

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

D Employer identification number
 23-2810852

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

E Telephone number
 (215) 662-4868

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

G Gross receipts \$ 1,144,236,840

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

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.

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	3
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5,074
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,424,120	7,288,461
9 Program service revenue (Part VIII, line 2g)	964,527,270	1,084,540,232
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,520,734	4,305,916
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,452,695	48,102,231
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,007,924,819	1,144,236,840
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	409,964,564	477,985,687
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 238,230		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	546,709,032	617,529,963
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	956,673,596	1,095,515,650
19 Revenue less expenses. Subtract line 18 from line 12	51,251,223	48,721,190

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	864,132,692	931,405,283
21 Total liabilities (Part X, line 26)	269,010,636	284,795,533
22 Net assets or fund balances. Subtract line 21 from line 20	595,122,056	646,609,750

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2023-05-08

MICHELE M VOLPE CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PricewaterhouseCoopers LLP
 Preparer's signature: _____
 Date: 2023-05-03
 Check if self-employed
 PTIN: P00858539

Firm's name: PricewaterhouseCoopers LLP
 Firm's EIN: _____

Firm's address: 2001 MARKET ST SUITE 1800
 PHILADELPHIA, PA 19103
 Phone no. (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 1,007,699,057 including grants of \$ 0) (Revenue \$ 1,124,365,475)
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 ▶ 1,007,699,057

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question, 2a, 2b, and Yes/No. Rows include questions about employee reporting (2a-2b), federal employment tax returns (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9b), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) non-exempt charitable trusts (12a-12b), section 501(c)(29) qualified nonprofit health insurance issuers (13a-13c), indoor tanning services (14a-14b), parachute payments (15), and educational institutions (16). Row 17 is partially visible.

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 (3), 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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	2,459,636	405,970	
(2) PHILIP A OKALA EX-OFFICIO MEMBER	1.0 54.0	X					0	1,784,108	213,145	
(3) KEITH KASPER CONTROLLER; EX-OFFICIO MEMBER	1.0 54.0	X		X			0	1,593,071	205,876	
(4) MICHELE M VOLPE CEO; EX-OFFICIO MEMBER	1.0 54.0	X		X			0	1,023,624	12,006	
(5) JAMES BALLINGHOFF RN MSN MBA BOARD MEMBER; CNO	55.0 0.0	X		X			413,085	0	11,908	
(6) ANTHONY ZUMPARO ASST. CONTROLLER & SECRETARY	54.0 1.0	X		X			389,213	0	17,871	
(7) JACK ENDE MD BOARD MEMBER	1.0 54.0	X					0	344,404	42,928	
(8) Robert J Russel MPA NHA FACHE ASSOCIATE EXECUTIVE DIRECTOR	54.0 1.0				X		330,260	0	20,288	
(9) S SIU MD PHYSICIAN ADVISOR	55.0 0.0					X	317,381	0	20,234	
(10) KIMBERLY A DEPERT ASSOC. EXEC. DIR. CARD SRVCS	55.0 0.0					X	308,695	0	13,258	
(11) GEORGE IYOOB CLINICAL DIRECTOR	55.0 0.0					X	283,506	0	27,590	
(12) Gene Gofman MBA ASSC CHIEF FINANCIAL OFFICER	55.0 0.0				X		261,150	0	28,368	
(13) NISHAMINY KASBEKAR CHIEF PHARMACY OFFICER	55.0 0.0					X	251,674	0	28,280	
(14) MARGORIE MICHELE CHIEF HR OFFICER	53.0 2.0					X	248,217	0	31,177	
(15) ANNEMARIE WALTER ASST. SECRETARY	1.0 0.0	X		X			0	52,866	3,029	
(16) ANN CONLIN BOARD MEMBER	1.0 0.0	X					0	0	0	
(17) CLARE D'AGOSTINO ESQ BOARD MEMBER	1.0 0.0	X					0	0	0	

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 917

Table with 3 columns: Question (3, 4, 5) and Yes/No answers regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like WEXFORD UCSC 3737 LLC, HSC BUILDERS CONSTRUCTION MGRS, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 32

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	5,227				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,283,234				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			7,288,461			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUES		621110	927,522,627	927,522,627		
	b MEDICAL SUPPLIES/DRUG SALES		900099	157,017,605	157,017,605		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.			1,084,540,232				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			311,347		311,347	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		6a		8,276,988			
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c	8,276,988	0			
	d Net rental income or (loss)			8,276,988		8,276,988	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		4,067,046	-72,477		
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c	4,067,046	-72,477			
	d Net gain or (loss)			3,994,569		3,994,569	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
		b Less: direct expenses	8b	0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	9a		0				
	b Less: direct expenses	9b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	10a		0				
	b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS REVENUES		900099	29,308,265	29,308,265			
b MAPS EQUALIZATION		900099	8,765,355	8,765,355			
c CAFETERIA REVENUES		900099	1,751,623	1,751,623			
d All other revenue							
e Total. Add lines 11a-11d			39,825,243				
12 Total revenue. See instructions			1,144,236,840	1,124,365,475	12,582,904		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,525,556	1,356,982	168,574	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	368,509,877	327,789,536	40,536,086	184,255
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	93,292,572	82,983,743	10,262,183	46,646
10 Payroll taxes	14,657,682	13,038,008	1,612,345	7,329
11 Fees for services (non-employees):				
a Management	165,753,464	145,863,048	19,890,416	0
b Legal	10,469	9,213	1,256	0
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,675,230	23,474,202	3,201,028	0
12 Advertising and promotion	33,210	29,225	3,985	0
13 Office expenses	24,941,752	21,948,742	2,993,010	0
14 Information technology	819,023	720,740	98,283	0
15 Royalties	0			
16 Occupancy	14,856,753	13,073,943	1,782,810	0
17 Travel	144,462	127,127	17,335	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,451	3,037	414	0
20 Interest	4,078,019	3,588,657	489,362	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,333,708	31,333,708	0	0
23 Insurance	4,996,214	4,396,668	599,546	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	294,536,467	294,536,467	0	0
b TAXES & ASSESSMENTS	26,891,184	23,664,242	3,226,942	0
c REPAIRS AND MAINTENANCE	11,487,400	10,108,912	1,378,488	0
d DUES & LICENSES	476,709	419,504	57,205	0
e All other expenses	10,492,448	9,233,353	1,259,095	
25 Total functional expenses. Add lines 1 through 24e	1,095,515,650	1,007,699,057	87,578,363	238,230
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,500	1	37,213
	2 Savings and temporary cash investments	2,727,268	2	43,053,522
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	130,028,582	4	143,374,163
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	13,766,129	8	15,637,612
	9 Prepaid expenses and deferred charges	11,687,165	9	15,084,559
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 762,718,300		
	b Less: accumulated depreciation	10b 373,043,197	375,280,800	10c 389,675,103
	11 Investments—publicly traded securities	203,972,908	11	196,050,129
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	126,660,340	15	128,492,982
16 Total assets. Add lines 1 through 15 (must equal line 33)	864,132,692	16	931,405,283	
Liabilities	17 Accounts payable and accrued expenses	52,486,929	17	75,805,265
	18 Grants payable	0	18	0
	19 Deferred revenue	2,187,313	19	1,166,667
	20 Tax-exempt bond liabilities	95,351,149	20	88,055,055
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	118,985,245	25	119,768,546
	26 Total liabilities. Add lines 17 through 25	269,010,636	26	284,795,533
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	391,903,815	27	450,214,806
	28 Net assets with donor restrictions	203,218,241	28	196,394,944
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	595,122,056	32	646,609,750	
33 Total liabilities and net assets/fund balances	864,132,692	33	931,405,283	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,144,236,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,095,515,650
3	Revenue less expenses. Subtract line 2 from line 1	3	48,721,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	595,122,056
5	Net unrealized gains (losses) on investments	5	21,957
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,744,547
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	646,609,750

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2810852

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

Form 990 (2021)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM	Employer identification number 23-2810852
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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
2021
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 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	475	
2 Aggregate value of contributions to (during year)	1,021,987	
3 Aggregate value of grants from (during year)	409,043	
4 Aggregate value at end of year	48,676,900	

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

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

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

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

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

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

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

- 1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (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 FASB ASC 958 relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	182,082,082	135,791,491	137,910,872	136,193,580	126,951,963
b Contributions	509,122	918,371	3,896	750,547	6,330
c Net investment earnings, gains, and losses	-1,852,385	52,717,110	4,166,132	6,488,517	14,920,855
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	7,750,700	7,344,890	6,289,409	5,521,772	5,685,568
f Administrative expenses	0	0	0	0	0
g End of year balance	172,988,119	182,082,082	135,791,491	137,910,872	136,193,580

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | Yes | No |
| (ii) Related organizations | No | No |
- 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
1a Land		4,788,853		4,788,853
b Buildings		451,787,809	193,453,636	258,334,173
c Leasehold improvements		1,687,587	1,460,694	226,893
d Equipment		242,882,343	178,128,867	64,753,476
e Other		61,571,708		61,571,708
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				389,675,103

