTERIAN MEDICAL CENTER (PPMC OR PENN PRESBYTERIAN) IS A 375-BED ACADEMIC MEDICAL CENTER, WHICH IS PART OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (UPHS), D/B/A PENN PRESBYTERIAN MEDICAL CENTER (PPMC). PPMC'S SPECIALTIES INCLUDE ANESTHESIA, DERMATOLOGY, EMERGENCY MEDICINE, MEDICAL IMAGING, MEDICINE, NEUROLOGY, GYNECOLOGY, OPHTHALMOLOGY, SURGERY, ORTHOPEDIC SURGERY AND CARDIOLOGY. 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. FOR FY20, UPHS PROVIDED \$300.7 MILLION IN CHARITY AND UNDERFUNDED CARE FOR MEDICAID FAMILIES. FOR FY2020, PENN PRESBYTERIAN ADMITTED 17,244 ADULT PATIENTS AND HAD 240,254 OUTPATIENT VISITS. I. HEALTH CARE SERVICES &gt; LEVEL 1 TRAUMA CENTER: EACH YEAR, PENN'S TRAUMA CENTER TREATS TRAUMATICALLY INJURED AND CRITICALLY ILL PATIENTS WITH A 97 PERCENT SURVIVAL RATE. WE OFFER THE MOST ADVANCED SPECIALTY CARE IN THE REGION, RESULTING IN EXCEPTIONAL PATIENT OUTCOMES THAT RANK WELL ABOVE NATIONAL AVERAGES. ACCREDITED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION, OUR LEVEL 1 DESIGNATION PROVIDES MANY BENEFITS: - 24/7 IN-HOUSE COVER AGE BY TOP TRAUMA, EMERGENCY SURGERY AND SURGICAL CRITICAL CARE SURGEONS. - READILY AVAILABLE, IN-HOUSE CARE FROM EXPERTS ACROSS 29 MEDICAL AND SURGICAL SPECIALTIES. - RAPID EMERGENCY RESPONSE FROM PENN STAR, ONE OF THE LARGEST AND SAFEST HOSPITAL-BASED AIR AND GROUND TRANSPORTATION MEDICAL PROGRAMS IN THE NATION. PATIENTS RECEIVE IMMEDIATE ACCESS TO PENN'S TRAUMA CENTER WITH AN ESTIMATED TIME OF 30 SECONDS FROM AMBULANCE ENTRANCE TO TRAUMA BAY, AND AN ESTIMATED 20 SECONDS FROM THE HELIPAD TO THE TRAUMA BAY IF PATIENTS ARE FLOWN TO PENN. - STATE-OF-THE-ART TRAUMA UNIT FEATURING A 5-BAY RESUSCITATION AREA WITH IMMEDIATE ACCESS TO CRITICAL CARE TREATMENT ROOMS EQUIPPED WITH THE LATEST MEDICAL IMAGING AND DIAGNOSTIC EQUIPMENT, INCLUDING CT, MRI, X-RAY AND ULTRASOUND. - THE CAPACITY TO CARE FOR AN EXTREMELY HIGH VOLUME OF PATIENTS, IN OUR 178,000 SQUARE-FOOT, ACUTE CARE BUILDING, THE PAVILION FOR ADVANCED CARE. - TREATMENT AT A PRESTIGIOUS ACADEMIC MEDICAL INSTITUTION THAT ALSO SERVES AS AN EDUCATION RESOURCE FOR OTHER TRAUMA CENTERS. - PROVIDING THE LATEST INNOVATIONS IN TRAUMA CARE THROUGH OUR EXCEPTIONALLY STRONG RESEARCH PROGRAM WITH GRANT FUNDING FROM NIH AS WELL AS OTHER TOP SOURCES. &gt; EMERGENCY SERVICES: PPMC'S EMERGENCY FACILITY IS EQUIPPED AND STAFFED TO PROVIDE EXCELLENT MEDICAL CARE 24 HOURS A DAY, SEVEN DAYS A WEEK. IT IS A TRIAGE AND TREATMENT AREA F</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OR EACH AND EVERY PATIENT, AND TREATS MAJOR AND MINOR MEDICAL EMERGENCIES. THE DEPARTMENT ALSO SERVES AS AN ENTRANCE POINT INTO THE HEALTH CARE SYSTEM FOR THOSE WHO NEED CONTINUED MEDICAL CARE AND NURSING INTERVENTION AND