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GOODWILL	24,887,819
(2) BOND FINANCING COSTS	454,620
(3) MERGER FINANCING COSTS	1,473,467
(4) OTHER NON-CURRENT ASSETS	100,938,087
(5) LONG TERM INVESTMENTS	738,989
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	128,492,982

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	33,842,822
(3) FIN 47 ASSET RETIREMENT	3,280,585
(4) DUE TO AFFILIATE	82,645,139
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	119,768,546

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2810852

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, 2022 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
2021
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 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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 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		
3 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. a 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 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	
c 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c 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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,330,106	0	3,330,106	0.300 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			186,020,271	148,974,101	37,046,170	3.380 %
d Total Financial Assistance and Means-Tested Government Programs			189,350,377	148,974,101	40,376,276	3.680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			28,362,687	9,733,689	18,628,998	1.700 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			28,362,687	9,733,689	18,628,998	1.700 %
k Total. Add lines 7d and 7j			217,713,064	158,707,790	59,005,274	5.380 %

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 28,356,230		
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 11,054,235		
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)	5 182,187,676
6 Enter Medicare allowable costs of care relating to payments on line 5	6 184,555,904
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -2,368,228
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
Community Health Needs Assessment			
1	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
2	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
3	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	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <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		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <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)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	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	
6 a	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	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	
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCH H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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.		
12a	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	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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:			
13	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	
a	<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	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SCH H, PART V, SECT. C</u>		
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>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	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
18	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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	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): a <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 <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) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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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
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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 11 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 HOME. ON ANY GIVEN DAY, UPHS PHYSICIANS, NURSES, MEDICAL STUDENTS, AND VOLUNTEERS ARE OUT IN THE COMMUNITY SHARING THEIR SKILLS, THEIR TALENTS AND MOST IMPORTANTLY, THEMSELVES FOR THE 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 OUR EMERGENCY ROOMS 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-ECONOMIC 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 INSURANCE PROVIDING MORE THAN \$100 MILLION IN CHARITY AND UNDERFUNDED CARE EACH YEAR. IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND OTHER AREA INSTITUTIONS, UPHS SEEKS TO IDENTIFY AND ADDRESS RACIAL, ETHNIC, AND GENDER DISPARITIES THROUGH SUPPORT FOR PROGRAMS INCLUDING, BUT NOT LIMITED TO: > PUENTES DE SALUD - A WEEKLY FREE CLINIC THAT SEEKS TO ADDRESS THE HEALTH NEEDS OF THE GROWING LATINO POPULATION BY PROVIDING LOW-COST CARE TO PATIENTS ANNUALLY. > THE UNITY CLINIC - A FREE CLINIC THAT PROVIDES PRIMARY CARE SERVICES TO LOW-INCOME ASIAN IMMIGRANTS IN PHILADELPHIA. > WOMEN AND CHILDREN'S HEALTH SERVICES - AN AMBULATORY 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 MEDICAL CARE. - HOW THE HEALTH SYSTEM ASSESSES COMMUNITY HEALTH STATUS UPHS PROVIDES VARIOUS COMMUNITY SERVICES WHICH, IN CONJUNCTION WITH PROVIDING PATIENT CARE AND EDUCATIONAL INFORMATION, HELP US ASSESS THE HEALTH STATUS OF OUR COMMUNITY. SOME OF OUR MOST SUCCESSFUL INITIATIVES RESULT FROM APPLYING THE COLLECTIVE RESOURCES OF COMMUNITY RESIDENTS AND ORGANIZATIONS, 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 HEALTH ASSESSMENTS THAT INDIVIDUAL PROGRAMS MAY PERFORM, OPEN DIALOGUE WITH COMMUNITY LEADERS THROUGH PARTICIPATION IN COMMUNITY MEETINGS, OR BY ASSESSING COMMUNITY HEALTH STATUS IN THE WORK WE PERFORM OUT IN THE COMMUNITY. - HOW THE HEALTH SYSTEM COLLABORATES WITH COMMUNITY STAKEHOLDERS, INCLUDING OTHER INSTITUTIONAL PROVIDERS, TO IDENTIFY SPECIFIC COMMUNITY HEALTH NEEDS AND TO DEVELOP AND MEASURE EFFECTIVENESS OF PROGRAMS TO HELP MEET THOSE NEEDS COLLABORATION WITH COMMUNITY STAKEHOLDERS AND OTHER INSTITUTIONAL PROVIDERS IS A PARTICULARLY STRONG AREA FOR UPHS. WORKING IN CONJUNCTION WITH COMMUNITY-BASED NON-PROFIT ORGANIZATIONS, CITY AGENCIES AND OTHER COMMUNITY STAKEHOLDERS, UPHS SEEKS TO IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS THROUGH PROGRAMS AND SERVICES, SUCH AS: > SAYRE HEALTH CENTER - RECOGNIZING 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 COMMUNITY, PENN MEDICINE PHYSICIANS WORK IN PARTNERSHIP WITH SAYRE STUDENTS TO TEACH BASIC MEDICAL SERVICES THAT ONE DAY COULD LEAD TO A CAREER IN THE MEDICAL PROFESSION. > BRIDGING THE GAPS - A PARTNERSHIP OF THE AREA'S FIVE ACADEMIC HEALTH CENTERS, BRIDGING THE GAPS (BTG) LINKS THE TRAINING OF HEALTH PROFESSIONALS WITH THE PROVISION OF CARE TO ECONOMICALLY DISADVANTAGED POPULATIONS. LED BY UPHS PHYSICIANS AND STAFF, BTG GIVES MEDICAL STUDENTS THE OPPORTUNITY TO GAIN FIRST-HAND INSIGHT INTO THE COMPLEX ISSUES AFFECTING UNDERSERVED URBAN COMMUNITIES. IN ADDITION TO THE PROGRAMS OUTLINED ABOVE, UPHS PHYSICIANS AND STAFF PROVIDE EDUCATIONAL PROGRAMS IN CONJUNCTION WITH AREA HIGH SCHOOLS AND VOLUNTEER THEIR EXPERTISE TO NUMEROUS PUBLIC HEALTH COMMITTEES AND AGENCIES AT THE COMMUNITY, STATE AND NATIONAL LEVEL. - HOW THE HEALTH SYSTEM REGULARLY REPORTS TO THE COMMUNITY ON THE ORGANIZATION'S QUALITY 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 EXTENSIVE 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. HTTPS://WWW.PENNMEDICINE.ORG/NEWS/PUBLICATIONS-AND-SPECIAL-PROJECTS/SIMPLY -BECAUSE ADDITIONALLY, UPHS HAS ALSO IMPLEMENTED OUR "PENN MED</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	<p>ICINE CARES" (COMMUNITY ACTIVITY REPORTING E-INITIATIVE) PROGRAM. WHILE THE "SIMPLY BECAUS E" REPORT PROVIDES US A BRIEF GLIMPSE INTO ALL THE GOOD WORK UPHS PERSONNEL ARE INVOLVED I N, IT REPRESENTS ONLY A FRACTION OF THE TOTAL COMMUNITY SERVICE WORK THAT OCCURS. THIS REP ORTING PROGRAM HAS BEEN DEVELOPED TO ENCOURAGE UPHS EMPLOYEES TO REPORT ALL OF THE COMMUNI TY SERVICES THEY PROVIDE SO THAT WE CAN BETTER TRACK COMMUNITY OUTREACH, ENCOURAGE MORE VO LUNTEERISM AND BETTER TARGET OUR EFFORTS TO MEET THE GREATEST COMMUNITY NEEDS. HTTP://WWW. PENNMEDICINE.ORG/HEALTH-SYSTEM/ABOUT/COMMUNITY/ -WHETHER AND HOW UPHS IS ADDRESSING THE PE R 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 PROGRAM S. UPHS PHYSICIANS AND STAFF WORK IN HEALTH CLINICS THROUGHOUT PHILADELPHIA THAT PROVIDE T HESE MUCH-NEEDED SERVICES THAT ALSO ADDRESSES THE PER CAPITA COST OF HEALTH CARE IN THE CO MMUNITY. IN ADDITION, UPHS HAS A SPECIALTY CARE CONTRACT WITH THE CITY OF PHILADELPHIA THA T ALLOWS PHYSICIANS FROM THE CITY'S DISTRICT HEALTH CENTERS TO REFER PATIENTS INTO THE SYS TEM FOR APPOINTMENTS IN SPECIALTIES SUCH AS CARDIOLOGY, NEUROLOGY AND DERMATOLOGY. THESE S ERVICES ARE PROVIDED TO THE CITY AT A SIGNIFICANTLY REDUCED COST - GIVING UNINSURED AND UN DERINSURED 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 BEN EFIT 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 WITH THE NEIGHBORHOODS WE SERVE-BECOMING INCREASINGLY RESPONSIVE IN IDENTIFYING NEEDS AND PROACTIVE IN FINDING SOLUTIONS. IN ADDITION TO OUR OWN INTERNAL EFFORTS, UPHS ALSO COLLAB ORATES WITH VARIOUS PUBLIC AND PRIVATE AGENCIES TO HELP DETERMINE COMMUNITY HEALTH NEEDS A ND HOW BEST TO ADDRESS THEM. THE SUCCESS OF COMMUNITY OUTREACH REQUIRES A STRONG FOCUS ON SOLUTIONS. AT UPHS, WE CONTINUALLY FIND WAYS TO EXPAND AND STRENGTHEN THE SAFETY NET THAT HELPS ENSURE THE WELL-BEING OF THE COMMUNITIES WE SERVE. IN THAT REGARD, ONE OF OUR MAJOR RESPONSIBILITIES IS TO SHARE KNOWLEDGE. WORKING TOGETHER WITH COMMUNITY PARTNERS ENABLES U S TO ACCOMPLISH MORE THAN ANY ONE PERSON COULD INDIVIDUALLY. PLEASE SEE OUR MOST RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN FOR ADDITIONAL INFORMA TION. A COPY OF OUR CHNA AND IMPLEMENTATION PLAN CAN BE ACCESSED AT: HTTPS://WWW.PENNMEDIC INE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS. -----</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: HTTPS://WWW.PENNMEDICINE.ORG/FOR-PATIENTS-AND-VISITORS/PATIENT-INFORMATION /INSURANCE-AND-BILLING/FINANCIAL-ASSISTANCE -----</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 JERSEY 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 & 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**