AS A REFERRING AGENCY TO OTHER DISCIPLINES WITHIN THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. INPATIENT AND OUTPATIENT CARE WILL BE PROVIDED IN A MANNER THAT DOES NOT DISCRIMINATE AGAINST PATIENTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGIOUS CREED, SEX, AGE, MARITAL STATUS, SEXUAL PREFERENCE OR GENDER IDENTITY, OR PHYSICAL OR MENTAL DISABILITY. FOR FY20, PENN PRESBYTERIAN'S EMERGENCY DEPARTMENT TREATED 46,395 PATIENTS. &gt; CARDIAC SERVICES: PPMC OFFERS A COMPREHENSIVE RANGE OF CARDIAC SERVICES INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), VENTRICULAR ASSIST DEVICE (VAD) SURGERY, COMPLEX ANGIOPLASTY AND STENT REPLACEMENT FOR CORONARY ARTERY DISEASE, INNOVATIVE HEART BYPASS TECHNIQUES, LATEST THERAPIES FOR ABNORMAL HEART RHYTHMS, MINIMALLY INVASIVE CARDIAC SURGERY, PROGRAM FOR CONGESTIVE HEART FAILURE, HEART VALVE REPAIR, AND SPECIAL PROGRAMS FOR RISK REDUCTION AND REHABILITATION. &gt; ORTHOPEDIC SERVICES: THE ORTHOPEDIC INSTITUTE IS A CENTER FOR EXCELLENCE IN THE LATEST SURGICAL AND NONSURGICAL METHODS FOR TREATING BONE DISABILITIES, SPORTS INJURIES AND OTHER TRAUMAS. THE ORTHOPEDIC INSTITUTE'S ORTHOPEDIC SURGEONS, RHEUMATOLOGISTS AND REHABILITATION SPECIALISTS PROVIDE EXCELLENT CARE IN TREATING BONE AND JOINT PROBLEMS OF THE FOOT AND THE HAND. &gt; GERIATRICS AND ACUTE CARE: THE GERIATRICS PROGRAM AT PPMC INCLUDES A 36-BED SPECIALTY UNIT WHICH PROVIDES CONTINUITY OF CARE FOR OLDER ADULTS WHO REQUIRE HOSPITAL CARE. A SPECIALLY TRAINED MULTI-DISCIPLINARY STAFF, WHICH INCLUDES PHYSICIANS, NURSES, NUTRITIONIST, AND A WOUND CARE SPECIALIST, PROVIDE CUTTING-EDGE GERIATRIC CARE AND CREATE A COMFORTABLE SETTING DEDICATED TO MEETING THE UNIQUE NEEDS OF ELDERLY PATIENTS AND THEIR FAMILIES. ADDITIONALLY, THE STAFF OF THE ACUTE CARE UNIT (ACE) VOLUNTEER AT LOCAL SENIOR HOMES AND REHABILITATION CENTERS WHERE THEY ENCOURAGE SENIOR TO STAY ACTIVE AND HEALTHY. &gt; BEHAVIORAL HEALTH: THE BEHAVIORAL HEALTH PROGRAM PROVIDES INPATIENT AND OUTPATIENT SERVICES FOR MENTAL HEALTH AND ADDICTION TREATMENTS AS WELL AS MENTAL HEALTH PROGRAMS FOR OLDER ADULTS. &gt; COMPREHENSIVE MEDICAL CARE: MEDICAL SPECIALISTS AT PPMC PROVIDE COMPREHENSIVE CARE USING THE LATEST DIAGNOSTIC PROCEDURES IN AREAS SUCH AS DERMATOLOGY, NEUROLOGY, ENDOCRINOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEPHROLOGY, GYNECOLOGY, PSYCHIATRY, PULMONARY, ALLERGY REHABILITATION MEDICINE, AND RHEUMATOLOGY. &gt; COMPREHENSIVE SURGICAL CARE: PPMC IS KNOWN FOR ITS CARDIOTHORACIC AND ORTHOPEDIC SURGERY PROGRAMS. IT ALSO HAS OUTSTANDING PROGRAMS IN MINIMALLY INVASIVE AND LAPAROSCOPIC SURGERY. NATIONALLY KNOWN SURGEONS PERFORM MINIMALLY INVASIVE SURGERY FOR DISEASES OF THE ADRENALS, APPENDIX, ESOPHAGUS, GALLBLADDER, PANCRE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>AS, AND STOMACH, AND LAPAROSCOPIC ANTI-REFLUX SURGERY. IN ADDITION, PPMC PROVIDES THORACIC SURGERY FOR THE PATIENTS DIAGNOSED WITH CANCER, DISEASES OF THE LUNG &amp; THORAX. &gt; OPHTHALMOLOGY SERVICES: THE SCHEIE EYE INSTITUTE AT PENN PRESBYTERIAN MEDICAL CENTER SERVES AS THE OPHTHALMOLOGY CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. IT PROVIDES THE LATEST METHODS OF TREATMENT AND DIAGNOSTIC SERVICES IN THE COMPREHENSIVE CARE OF THE EYE AND VISION. TREATMENT PROGRAMS RANGE FROM ROUTINE EYE EXAMINATIONS TO THE MOST ADVANCED OCULAR SURGERY, AND INCLUDE CONTACTS LENS SERVICE, CORNEA, EXTERNAL DISEASES, AND REFRACTIVE SURGERY, SUVEITIS, EYE MOVEMENT DISORDERS, NEURO-OPHTHALMOLOGY, RETNA DISORDERS, GENERAL OPHTHALMOLOGY, GLAUCOMA SERVICES, LOW VISION REHABILITATION, MACULAR DEGENERATION, OCULAR GENETICS, OCULOFACIAL &amp; ORBITAL SURGERY, AND PEDIATRIC OPHTHALMOLOGY. DIAGNOSTIC AND TESTING SERVICES OFFERED AT THE SCHEIE EYE INSTITUTE. AS PART OF ITS COMMUNITY SERVICE RESPONSIBILITIES, THE SCHEIE EYE INSTITUTE PUBLISHES INFORMATION ON THE INTERNET ON VISION-RELATED SUBJECTS SUCH AS CATARACTS, DIABETIC RETINAL DISEASE, GLAUCOMA, LASIK SURGERY, AND LOW VISION. THE WEB-SITE IS AIMED AT CREATING A GENERAL AWARENESS OF THE COMMON CAUSES OF VISION IMPAIRMENT, THE TREATMENT OPTIONS AVAILABLE, AND THE NEED AND THE METHODS TO ARREST OR SLOW DOWN VISION IMPAIRMENT. Further, THE SCHEIE EYE INSTITUTE PARTICIPATED IN COMMUNITY OUTREACH PROGRAMS TO SCREEN COMMUNITY MEMBERS. II. COMMUNITY OUTREACH, AND SOCIAL AND PASTORAL SERVICES AN IMPORTANT PART OF PRESBYTERIAN'S MISSION IS REACHING OUT TO THE COMMUNITY. WITH THE ONSET OF COVID IN MARCH AND THE ENSUING SHUTDOWN OF COMMUNITY CONGREGATION, PENN PRESBYTERIAN AND UPHS TURNED ITS FOCUS TO FIGHTING THIS DISEASE. A COVID-19 HOTLINE WAS SET UP TO TAKE INQUIRIES FROM ALL COMERS - PATIENTS, CAREGIVERS, CONCERNED FAMILY MEMBERS, EVEN DOCTORS AND NURSES - AND DIRECT THEM TO THE HELP THEY NEEDED. FROM MARCH THROUGH DECEMBER OF 2020, MORE THAN 400,000 COVID HOTLINE CALLS WERE ANSWERED; MORE THAN 310,000 COVID TESTS WERE ADMINISTERED FOR PATIENTS AND COMMUNITY MEMBERS; MORE THAN 6,800 INPATIENTS WERE TREATED FOR COVID; 100+ LABS PIVOTED TO COVID-19 RESEARCH; AND 150+ NON-CLINICAL TRIAL RESEARCH BEGAN. IN ADDITION, KNOWING THAT COVID PUT MANY OF OUR PATIENTS AND IMMEDIATE COMMUNITY MEMBERS IN PRECARIOUS POSITIONS, THE CENTER FOR HEALTH EQUITY AND ADVANCEMENT IN PARTNERSHIP WITH THE DEPARTMENT OF CASE MANAGEMENT AND SOCIAL WORK CREATED THE SOCIAL NEEDS RESPONSE TEAM. LAUNCHING IN APRIL AND ACCESSIBLE BY A TOLL FREE NUMBER, THE TEAM ASSISTS PEOPLE EXPERIENCING DISTRESS, HAVING SAFETY CONCERNS FOR THEMSELVES OR OTHERS, OR