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		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 IMPLEMENTATION PLANS. AMONG OTHERS, THE COLLABORATIVE CHNA INCLUDED THE FOLLOWING PARTNERING UPHS HOSPITAL AFFILIATES:</p> <ul style="list-style-type: none"> - CHESTER COUNTY HOSPITAL - HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PENNSYLVANIA HOSPITAL OF UPHS - PENN PRESBYTERIAN MEDICAL CENTER OF UPHS FOR MORE INFORMATION, PLEASE SEE: HTTPS://WWW.PENNMEDICINE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS -----
PART V, SECTION B, LINE 7 & 10-CHNA & IMP. PLAN PUBLIC AVAILABILITY	<p>PAH IS INCLUDED IN A REGIONAL CHNA. COPY OF THE ORGANIZATION'S CHNA AND IMPLEMENTATION STRATEGY CAN BE ACCESSED AT: HTTPS://WWW.PENNMEDICINE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS 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 11/15/2022, 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)	PAH IS INCLUDED IN A REGIONAL CHNA. FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING: HTTPS://WWW.PENNMEDICINE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS -----
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: HTTPS://WWW.PENNMEDICINE.ORG/FOR-PATIENTS-AND-VISITORS/PATIENT-INFORMATION /INSURANCE-AND-BILLING/FINANCIAL-ASSISTANCE -----

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

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 Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes 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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	TOP MANAGEMENT COMPENSATION AS PROVIDED IN THE FORM 990, SCHEDULE J INSTRUCTIONS, SINCE THE ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF THE METHODS DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THIS QUESTION HAS BEEN LEFT UNANSWERED. REFER TO SCHEDULE O FOR A DESCRIPTION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS. ----- -----

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 4B	<p>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- \$199,526 MAHONEY, KEVIN- \$230,330 OKALA, PHILIP- \$241,825 VOLPE, MICHELE- \$82,620 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 -----</p>

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 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 JACK ENDE MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	261,638	27,671	55,095	21,716	21,212	387,332	0
1 KEITH KASPER CONTROLLER; EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	908,794	439,425	244,852	180,000	25,876	1,798,947	199,527
2 KEVIN B MAHONEY EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,477,722	717,600	264,314	385,800	20,170	2,865,606	230,330
3 MICHELE M VOLPE CEO; EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	572,130	259,289	192,205	0	12,006	1,035,630	82,620
4 PHILIP A OKALA EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,035,609	482,519	265,980	187,200	25,945	1,997,253	242,318
5 ANTHONY ZUMPARO ASST. CONTROLLER & SECRETARY	(i)	307,720	77,540	3,953	0	17,871	407,084	0
	(ii)	0	0	0	0	0	0	0
6 GEORGE IYOOB CLINICAL DIRECTOR	(i)	249,797	33,356	353	0	27,590	311,096	0
	(ii)	0	0	0	0	0	0	0
7 JAMES BALLINGHOFF RN MSN MBA BOARD MEMBER; CNO	(i)	329,922	83,163	0	0	11,908	424,993	0
	(ii)	0	0	0	0	0	0	0
8 KIMBERLY A DEPPERT ASSOC. EXEC. DIR. CARD SRVCS	(i)	246,382	61,281	1,032	0	13,258	321,953	0
	(ii)	0	0	0	0	0	0	0
9 MARGORIE MICHELE CHIEF HR OFFICER	(i)	197,882	49,912	423	0	31,177	279,394	0
	(ii)	0	0	0	0	0	0	0
10 S SIU MD PHYSICIAN ADVISOR	(i)	271,785	45,185	411	0	20,234	337,615	0
	(ii)	0	0	0	0	0	0	0
11 NISHAMINY KASBEKAR CHIEF PHARMACY OFFICER	(i)	198,378	52,873	423	0	28,280	279,954	0
	(ii)	0	0	0	0	0	0	0
12 Gene Gofman MBA ASSC CHIEF FINANCIAL OFFICER	(i)	207,825	53,126	199	0	28,368	289,518	0
	(ii)	0	0	0	0	0	0	0
13 Robert J Russel MPA NHA FACHE ASSOCIATE EXECUTIVE DIRECTOR	(i)	261,859	66,689	1,712	0	20,288	350,548	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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

Table with columns (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.

Part II Proceeds

Table with columns A, B, C, D and rows 1-17 detailing bond proceeds and questions 14-17 regarding bond issuance.

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?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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 2015 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 2015 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$37,976,545 AS OF JUNE 30, 2022. 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 \$2,677,387 AS OF JUNE 30, 2022. 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 \$13,771,858 AS OF JUNE 30, 2022. PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2021 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 2021 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$14,873,260 AS OF JUNE 30, 2022. PRESBYTERIAN MEDICAL CENTER HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES B 2021 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 B 2021 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PRESBYTERIAN MEDICAL CENTER WAS \$18,756,005 AS OF JUNE 30, 2022.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number

23-2810852

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>DETAIL OF PROGRAM SERVICE ACCOMPLISHMENTS PRESBYTERIAN MEDICAL CENTER (PPMC OR PENN PRESBYTERIAN) IS A 399-BED ACADEMIC MEDICAL CENTER, WHICH IS PART OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (UPHS). 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. IN FY2022, UPHS PROVIDED \$389 MILLION IN CHARITY AND UNDERFUNDED CARE FOR MEDICAID FAMILIES. ADDITIONALLY, FOR THE SAME FISCAL YEAR, PENN PRESBYTERIAN ADMITTED 17,727 ADULT PATIENTS AND HAD 299,491 OUTPATIENT VISITS. I. HEALTH CARE SERVICES > 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 COVERAGE 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 EDUCATIONAL 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 SOURCES. > 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 FOR EACH AND EVERY PATIENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ENT, AND TREATS MAJOR AND MINOR MEDICAL EMERGENCIES. THE DEPARTMENT ALSO SERVES AS AN ENTR ANCE POINT INTO THE HEALTH CARE SYSTEM FOR THOSE WHO NEED CONTINUED MEDICAL CARE AND NURSI NG INTERVENTION AND AS A REFERRING AGENCY TO OTHER DISCIPLINES WITHIN THE UNIVERSITY OF PE NNSYLVANIA 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, ANCES TRY, RELIGIOUS CREED, SEX, AGE, MARITAL STATUS, SEXUAL PREFERENCE OR GENDER IDENTITY, OR P HYSICAL OR MENTAL DISABILITY. FOR FY22, PENN PRESBYTERIAN'S EMERGENCY DEPARTMENT TREATED 5 0,059 PATIENTS. > CARDIAC SERVICES: PPMC OFFERS A COMPREHENSIVE RANGE OF CARDIAC SERVICES INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), VENTRICULAR ASSIST DEVICE (VAD) S URGERY, COMPLEX ANGIOPLASTY AND STENT REPLACEMENT FOR CORONARY ARTERY DISEASE, INNOVATIVE HEART BYPASS TECHNIQUES, LATEST THERAPIES FOR ABNORMAL HEART RHYTHMS, MINIMALLY INVASIVE C ARDIAC SURGERY, PROGRAM FOR CONGESTIVE HEART FAILURE, HEART VALVE REPAIR, AND SPECIAL PROG RAMS FOR RISK REDUCTION AND REHABILITATION. > ORTHOPEDIC SERVICES: THE ORTHOPEDIC INSTITUT E IS A CENTER FOR EXCELLENCE IN THE LATEST SURGICAL AND NONSURGICAL METHODS FOR TREATING B ONE DISABILITIES, SPORTS INJURIES AND OTHER TRAUMAS. THE ORTHOPEDIC INSTITUTE'S ORTHOPEDIC SURGEONS, RHEUMATOLOGISTS AND REHABILITATION SPECIALISTS PROVIDE EXCELLENT CARE IN TREATI NG BONE AND JOINT PROBLEMS OF THE FOOT AND THE HAND. > GERIATRICS AND ACUTE CARE: THE GERI ATRICS 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 CUTT ING-EDGE GERIATRIC CARE AND CREATE A COMFORTABLE SETTING DEDICATED TO MEETING THE UNIQUE N EEDS OF ELDERLY PATIENTS AND THEIR FAMILIES. ADDITIONALLY, THE STAFF OF THE ACUTE CARE UNI T (ACE) VOLUNTEER AT LOCAL SENIOR HOMES AND REHABILITATION CENTERS WHERE THEY ENCOURAGE SE NIORS TO STAY ACTIVE AND HEALTHY. > BEHAVIORAL HEALTH: THE BEHAVIORAL HEALTH PROGRAM PROVI DES INPATIENT AND OUTPATIENT SERVICES FOR MENTAL HEALTH AND ADDICTION TREATMENTS AS WELL A S MENTAL HEALTH PROGRAMS FOR OLDER ADULTS. > COMPREHENSIVE MEDICAL CARE MEDICAL SPECIALIST S AT PPMC PROVIDE COMPREHENSIVE CARE USING THE LATEST DIAGNOSTIC PROCEDURES IN AREAS SUCH AS DERMATOLOGY, NEUROLOGY, ENDOCRINOLOGY, FAMILY MEDICINE, GASTROENTEROLOGY, HEMATOLOGY/ON COLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEPHROLOGY, GYNECOLOGY, PSYCHIATRY, PULMONA RY, ALLERGY REHABILITATION MEDICINE, AND RHEUMATOLOGY. > COMPREHENSIVE SURGICAL CARE PPMC IS KNOWN FOR ITS CARDIOTHORACIC AND ORTHOPEDIC SURGERY PROGRAMS. IT ALSO HAS OUTSTANDING P ROGRAMS IN MINIMALLY INVASIVE AND LAPAROSCOPIC SURGERY. NATIONALLY KNOWN SURGEONS PERFORM MINIMALLY INVASIVE SURGERY FOR DISEASES OF THE ADRENALS, APPENDIX, ESOPHAGUS, GALLBLADDER, PANCREAS, AND STOMACH, AND LA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PAROSCOPIC ANTI-REFLUX SURGERY. IN ADDITION, PPMC PROVIDES THORACIC SURGERY FOR THE PATIENTS DIAGNOSED WITH CANCER, DISEASES OF THE LUNG & THORAX. > 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, RETINA DISORDERS, GENERAL OPHTHALMOLOGY, GLAUCOMA SERVICES, LOW VISION REHABILITATION, MACULAR DEGENERATION, OCULAR GENETICS, OCULOFACIAL & 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. > SAUNDERS PARK: RECOGNIZING GREEN SPACE AS INTEGRAL TO A HEALTHY COMMUNITY, PRESBYTERIAN MAINTAINS NEARBY SAUNDERS PARK AND COORDINATES VARIOUS EVENTS BENEFITTING THE NEIGHBORHOOD AT THE PARK. > PATIENT AND GUEST SERVICES WORK TO ENSURE EVERY PATIENT RECEIVES THE BEST POSSIBLE CARE AND TREATMENT. REPRESENTATIVES OF THE PATIENT AND GUEST RELATIONS DEPARTMENT SERVE AS A SOURCE OF INFORMATION AND RESOURCES TO HELP PATIENTS, FAMILIES, AND VISITORS. FOR FY21, THE FOLLOWING WAS PROVIDED BY PATIENT AND GUEST RELATIONS: PATIENT CONCERN/COMPLAINT RESOLUTION: 1,051 - MEAL VOUCHERS: 0 - PARKING VOUCHERS: \$2,062 - NOTARY SERVICE: 0 > THE MCCAHAN CHAPEL: LOCATED WITHIN PRESBYTERIAN, THE CHAPEL IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK FOR PRAYER AND MEDITATION. ADDITIONALLY, CHAPLAINS MAKE DAILY VISITS TO THE PATIENT UNITS AND ARE AVAILABLE TO TALK WITH PATIENT AND FAMILIES 24 HOURS A DAY. FOR FY22, CHAPLAINS MADE 8,332 VISITS. II. COMMUNITY OUTREACH, AND SOCIAL AND PASTORAL SERVICES > PENN TRAUMA IS COMMITTED TO THE COMMUNITY IMMEDIATELY SURROUNDING PENN PRESBYTERIAN. REPRESENTATIVES FROM PENN TRAUMA SEEK TO DECREASE TRAUMA THROUGH COMMUNITY EDUCATION AND INTERVENTION. THE FOLLOWING ACTIVITIES WERE LOGGED FOR FY22: TRAUMA PARTICIPATED IN BIWEEKLY MEETINGS COORDINATED BY ANTI-VIOLENCE PARTNERSHIP OF PHILADELPHIA. THIS IS A MULTIDISCIPLINARY TEAM OF PROVIDERS WHO CARE FOR THOSE INJURED BY GUN VIOLENCE, STRATEGIZING ON WAYS TO ADVOCATE FOR CHANGE ON THE CITY LEVEL TO ADDRESS THE GUN VIOLENCE CRISIS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>TRAUMA PARTICIPATED IN THE PHILADELPHIA HVIP COALITION, A MONTHLY COLLABORATIVE MEETING WITH PHILADELPHIA DEPT. OF PUBLIC HEALTH AND LEADERSHIP FROM ALL PHILADELPHIA TRAUMA CENTERS AND OTHERS LEADING HOSPITAL BASED VIOLENCE RECOVERY PROGRAMS TO COORDINATE EFFORTS, SHARE IDEAS, AND STRATEGIZE ON VIOLENCE RECOVERY AS A MEANS TO DECREASE