SEEKING IMMEDIATE SOCIAL NEEDS SUCH AS WHERE TO FIND COMMUNITY RESOURCES FOR HOUSING, TRANSPORTATION, OR FOOD SECURITY. PRE-COVID, PENN PRESBYTERIAN PARTICIPATED IN LOCAL NEIGHBORHOOD CLEANUP EVENTS, HEALTH FAIRS, AND COMMUNITY HEALTH EDUCATION SESSIONS, AS WELL AS CONDUCTING VARIOUS FOOD AND SUPPLY DRIVES FOR THOSE</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>&gt; GOOD FOOD, HEALTHY HOSPITALS: THIS NATIONAL HOSPITAL INITIATIVE TAKES STRIDES TO ENSURE FOOD IS ALIGNED WITH A POPULATION HEALTH MISSION. PENN MEDICINE IS COMMITTED TO ELIMINATING SODAS, SPORT DRINKS, SWEETENED JUICES, AND FAST FOOD THAT CONTRIBUTE TO POOR DIET AND CHRONIC DISEASE FROM ITS HOSPITAL CAMPUSES. 8. AFFORDABLE AND HEALTHY HOUSING &gt; PENN'S NEIGHBORHOOD PRESERVATION AND DEVELOPMENT FUND (NPDF): AS UNIVERSITY CITY INCREASES IN POPULATION OF BOTH HOMEOWNERS AND RENTERS, THERE IS A NEED FOR AFFORDABLE RENTAL APARTMENTS IN WEST PHILADELPHIA. WITH PARTNERS FROM THE PRIVATE REAL ESTATE SECTOR, THE UNIVERSITY OF PENNSYLVANIA INVESTED \$4.5 MILLION TO ACQUIRE 20 AGED AND DECLINING APARTMENT BUILDINGS THAT TOTAL 448 APARTMENT UNITS INCLUDING 580 BEDROOMS. ENHANCING THEM WITH NEW FACILITIES AND IMPROVED PROPERTY MANAGEMENT, PENN MAINTAINS AFFORDABLE RENTAL UNITS FOR BOTH RESIDENTS AND SOME STUDENTS. AS A RESULT, THESE NEWLY STABILIZED PROPERTIES HAVE SET A NEW STANDARD FOR OTHER BUILDINGS, AND THEIR OWNERS HAVE HELPED LIFT ENTIRE BLOCKS INTO VIBRANT AREAS. &gt; PEOPLE'S EMERGENCY CENTER (PEC): PEC PROVIDES SHELTER, EDUCATION AND TRAINING TO SUPPORT FAMILIES EXPERIENCING HOMELESSNESS. PENN MEDICINE PARTNERS WITH PEC TO PROVIDE ROUTINE MEDICAL CARE AND RESIDENT PHYSICIANS PARTICIPATE IN A COMMUNITY ROTATION. THE GOAL OF THIS PARTNERSHIP IS TO EXPAND CLINICAL CARE, HEALTH PROMOTION, AND PUBLIC HEALTH EXPERIENCES IN ORDER TO PRODUCE FUTURE PHYSICIANS WHO RECOGNIZE THE POWERFUL EFFECTS THAT ENVIRONMENT AND SOCIOECONOMIC STATUS HAVE ON HEALTH QUALITY. &gt; HALL-MERCER HOMELESS STREET OUTREACH ENGAGES HOMELESS INDIVIDUALS LIVING ON THE STREET. OUTREACH WORKERS OFFER EMERGENCY HOUSING, TREATMENT OPTIONS, AND OTHER RESOURCES TO HELP INDIVIDUALS MEET THEIR IMMEDIATE SURVIVAL NEEDS. OUTREACH WORKERS ATTEMPT TO BUILD RELIABLE RELATIONSHIPS WITH THOSE LIVING ON THE STREET IN ORDER TO HELP THEM ACCESS OR ACCEPT HOUSING. HALL-MERCER IS STAFFED WITH A HOMELESS OUTREACH TEAM 365 DAYS A YEAR. &gt; REBUILDING TOGETHER PHILADELPHIA AND THE PHILADELPHIA PROJECT: BOTH INITIATIVES PROVIDE HOME IMPROVEMENTS NOT ONLY TO SENIORS, BUT ALSO TO VULNERABLE HOMEOWNERS, MANY POSSESSING MEDICAL AND PHYSICAL DISABILITIES, IN AN EFFORT TO TURN THEIR HOUSES INTO SAFER, HEALTHIER, AND ENERGY-EFFICIENT HOMES. &gt; MEDICAL STUDENTS HOMELESS FEEDING AND OUTREACH