GUN VIOLENCE IN THE CITY. TRAUMA SUPPORTS MOUNT VERNON MANOR CDC, AND THEIR EFFORTS THROUGH RESOURCES, MENTORSHIP, AND SUPPORT LETTERS FOR GRANT FUNDING TO DEVELOP A CREDIBLE MESSENGER TEAM, BASED ON THE CEASEFIRE MODEL. TRAUMA SUPPORTS THE RED CROSS AND THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES TO BRING FAST (FIRST AID FOR SEVERE TRAUMA) TRAINING TO SCHOOLS IN PHILADELPHIA. BIKE HELMETS ARE PROVIDED TO PATIENTS WHO WERE INJURED DUE TO BICYCLE CRASHES WHO EITHER DID NOT OWN A HELMET, OR WHOSE HELMET WAS DAMAGED IN THE CRASH. REFLECTORS, WATER BOTTLES, AND BIKE SAFETY INFORMATION WERE ALSO PROVIDED. THESE HELMETS ARE A RESULT OF TRAUMA STAFF APPLYING FOR GRANT FUNDING AND WORKING IN PARTNERSHIP WITH ORGANIZATIONS. JULY 2021: 6 PERELMAN SCHOOL OF MEDICINE (PSOM) MED STUDENTS AND THEIR PHYSICIAN MENTOR WERE TRAINED IN STOP THE BLEED (DIDACTIC AND SKILLS) TO GO ON TO TEACH AS ASSOCIATE INSTRUCTORS IN OUR STOP THE BLEED (STB) COURSE FOR HIGH SCHOOL SUMMER CAMP STUDENTS AS PART OF A PSOM PARTNERSHIP. THEY WERE ENCOURAGED TO GO ON THE STB WEBSITE TO CREATE AN ASSOCIATE INSTRUCTOR ACCOUNT. JULY 2021: 3 RESIDENTS AND MEDICAL STUDENTS WERE TRAINED IN STB ONSITE. JULY 2021: THE NETTER CENTER PROVIDED EACH STUDENT WITH A C.A.T. TOURNIQUET AHEAD OF TRAINING. A FULL VIRTUAL STB CLASS WAS CONDUCTED FOR 58 PHILADELPHIA HIGH SCHOOL STUDENTS ENROLLED IN NETTER CENTER PROGRAMING. TEENS WERE ABLE TO PRACTICE AND DEMONSTRATE PROPER TOURNIQUET USE VIA ZOOM, AND WOUND PACKING, BY TIGHTLY PACKING A DISHTOWEL OR TSHIRT INTO THE CORE OF A ROLL OF TOILET PAPER. WE UTILIZED LOW (5:1 OR LESS) STUDENT TO INSTRUCTOR RATIOS AND BREAK OUT SESSIONS FOR THE HANDS ON SKILLS AND HAD A VERY SUCCESSFUL SESSION. AUGUST 2021: MERT IS UPENN'S MEDICAL EMERGENCY RESPONSE TEAM, COMPRISED OF 17 UPENN STUDENTS WHO ARE ALSO CERTIFIED EMTS. MERT RESPONDS TO EMERGENCIES ON CAMPUS, AS WELL AS, OUTREACH IN THE STUDENT BODY. AFTER THIS TRAINING, THE GROUP WAS GIVEN THEIR OWN STB TRAINING KIT, TO HOST THEIR OWN TRAINING EVENTS. OCTOBER 2021: A TRAINING WAS CONDUCTED FOR THE TRAUMA CORE GROUP AT PPMC, AS WELL AS DREXEL NURSING STUDENTS, A TOTAL OF 15 PEOPLE. THE INTENTION IN THE EMERGENCY DEPARTMENT IS FOR THE TRAUMA CORE TO CONTINUE TRAINING THE REST OF THE ED TEAM. OCTOBER 2021: DR. CHIDINMA NWAKANMA (EMERGENCY MEDICINE, MD) PARTICIPATED IN DROP THE MIC YOUTH CONFERENCE HELD AT COMMUNITY COLLEGE OF PHILADELPHIA ON AN EXPERT PANEL THAT PRESENTED AND LISTENED TO YOUNG MEN IN PHILADELPHIA AGED 10-18 AND PRESENTED ON TOPICS IN THE AREAS OF MENTAL HEALTH, CONFLICT RESOLUTION, AND GOAL (CAREER) SETTING. THIS EVENT PROVIDED INFORMATION TO THE YOUTH AS WELL AS</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>A FORUM TO SHARE THEIR THOUGHTS ON ENDING VIOLENCE IN OUR CITY WHILE OFFERING INFORMATION AND RESOURCES. OCTOBER 2021: UPENN FACILITIES AND REAL ESTATE SERVICES (FRES) HOLDS YEARLY CPR CLASSES ON THE PENN CAMPUS FOR ALL UNION ELECTRICIANS WORKING ON PENN CAMPUSES. THIS YEAR, THEY ADDED STB TO THE TRAINING AND PLAN TO MAKE IT AN ONGOING EVENT UNTIL EVERY ELEC TRICIAN HAS COMPLETED THE COURSE. 71 UNION ELECTRICIANS WERE TRAINED IN CPR. OCTOBER 2021: MERT PARTICIPATED IN EVENT AT PENN DENTAL, ENTITLED "HEAL YOURSELF", WHERE PATIENTS AND D ENTAL STUDENTS WERE ABLE TO PARTICIPATE IN HANDS-ON LEARNING OF WOUND PACKING AND C.A.T. T OURNIQUET APPLICATION. IN THE DENTAL SCHOOL, THERE ARE AEDS LOCATED ON EVERY FLOOR, EVEN O N NON-PATIENT FLOORS. WITH EVERY AED, THERE IS A STOP THE BLEED KIT. NOVEMBER 2021: ANNUAL STB TRAINING DAY WAS HOSTED FOR PENN TRAUMA. 18 VARIOUS TEAM MEMBERS, NEW FELLOWS, AND OT HER PROVIDERS WERE TRAINED. NOVEMBER 2021: 81 WIDENER UNIVERSITY NURSING STUDENTS WERE TRA INED (AT WIDENER) TO BECOME STB ASSOCIATE INSTRUCTORS. NOVEMBER 2021: ELINORE KAUFMAN, MD (PENN TRAUMA SURGEON) SPOKE AT ANTI-GUN VIOLENCE MARCH AND RALLY HOSTED BY WEST/SOUTHWEST COLLABORATIVE. IT WAS ALSO SUPPORTED AND ATTENDED BY SEVERAL MEMBERS OF THE PENN TRAUMA TE AM, PENN NURSING, PERELMAN SCHOOL OF MEDICINE, AND PENN INJURY SCIENCE CENTER. NOVEMBER 20 21: IN HONOR OF NATIONAL INJURY PREVENTION DAY, A PRESENTATION TABLE SET UP IN PENN PRESBY TERIAN CAFETERIA, PROVIDED INFORMATION ON MULTIPLE INJURY PREVENTION TOPICS INCLUDING FALL S, SPACE HEATER SAFETY, AND SAFE GUN HANDLING. SEVERAL GUN LOCKS WERE DISTRIBUTED WITH GUN SAFETY MATERIAL. DECEMBER 2021: EMPLOYEES OF THE TRAUMA SURGERY INTENSIVE CARE UNIT DEDIC ATED THEIR UNIT CHRISTMAS TREE TO THE LOCAL COMMUNITY TO SUPPORT YEAH PHILLY, AN ORGANIZAT ION IN WEST PHILADELPHIA WORKING WITH YOUNG ADULTS AGES 15 TO 24 WHO HAVE EXPERIENCED GUN VIOLENCE OR ARE IDENTIFIED TO BE AT RISK FOR GUN VIOLENCE, FOCUSING ON HOLISTIC PREVENTION AND INTERVENTION. PRESENTS WERE PURCHASED FOR THE YOUTH AND YOUNG ADULTS. JANUARY 2022: P ARTICIPATED IN LANCASTER AVE CORRIDOR MLK DAY HEALTH FAIR WITH TABLE-TOP STOP THE BLEED SE SSIONS (SKILLS ONLY), AND DISTRIBUTED GUN LOCKS WITH SAFE GUN HANDLING INFORMATION. (20 CO MMUNITY MEMBERS) FEBRUARY 2022: STB TRAINING FOR 7 STAFF OF PENN TRAUMA AND 7 AGNEW SURGIC AL SOCIETY MED STUDENTS. STB KITS PROVIDED. MARCH 2022: STB TRAINING HOSTED FOR 2 STAFF OF PENN TRAUMA AND 15 HIGH SCHOOL STUDENTS WITHIN THE ADNEW SOCIETY PIPELINE PROGRAM. STB KI TS PROVIDED. APRIL 2022: STB TRAINING HOSTED FOR 13 PSOM MEDICAL STUDENTS, 3 STAFF OF PENN TRAUMA, 15 MEMBERS OF ANTI-VIOLENCE PARTNERSHIP OF PHILADELPHIA, 6 STAFF OF WEST PHILADEL PHIA YMCA, 12 FIRST RESPONDERS OF DELAWARE COUNTY AT MERCY FITZGERALD, AND 20 HIGH SCHOOL STUDENTS IN ST. JOSEPH'S PREP MED CLUB. STB KITS PROVIDED. APRIL 2022: PARTICIPATED IN WES T PHILA. YMCA HEALTH & SAFETY FAIR WITH TABLE-TOP STOP THE BLEED SESSIONS (SKILLS ONLY), A ND DISTRIBUTED GUN LOCKS WITH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>SAFE GUN HANDLING INFORMATION. MAY 2022: PARTICIPATED IN JARELL CHRISTOPHER SEAY FOUNDATION AT SHEPARD REC CENTER HEALTH & SAFETY FAIR WITH FALL PREVENTION, CONCUSSION/SPORTS SAFETY INFO, TABLE-TOP STOP THE BLEED SESSIONS (SKILLS ONLY), AND DISTRIBUTED GUN LOCKS WITH SAFE GUN HANDLING INFORMATION. MAY 2022: MEMBERS OF THE PENN TRAUMA TEAM ATTENDED RALLY TO END GUNVIOLENCE HOSTED BY CEASEFIRE PA. MAY 2022: STB TRAINING HOSTED FOR 13 STAFF OF PENN TRAUMA. STB KITS PROVIDED. JUNE 2022: STB TRAINING HOSTED FOR 10 STAFF OF PENN TRAUMA. STB KITS PROVIDED. ></p> <p>PRESBYTERIAN OUTREACH COUNCIL: COMPRISED OF REPRESENTATIVES FROM EVERY HOSPITAL UNIT, THE COUNCIL STRATEGIZES OUTREACH IN THE IMMEDIATE SERVICE AREA AIMING FOR THE BEST AND HEALTHIEST OUTCOMES. THE COUNCIL PARTICIPATED IN THE FOLLOWING EVENTS AND PROJECTS IN FY22: SEPTEMBER 2021: EMPLOYEES FROM WRIGHT SAUNDERS 5 HOSTED A SHOE DRIVE TO BENEFIT THE COMMUNITY. PACU EMPLOYEES HOSTED A SCHOOL SUPPLIES DRIVE NOVEMBER 2021: COMMUNITY OUTREACH COUNCIL HOSTED A THANKSGIVING FOOD DRIVE FOR THE YOUTH AND YOUNG ADULTS AT COVENANT HOUSE. EMPLOYEES FROM ENDOSCOPY HOSTED THANKSGIVING FOOD DRIVE WITH DONATIONS THAT WENT TO THE UNFORGOTTEN HAVEN IN BLACKWOOD NJ. COMMUNITY OUTREACH COUNCIL OFFERED FLU SHOTS TO VETERANS LIVING AT THE VETERAN'S GROUP.</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>DECEMBER 2021: EMPLOYEES FROM 3 EAST COLLECTED TOYS FOR HOPEPHL'S HOLIDAY GIFT DRIVE BENEFITTING LOCAL, LOW-INCOME FAMILIES. EMPLOYEES FROM THE EMERGENCY DEPARTMENT ADOPTED ONE PEDIATRIC PATIENT AFFECTED BY GUN VIOLENCE AND BOUGHT THEM PRESENTS FOR CHRISTMAS. ENDOHEALTH & WELLNESS GROUP ADOPTED TWO FAMILIES FROM THE HALL MERCER COMMUNITY MENTAL HEALTH CENTER AT PENNSYLVANIA HOSPITAL. EMPLOYEES FROM HVICU DONATED TO AN EMPLOYEE WHO LOST HER BELONGINGS IN A HOUSE FIRE. HVICU ADOPTED A FAMILY OF 3 AND 2 ADDITIONAL KIDS, AND BOUGHT THEM PRESENTS FOR CHRISTMAS. STAFF FROM MICU PROVIDED A MEAL TO THE PEOPLE LIVING AT RUDOLPHY HOME FOR THE BLIND. UNIT CLERK COUNCIL & OPHTHALMOLOGY DEPARTMENT HOSTED A TOY DRIVE TO BENEFIT THE FAMILIES OF HOPEPHL. THE EMPLOYEES OF 3 SOUTH HOSTED DONATION DRIVES FOR SAVED ME ANIMAL RESCUE (DOGGIE STYLE PETS), PSPCA, ACCT AND HOMEWARD BOUND NJ ANIMAL SHELTER. ADDITIONALLY, MONEY WAS DONATED TO THE PHILLY BULLY TEAM, PSPCA AND JERSEY PITS RESCUE. JANUARY 2022: THE EMPLOYEES OF WRIGHT SAUNDERS 4 AND 5 HOSTED A TOILETRY DRIVE. HYGIENE PACKETS WERE THEN CREATED AND GIVEN TO DISCHARGED PATIENTS IN NEED. HOSTED A HEALTH PRESENTATION TABLE AT THE LANCASTER AVE BUSINESS CORRIDOR MLK DAY HEALTH FAIR. BLOOD PRESSURES WERE TAKEN AND INFORMATION PERTAINING TO HYPERTENSION, SICKLE CELL, AND COMMUNITY RESOURCES WAS OFFERED. FEBRUARY 2022: OUTREACH COUNCIL PREPARED AND HOSTED A VIRTUAL YOUTH CAREER DAY SHOWCASING HEALTHCARE CAREERS FOR THE YOUTH OF COVENANT HOUSE. MARCH 2022: WITH NEWS OF UKRAINE BEING INVADED, COMMUNITY OUTREACH AND DIVERSITY AND INCLUSION COMMITTEES HOSTED A COLLECTION FOR THE UKRAINE CULTURAL AND EDUCATION CENTER. A CLOTHING DRIVE WAS HOSTED BENEFITTING THE PEOPLE OF PLEASANT GROVE BAPTIST CHURCH. A CLOTHING DRIVE WAS HOSTED BENEFITTING CHILD FIRST SERVICES. APRIL 2022: EMPLOYEES SUPPORTED THE BREAST CANCER WALK. MAY 2022: EMPLOYEES OF 3 SOUTH HOSTED A FOOD DRIVE TO STOCK THE PANTRY AT GIFT OF LIFE. JUNE 2022: EMPLOYEES OF 5 EAST SUPPORTED THE MARCH OF DIMES. ADDITIONALLY, STROKE EDUCATION WAS OFFERED BY KARRIMA OWENS, PRESBYTERIAN'S STROKE OUTREACH COORDINATOR, FOR THE FOLLOWING EVENT: DECEMBER 17, 2021: 25 SENIORS WERE GIVEN STROKE EDUCATION AT PENNSYLVANIA STATE REPRESENTATIVE JO ANNA MCCLINTON'S VIRTUAL HOLIDAY HEALTH FAIR. MAY 20, 2022: 20 EMS PERSONNEL WERE GIVEN STROKE EDUCATION IN-HOUSE. PENN MEDICINE CARES GRANT: IN COLLABORATION WITH THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM, PRESBYTERIAN AWARDS PENN MEDICINE CARES GRANTS TO COMMUNITY-BASED PROGRAMS ON BEHALF OF EMPLOYEES WHO VOLUNTEER THEIR TIME AND EFFORT AT THE INITIATIVES. BY FUNDING THESE PROGRAMS, PENN MEDICINE HELPED SUPPLY HEALTH SERVICES, FOOD, MEDICINE, CLOTHING, AND PLACES TO LIVE FOR THOUSANDS OF UNDERSERVED IN THE REGION EVERY YEAR. SINCE THE FIRST ROUND OF RECIPIENTS WAS ANNOUNCED IN JANUARY 2012 AND TO THE END OF FY22, PENN MEDICINE HAS SUPPORTED 880 SERVICE PROJECTS WITH OVER \$880,000 IN FUNDING. FOLLOWING PLEASE FIND PRESBYTERIAN EMPLOYEES</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>WHO RECEIVED THE CARES GRANT FOR THE 2022 FISCAL YEAR: NEW CHRISTY REC CENTER, JAMAR EATO N: AS A CHILD, JAMAR EATON - WHO GREW UP IN THE COMMUNITY NEAR PENN PRESBYTERIAN - WOULD G O THE CHRISTY REC CENTER AT 56TH AND CHRISTIAN STREETS AFTER SCHOOL TO HAVE SOMETHING TO D O AND TO PLAY BASKETBALL WITH HIS FRIENDS. BUT EATON SHARED THE CENTER HAD LIMITED, OUTDAT ED EQUIPMENT AND OTHER SHORTAGES. HIS CARES GRANT WILL HELP PROVIDE SOME BASIC NECESSITIES FOR THE CENTER, WHICH VARY BASED ON THE TIME OF YEAR. HE ALSO BELIEVES THAT THE GRANT WIL L FURTHER PENN MEDICINE'S SERVICE IN THE COMMUNITY BY GIVING YOUTH A SAFE PLACE TO GO IN A COMMUNITY ENVIRONMENT HARMED BY VIOLENCE. METHACTON AUDUBON RECREATION ASSOCIATION, JOHN HADDLE: FOR THE PAST FIVE YEARS, JOHN HADDLE, A CARDIOVASCULAR PERFUSIONIST, HAS VOLUNTEER ED WITH METHACTON AUDUBON RECREATION ASSOCIATION (MARA) IN MONTGOMERY COUNTY. MARA SERVES MORE THAN 1,000 CHILDREN AND YOUTHS IN SOFTBALL AND BASEBALL. HADDLE'S CARES GRANT SUPPORT S THE PURCHASE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED) FOR THE ASSOCIATION'S NEW COMP LEX, TO HAVE READY IN CASE A PLAYER SUFFERS AN ARRHYTHMIC CARDIAC EVENT. VIOLENCE INTERVEN TION PROGRAM, RODNEY BABB: PATIENTS WHO HAVE BEEN INJURED BY VIOLENCE FACE MANY CHALLENGES ON THE WAY TO RECOVERY BUT WITH A NEW SET OF CHALLENGES. RODNEY BABB, A VIOLENCE INTERVEN TION SPECIALIST WITH PENN'S TRAUMA CENTER, WILL USE HIS CARES GRANT TO SET UP A DISCRETION ARY FUND TO ASSIST SUCH PATIENTS WITH FOLLOW-UP MEDICAL CARE AND RECOVERY. THE FUNDING WIL L GO TO HELP WITH ARRANGING CHILD CARE AND TRANSPORTATION, BUYING GROCERIES, PAYING FOR PR ESCRIPTION COPAYS, AND OTHERS RESPONSIBILITIES. VICTIMS COMPENSATION ASSISTANCE, KERIANN H ANLON: LAST YEAR, MORE