PROGRAM: INCORPORATED IN 1987, UNIVERSITY CITY HOSPITALITY COALITION (UCHC) PROVIDES HOT MEALS FIVE NIGHTS A WEEK AND SANDWICHES ON SATURDAYS FOR POOR AND HOMELESS INDIVIDUALS IN WEST PHILADELPHIA. ON WEDNESDAYS, A MEDICAL CLINIC STAFFED BY A DOCTOR AND MEDICAL STUDENTS FROM THE PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA DELIVERS CRITICALLY NEEDED CARE, INCLUDING BLOOD PRESSURE SCREENINGS, VACCINATIONS, AND GENERAL EXAMINATIONS, THAT MAY OTHERWISE BE UNAVAILABLE TO THIS POPULATION. 9. HEALTHCARE AND HEALTH RESOURCES NAVIGATION &gt; PENN MEDICINE CENTER FOR COMMUNITY HEALTH WORKERS IMPACT PROGRAM: IMPACT IS A STANDARDIZED,</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>SCALABLE COMMUNITY HEALTH WORKER (CHW) PROGRAM IN WHICH PENN MEDICINE HIRES, TRAINS AND DEPLOYS TRUSTED LAYPEOPLE FROM LOCAL COMMUNITIES TO HELP PATIENTS ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE ABUSE, CONNECTING TO HEALTHY FOOD, HOUSING, TRANSPORTATION, AND ENGAGING IN CHRONIC DISEASE PREVENTION. THE PROGRAM HAS BEEN DELIVERED TO NEARLY 10,000 HIGH-RISK PATIENTS AND PROVEN IN THREE RANDOMIZED CONTROLLED TRIALS TO IMPROVE CHRONIC DISEASE CONTROL, MENTAL HEALTH AND QUALITY OF CARE WHILE REDUCING TOTAL HOSPITAL DAYS BY 65%. IN ADDITION, CHWS FACILITATE MEET UP GROUPS FOR COMMUNITY MEMBERS WHICH INCLUDE THINGS LIKE COOKING DEMONSTRATIONS, FINANCIAL PLANNING, BEREAVEMENT SUPPORT ETC. (PATIENTS CHOOSE THE TOPICS, CHWS ARRANGE GUEST SPEAKERS AND FACILITATE). IMPACT ALSO SUPPORTS THE VETERAN COMMUNITY THROUGH CREATING COMMUNITY GARDENS, CONNECTING THEM TO EDISON HIGH SCHOOL TO DO MENTORING, BOWLING EVENTS, ETC.) MORE THAN 1,000 ORGANIZATIONS HAVE ACCESSED OUR CHW TOOLKIT AND WE PROVIDE TECHNICAL ASSISTANCE TO HELP ORGANIZATIONS AROUND THE COUNTRY CREATE, LAUNCH AND SUSTAIN EFFECTIVE CHW PROGRAMS. &gt; SOCIAL DETERMINANTS OF HEALTH SCREENING AND REFERRAL TOOL: IN PARTNERSHIP WITH THE PENN CENTER FOR HEALTH EQUITY, A SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL AND REFERRAL PROGRAM WILL LAUNCH IN THE FIRST QUARTER OF 2020. THIS FREE TOOL FOR THE PATIENT COMMUNITY WILL BE BUILT BY OUR SOFTWARE PARTNER AND ASSIST IN OUR EFFORTS TO HELP PROVIDE RESOURCE INFORMATION AND HEALTHCARE SERVICES ON THE WEB FOR PATIENTS. SERVICES AND RESOURCE INFORMATION WILL INCLUDE LOCATING FOOD PANTRIES, UTILITY ASSISTANCE, FLU SHOT CLINICS, AND MORE. &gt; PHILADELPHIA PROMISE ZONE: FACULTY AND STAFF FROM ACROSS THE UNIVERSITY OF PENNSYLVANIA AND PENN MEDICINE HAVE BEEN ENGAGED IN THE WEST PHILADELPHIA PROMISE ZONE, ONE OF TWENTY-TWO UNDESERVED AREAS IN THE COUNTRY DESIGNATED BY THE OBAMA ADMINISTRATION. THE PROMISE ZONE AIMS TO REDUCE POVERTY AND BRING GREATER OPPORTUNITY TO PEOPLE LIVING AND WORKING IN WEST PHILADELPHIA. THE INITIATIVE HELPS ORGANIZATIONS WORK TOGETHER TO CONNECT RESIDENTS TO HIGH QUALITY EDUCATION, WELL-PAYING JOBS, AFFORDABLE HOUSING, HEALTH SERVICES, AND SAFE, ECONOMICALLY HEALTHY PLACES TO LIVE. LED BY THE MAYOR'S OFFICE OF COMMUNITY EMPOWERMENT AND OPPORTUNITY, OVER 100 LOCAL PARTNER ORGANIZATIONS, INCLUDING PUBLIC AGENCIES, SERVICE PROVIDERS, CIVIC GROUPS, UNIVERSITIES, AND HOSPITALS, MEET MONTHLY TO ADVANCE WORK IN AREAS THAT INCLUDE EDUCATION, ECONOMIC OPPORTUNITY, HEALTH AND WELLNESS, HOUSING, AND PUBLIC SAFETY. PUBLIC SAFETY. 10. LINGUISTICALLY- AND CULTURALLY- APPROPRIATE HEALTHCARE AND 11. RACISM AND DISCRIMINATION IN HEALTHCARE &gt; THE CENTER FOR HEALTH EQUITY ADVANCEMENT (CHEA): CHEA IS THE CORNERSTONE FOR ADVANCING HIGH QUALITY PATIENT/FAMILY-CENTERED CARE FOR ALL, REGARDLESS OF THEIR PERSONAL CHARACTERISTICS, SUPPORTS COMMUNITY PARTNERSHIPS TO TACKLE BARRIERS TO ACHIEVING OPTIMAL HEALTH FOR A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>LL COMMUNITIES WE SERVE, AND AIMS TO PROVIDE EQUITABLE HEALTHCARE WITHIN INCLUSIVE ENVIRONMENTS THAT SUPPORT A DIVERSE WORKFORCE AND STUDENT BODY. IN ORDER TO BUILD SUPPORT FOR AND ALIGN MUTUALLY REINFORCING EQUITY INITIATIVES ACROSS THE ENTERPRISE, PENN MEDICINE INCORPORATES ITS CENTER FOR HEALTH EQUITY ADVANCEMENT BLUEPRINT FOR EQUITY AND INCLUSION INTO ITS CHIP WITHIN THE FOLLOWING INITIATIVE AREAS: - CARE TRANSFORMATION: CHEA WILL ESTABLISH SYSTEM-WIDE STRUCTURES FOR ROUTINE MEASUREMENT AND REPORTING OF QUALITY AND PATIENT EXPERIENCE METRICS BY PERSONAL CHARACTERISTICS AS WELL AS LEVERAGE EXISTING QUALITY AND PATIENT EXPERIENCE IMPROVEMENT INFRASTRUCTURE TO ADDRESS IDENTIFIED DIFFERENCES IN CARE BY PERSONAL CHARACTERISTICS. - COMMUNITY ENGAGEMENT: CHEA WILL BUILD COMMUNITY PARTNERSHIPS TO ADDRESS IDENTIFIED SOCIAL NEEDS AT BOTH THE PATIENT- AND POPULATION-LEVEL AND TIE COMMUNITY FACING INITIATIVES TO CARE TRANSFORMATION GOALS AND IMPROVING HEALTH OUTCOMES. - WORKFORCE: CHEA WILL CONTINUE TO DRIVE UNDERSTANDING OF INCLUSIVE BEHAVIORS THROUGH ALIGNMENT WITH CURRENT HR INITIATIVES AND POLICIES AND SKILLS TRAINING AND EDUCATION ON INCLUSIVE LEADERSHIP. - RESEARCH AND EVALUATION: CHEA WILL SUPPORT EVALUATION AND RELATED SCHOLARSHIP OF ALL ACTIVITIES DESCRIBED ABOVE AND FURTHER, BUILD RESEARCH AND DEVELOPMENT CAPACITY TO ADVANCE THE SCIENCE OF HEALTH EQUITY AND INCLUSION. - EDUCATION AND TRAINING: CHEA TRAINS HUNDREDS OF CLINICIANS ANNUALLY AND OFFERS A VARIETY OF WORKSHOPS. CHEA DEVELOPS AND DEPLOYS MESSAGING CAMPAIGNS ON HEALTH EQUITY AND INCLUSION (HE&amp;I) CONCEPTS AND ITS ALIGNMENT WITH HEALTH SYSTEM OPERATIONAL GOALS AND INVEST IN RELATED WORKFORCE CAPACITY BUILDING AND SKILLS TRAINING. TRAINING TOPICS INCLUDE: FOUNDATIONS OF UNCONSCIOUS