THAN 500 PATIENTS WERE ADMITTED TO PENN PRESBYTERIAN MEDICAL CENTER WITH INJURIES DUE TO VIOLENCE. RECOVERING FROM SUCH INJURIES IS COMPLICATED, AS VICTIMS D EAL WITH BOTH PHYSICAL AND EMOTIONAL INJURIES. IN HER WORK WITH TRAUMA ADMINISTRATION, KER IANN HANLON HAS SEEN A NEED TO PROVIDE TWO IPADS SO THAT PATIENTS CAN APPLY PROMPTLY TO PE NNSYLVANIA'S VICTIMS COMPENSATION ASSISTANCE PROGRAM. PROVIDING IPADS AT THE TIME OF SERVI CE AIMS TO AVOID BARRIERS TO THE SUPPORT THE PROGRAM OFFERS. KERIANN'S GRANT COVERS THE CO ST OF BUYING THE IPADS, TWO CASES, AND A CHARGING STATION. DR. MARTIN LUTHER KING JR. TOILETRY DRIVE, KIMBERLY ELAM: AS A SERVICE PROJECT FOR MARTIN LUTHER KING JR. DAY, PENN PRESB YTERIAN HOSTED A TOILETRY DRIVE TO PROVIDE PATIENTS IN NEED WITH A BAG FULL OF TOILETRIES AT DISCHARGE. THESE CARE PACKAGES INCLUDED DAILY HYGIENE ITEMS TO PATIENTS WHO MAY NOT HAV E HAD THE FUNDS TO PURCHASE SUCH ITEMS, INCLUDING TOOTHPASTE, TOOTHBRUSHES, SOAP, DEODORAN T, SHAMPOO, AND HAND SANITIZERS. KIMBERLEY'S GRANT WILL HELP PAY FOR PRODUCTS AND BAGS TO CARRY THEM IN. PRESBY'S EMERGENCY DEPARTMENT PHARMACY CARE FUND, LYNN MERTZ: LYNN'S GRANT GOES TOWARD FUNDING PENN PRESBYTERIAN'S EMERGENCY DEPARTMENT PHARMACY FUND, WHICH SUPPORTS A CRUCIAL PART OF ITS DAILY C</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>ARE AND ROUTINE. THE FUND PROVIDES LIFE-SAVING MEDICATIONS SUCH AS ANTIBIOTICS AND INSULIN FOR PATIENTS IN THE EMERGENCY ROOM WHO ARE UNINSURED OR UNDERINSURED AND CANNOT AFFORD THE MEDICATION. RECEIVING THE MEDICATION CAN PREVENT ADMISSIONS AND READMISSIONS AND HELPS BUY TIME FOR CASE WORKERS TRYING TO GET COVERAGE FOR THOSE PATIENTS. AFGHAN REFUGEE AID, PARWANA SHAH: PARWANA HAS BEEN VOLUNTEERING ON BEHALF OF IMAM ALI MASJID, A MOSQUE IN PENNSA UKEN TOWNSHIP, N.J., TO ASSIST THE REFUGEES FROM AFGHANISTAN WHO ARE NOW LIVING AT THE MCGUIRE-DIX- LAKEHURST AIR FORCE BASE IN BURLINGTON TOWNSHIP AND NEARBY. BECAUSE MANY FAMILIES ARRIVED WITH VERY LIMITED POSSESSIONS, SHE IS USING HER FUNDS TO PURCHASE SUCH BASIC NEEDS AS WINTER CLOTHING, HOUSEHOLD AND HYGIENE ITEMS, AND PRODUCTS FOR BABIES AND NEW MOTHERS. WITH THOUSANDS OF FAMILIES IN NEED OF ASSISTANCE, SHE HOPES HER GRANT FROM PENN MEDICINE CARES WILL AID THE REFUGEES IN STARTING THEIR LIVES HERE IN THE U.S. MOVEMENT THERAPY, RACHEL URRUTIA: THE STAFF ON THE INPATIENT PSYCHIATRY UNIT AT PENN PRESBYTERIAN CONTINUOUSLY DEMONSTRATE THEIR COMMITMENT TOWARDS HELPING SUPPORT AN OFTEN-UNDERSERVED POPULATION. ONE RECENT INITIATIVE TO SUPPORT PATIENTS HAS BEEN DANCE MOVEMENT THERAPY. RACHEL'S FUNDING WILL HELP PURCHASE YOGA MATS AND BLOCKS, AS WELL AS A WIRELESS SPEAKER, SO THAT PATIENTS IN THE UNIT CAN NOW ALSO PRACTICE YOGA. TAKING PART IN YOGA CAN HELP GROUND AND DESTIMULATE THE PATIENTS WHO SUFFER FROM ANXIETY, DEPRESSION, AND ACUTE CRISIS. BACKPACKS FOR PATIENTS, LARRY DAVIS: LARRY DAVIS, RN, WHO WORKS WITH ADDICTION PATIENTS AT PENN PRESBYTERIAN MEDICAL CENTER, WILL USE HIS FUNDING TO PROVIDE BACKPACKS FILLED WITH KNITTED HATS, GLOVES, AND SCARVES, TO BE GIVEN TO THE PATIENTS AT DISCHARGE DURING THE WINTER MONTHS. MANY PATIENTS DO NOT HAVE PERMANENT HOUSING AND FACE FINANCIAL CHALLENGES, SO THESE ITEMS WILL PROVIDE SOME NEEDED COMFORT. IMPROVING ICU HOSPITALIZATION FOR THE YOUNG ADULT TRAUMA PATIENT MICHELLE DECASTRO, PENN PRESBYTERIAN: MICHELLE DECASTRO, BSN, RN, A NURSE IN THE PENN PRESBYTERIAN MEDICAL CENTER'S TRAUMA ICU, HAS SEEN THE DISTURBING CONSEQUENCES OF INTERPERSONAL VIOLENCE INFLICTED WITH GUNS, KNIVES, AND OTHER OBJECTS. SHE NOTES THAT PENETRATING INJURIES HAVE RISEN OVER THE PAST FEW YEARS. HER GRANT GOES TOWARD PURCHASING A GAMING SYSTEM AND A FEW GAMES, WHICH WOULD OFFER A DIVERSION FOR THE YOUNG RECOVERING PATIENTS. AS SHE SEES IT, A VIDEO GAME CAN BE A NONPHARMACOLOGICAL INTERVENTION AND AN ADDITION TO THE PATIENT'S PLAN OF CARE.</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>GUN LOCKS, SUNNY JACKSON: IN PHILADELPHIA, 41 PERCENT OF PATIENTS WHO ARE TREATED FOR INJURY FROM VIOLENCE ARE RE-INJURED WITHIN FIVE YEARS. POSSESSION OF A GUN IN AN ASSAULT MAKES THE OWNER 4.5 TIMES MORE LIKELY TO BE INJURED BY GUNSHOT. GIVEN THESE STATISTICS, PENN TR AUMA HAS CREATED THE POSITION OF VIOLENCE INTERVENTION SPECIALIST WHO MEETS WITH PATIENTS WHO HAVE SUSTAINED A FIREARM INJURY. THE GOAL: TO PROVIDE SUPPORT, BRIEF INTERVENTIONS, AND CONNECT THEM WITH RESOURCES TO BREAK THE CYCLE OF VIOLENCE IN OUR NEIGHBORHOOD. SUNNY JACKSON, MSN, RN, THE INJURY PREVENTION COORDINATOR FOR PENN TRAUMA, WILL USE HER FUNDING TO BUY 200 GUN LOCKS, TO BE USED IN EDUCATING PATIENTS AND COMMUNITY MEMBERS. IV. COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN: IN ADDITION, TO PROVIDING DIRECT PATIENT CLINICAL CARE, IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, UPHS, IN COLLABORATION WITH OTHER REGIONAL HEALTH SYSTEMS, COMPLETED ITS FOURTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THIS PAST YEAR - THROUGH QUANTITATIVE AND QUALITATIVE RESEARCH, ALONG WITH FEEDBACK FROM COMMUNITY AND KEY STAKEHOLDERS - TO IDENTIFY THE MOST PRESSING HEALTH NEEDS IN OUR SERVICE AREA AND DETERMINE HOW BEST TO ADDRESS THOSE NEEDS. THE PHILADELPHIA HOSPITALS OF UPHS, PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER, AND HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA INCLUDING THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AT CE DAR CONDUCTED A JOINT CHNA DUE TO THE SIMILAR SERVICE AREAS. OUR COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) IS AN OUTGROWTH OF THE CHNA PROCESS AND PROVIDES INFORMATION ABOUT THE PROGRAMS AND INVESTMENTS PENN MEDICINE CURRENTLY MAKES TO ADDRESS HEALTH NEEDS IDENTIFIED IN THE CHNA AND ACTS AS A GUIDE FOR INVESTMENT IN FUTURE PROGRAMS. GOOD HEALTH IS DETERMINED BY MORE THAN THE CLINICAL CARE IN OUR HOSPITALS, AND SO THE PROGRAMS AND INITIATIVES OUTLINED IN OUR CHIP FOCUS ON OUR WORK OUTSIDE OF OUR HEALTH SYSTEM WALLS AND IN THE ENVIRONMENTS WHERE WE LIVE, WORK, AND PLAY. PENN