BIAS; BEYOND BIAS: ADVANCING DIVERSITY AND INCLUSION; UNCONSCIOUS BIAS FOR LEADERS: IMPACT ON DECISION MAKING; IMPACT OF UNCONSCIOUS BIAS; FACULTY SEARCH AND SELECTION PROCESS; VIRTUAL FOUNDATIONS OF UNCONSCIOUS BIAS. &gt; PENN OB/GYN HEALTH EQUITY TASKFORCE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY: THE PENN OB/GYN HEALTH EQUITY TASKFORCE WAS FORMED IN JANUARY 2019 TO ADDRESS REPRODUCTIVE HEALTH DISPARITIES IN A MEANINGFUL WAY. THE TASK FORCE INCLUDES REPRESENTATION FROM ALL THE DIVISIONS WITHIN THE DEPARTMENT. OUR WORKING GROUP MEMBERS SERVE AS THE LEADERS WITHIN THE DEPARTMENT FOR EDUCATION ON HEALTH EQUITY, AND FOR IDENTIFYING AREAS OF QUALITY IMPROVEMENT AND INTERVENTION THAT WILL REDUCE HEALTH INEQUITIES IN OUR DEPARTMENT. ---- -----</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 1A	DETAIL OF FORMS 1099 FILINGS 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**

<b>Return Reference</b>	<b>Explanation</b>
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 2019 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 2019 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. -----

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS NET UNREALIZED INC. IN NET ASSETS \$445,769 TRANSFER TO CHCA-NJ PPMC DIVISIONS (8,173,721) TRANSFER FROM MULTI-SPECIALTY GROUP 1,566,405 TRANSFER FROM PENN CARE & HOME 17,183,499 ----- TOTAL OTHER CHANGES IN NET ASSET \$11,021,952 -----

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY  
OF PENNSYLVANIA HEALTH SYSTEM

**Employer identification number**

23-2810852

**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
<b>(1)</b> 3737 FEE OWNER LLC 17190 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128 61-1692432	RENTAL	CA	364,824	94,428,099	PMC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRESBYTERIAN MULTISPECIALTY GROUP PRACTICE	S	1,566,405	FMV



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 23-2810852

**Name:** PRESBYTERIAN MEDICAL CENTER 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
1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572	HOME HEALTH	PA	501(c)(3)	7	LG HEALTH		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 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		No
250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(c)(3)	10	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(c)(3)	12, II	PA HOSPITAL		No
3451 WALNUT STREET ROOM 737 PHILADELPHIA, PA 19104 84-3379653	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET SUITE 305 PHILADELPHIA, PA 19104 82-3434615	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		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)	7	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 748 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	Yes	

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	
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	
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	Yes		
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501(c)(3)	10	PMC	Yes		
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501(c)(3)	12, I	PMC	Yes		
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	
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	
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	
217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH		No	
421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA		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
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 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
ARCM 1740 LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
BARGE GANSE VENACARE BUS INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017	HEALTHCARE	PA	LGSBT	C-CORP					No
CIRCLE MEDICAL ASSURANCE CO 2929 WALNUT STREET STE 460 PHILADELPHIA, PA 19104 83-3556286	INSURANCE	PA	TRUSTEES	C-CORP					No
CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2865181	PHYS MGMT	PA	CCA	C-CORP					No
DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP					No
FRANKLIN CASUALTY INSURANCE CO PO BOX 530 BURLINGTON, VT 05402 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	TRUST	PA	LG HEALTH	TRUST					No
LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
LANCASTER GENERAL SERVICES INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128	PROPERTY SVCS	PA	LG HEALTH	C-CORP					No
NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE KY1-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
PENN MEDICINE LONDON LIMITED RADIUS COMMERCIAL SERVICES LTD 11T WHITEFRIARS LEWINS MEAD BS1 2NT BR	HEALTHCARE	UK	UPENN INT'L	LIMITED COMPANY					No
PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST 100004 CH	BUS. CONSULTING	CH	UPENN INT'L	C-CORP					No
PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899	INACTIVE	NJ	PHCS HOLDING	C-CORP					No
PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991	HEALTHCARE	PA	PMC	C-CORP	0	0	100.000 %	Yes	
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
QUAKER INSURANCE COMPANY LTD VICTORIA STREET PO BOX HM 1826 VICTORIA HALL, HAMILTON HM HX BD 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
THE PAM 1740 FUND LTD PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 CJ	INVESTMENTS	CJ	TRUSTEES	C-CORP					No
TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SERVICES	PA	CCH&HS	C-CORP					No
UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No
CYRUS 1740 FUND LTD 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1361907	INVESTMENTS	CJ	TRUSTEES	LIMITED COMPANY					No