MEDICINE IS STRONGLY COMMITTED TO CREATING HEALTHIER, FAIRER, AND MORE JUST COMMUNITIES THROUGH BROAD, INSTITUTIONAL INITIATIVES INCLUDING THE FUND FOR HEALTH, PENN MEDICINE CARES GRANT, CENTER FOR HEALTH EQUITY AND ADVANCEMENT, AND ACCELERATE HEALTH EQUITY, AND THROUGH NUMEROUS, PROGRAMMATIC EFFORTS FOCUSED ON 12 HEALTH PRIORITY AREAS OF THE CHNA, AS OUTLINED IN OUR CHIP. BEGINNING IN SUMMER OF 2021, THROUGH A PARTNERSHIP BETWEEN PENN MEDICINE AND THE WHARTON SOCIAL IMPACT INITIATIVE, THE FUND FOR HEALTH PUSHED FOR MEASURABLE PROGRESS IN SOCIO-ECONOMIC FACTORS THAT CAN HAVE LIFELONG EFFECTS, BY BEGINNING A \$5 MILLION INVESTMENT THAT WILL CONTINUE THROUGH 2023. INVESTING AND SUPPORTING INNOVATIVE, FORWARD-THINKING VENTURES HAS GREAT POTENTIAL TO MAKE A MEANINGFUL IMPACT ON OUR CITY'S HEALTH WHILE HELPING TO BUILD SUSTAINABLE AND PROFITABLE COMPANIES FOR THE REGION THAT PROVIDE PATHS TO JOBS AND ECONOMIC OPPORTUNITIES FOR MORE CITY RESIDENTS. A FLAGSHIP AMONG PENN</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>MEDICINE'S COMMUNITY BENEFIT, THE PENN MEDICINE CARES GRANTS SUPPORT EMPLOYEE VOLUNTEERISM , PROMOTE COMMUNITY ENGAGEMENT, AND IMPROVE HEALTH. SINCE 2012, MORE THAN \$880,000 HAS FUN DED 880 SERVICE INITIATIVES. EACH GRANT PROVIDES MONETARY AND INSTITUTIONAL SUPPORT TO ORG ANIZATIONS AND PROGRAMS DEDICATED TO IMPROVING HEALTH AND ERADICATING SOCIAL DETERMINANTS OF HEALTH NOT ONLY IN PENN MEDICINE'S SERVICE AREA, BUT ALSO GLOBALLY. THE CENTER FOR HEAL TH EQUITY AND ADVANCEMENT (CHEA) IS THE CORNERSTONE AT PENN MEDICINE FOR ADVANCING HIGH QU ALITY PATIENT/FAMILY-CENTERED CARE FOR ALL, REGARDLESS OF THEIR PERSONAL CHARACTERISTICS, SUPPORTING COMMUNITY PARTNERSHIPS TO TACKLE BARRIERS TO ACHIEVING OPTIMAL HEALTH FOR ALL C OMMUNITIES WE SERVE, AND PROVIDING EQUITABLE HEALTHCARE WITHIN INCLUSIVE ENVIRONMENTS THAT SUPPORT A DIVERSE WORKFORCE AND STUDENT BODY. IN ORDER TO BUILD SUPPORT FOR AND ALIGN MUT UALLY REINFORCING EQUITY INITIATIVES ACROSS THE ENTERPRISE, PENN MEDICINE INCORPORATES ITS CENTER FOR HEALTH EQUITY ADVANCEMENT BLUEPRINT FOR EQUITY AND INCLUSION WITHIN THE FOLLOW ING INITIATIVE AREAS: CARE TRANSFORMATION, COMMUNITY ENGAGEMENT, WORKFORCE, RESEARCH AND E VALUATION, AND EDUCATION AND TRAINING. THE PENN MEDICINE CENTER FOR DIGITAL HEALTH AND THE PENN CENTER FOR HEALTH INCENTIVES AND BEHAVIORAL ECONOMICS WORKED STRATEGICALLY WITH LOCA L HEALTH SYSTEMS, PAYORS, AND THE CITY OF PHILADELPHIA TO LAUNCH THE ACCELERATE HEALTH EQU ITY PROGRAM IN 2020. THIS BROAD INITIATIVE DEPLOYS TOOLS FROM BEHAVIORAL ECONOMICS, DIGITA L HEALTH, INNOVATION SCIENCE, URBAN HEALTH, COMMUNICATIONS SCIENCE, AND PUBLIC HEALTH TO A DDRESS PHYSICAL, BEHAVIORAL, SOCIAL, ECONOMIC, AND CLINICAL BARRIERS TO SUSTAINABLE HEALTH EQUITY. PRIORITY AREA #1: MENTAL HEALTH PENN MEDICINE RECOGNIZES THAT HIGH-QUALITY MENTAL HEALTH CARE IS THE TOP HEALTH NEED IN PHILADELPHIA. MENTAL HEALTH PROBLEMS ARE SERIOUS AN D WIDESPREAD AND HAVE WORSENERD IN RECENT YEARS DUE TO THE ISOLATION AND STRESS OF THE COVI D-19 PANDEMIC. PENN MEDICINE IS COMMITTED TO CREATING MORE ACCESSIBLE, HIGH-QUALITY, INTEG RATED MENTAL HEALTH CARE, PARTICULARLY FOR VULNERABLE POPULATIONS. PENN MEDICINE STRIVES T O INCREASE THE BEHAVIORAL HEALTH WORKFORCE CAPACITY AND DIVERSITY, EMPHASIZING A CULTURALLY FOCUSED APPROACH TO IMPROVE COMMUNITY ENGAGEMENT AND COMMUNITY UTILIZATION OF SERVICES. > HALL-MERCER COMMUNITY MENTAL HEALTH CENTER OF PENNSYLVANIA HOSPITAL IS DEDICATED TO ENRI CHING THE LIVES OF PEOPLE AFFECTED BY MENTAL ILLNESS OR DEVELOPMENTAL DISABILITIES, PROVID ING A RANGE OF SERVICES FOR YOUNG CHILDREN TO ADULTS. THE CENTER HAS PLAYED A SIGNIFICANT ROLE IN BROADENING ACCEPTANCE AND ADVANCING CARE FOR PEOPLE WITH PSYCHIATRIC DISORDERS OR INTELLECTUAL DISABILITIES. SPECIFICALLY, THE CENTER PROVIDES COMPREHENSIVE OUTPATIENT SERV ICES TO PHILADELPHIA RESIDENTS IN NEED. AS PART OF PHILADELPHIA'S BEHAVIORAL HEALTH SYSTEM , IT IS ONE OF 11 COMMUNITY MENTAL HEALTH CENTERS IN THE CITY. > THE STEVEN A. COHEN MILIT ARY FAMILY CLINIC AT THE UNIVE</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>RSITY OF PENNSYLVANIA DELIVERS CONFIDENTIAL MENTAL HEALTH CARE FOR VETERANS, SERVICE MEMBE RS, AND THEIR FAMILIES AT NO COST. THE CLINIC USES TELEHEALTH TO BRING PENN MEDICINE'S WOR LD-CLASS TREATMENT AND CARE TO VETERAN AND MILITARY COMMUNITIES ACROSS THE REGION. THE CLI NIC SPECIALIZES IN PERSONALIZED, EVIDENCE-BASED MENTAL HEALTH CARE THAT IS PROVEN TO RESUL T IN LONG-TERM OUTCOMES. THE CLINIC OFFERS EARLY MORNING AND EVENING HOURS, TRANSPORTATION ASSISTANCE, AND TELEHEALTH TO HELP VETERANS, SERVICE MEMBERS, AND MILITARY FAMILIES EASIL Y ACCESS THE CARE THEY DESERVE. > PRIMARY CARE SERVICE LINE INTEGRATED BEHAVIORAL HEALTH: IN 2018, THE PENN MEDICINE PRIMARY CARE SERVICE LINE PARTNERED WITH THE PERELMAN SCHOOL OF MEDICINE'S DEPARTMENT OF PSYCHIATRY TO DEVELOP AND IMPLEMENT AN INTEGRATED MODEL OF BEHAV IORAL HEALTH CARE CALLED THE COLLABORATIVE CARE BEHAVIORAL HEALTH (CCBH) PROGRAM. CCBH PUT S LICENSED CLINICAL SOCIAL WORKERS SPECIALLY TRAINED IN MENTAL HEALTH CARE INTO PRIMARY CA RE OFFICES. FIVE SOCIAL WORKERS WORK IN EIGHT PENN MEDICINE PRIMARY CARE PRACTICES IN WEST PHILADELPHIA AND CENTER CITY AND ARE AVAILABLE TO MORE THAN 100,000 PATIENTS. THESE EXPER TS WORK WITH PRIMARY CARE PROVIDERS AND A PSYCHIATRIST TO ASSESS AND TREAT PATIENTS AS NEE DED DURING OR SUBSEQUENT TO THEIR PRIMARY CARE APPOINTMENTS. SERVICES RANGE FROM SCREENING FOR DEPRESSION TO SUPPORTING THOSE WHO ARE STRUGGLING WITH ADDICTION. > PENN MEDICINE INV ESTS IN THE PENN CENTER FOR YOUTH AND FAMILY TRAUMA RESPONSE AND RECOVERY, WHICH PROVIDES A RANGE OF INTERVENTIONS FOR CHILDREN AND FAMILIES TO ADDRESS THE PHYSICAL AND PSYCHOLOGIC AL SYSTEMS ASSOCIATED WITH TRAUMA. AS THE ONLY PROVIDER IN THE PHILADELPHIA AREA THAT OFFE RS EFFECTIVE EARLY INTERVENTION FOR YOUTH, THE CENTER IS AN ESSENTIAL POINT OF ACCESS TO S PECIALIZED BEHAVIORAL HEALTH SERVICES FOR THOSE IN OUR COMMUNITY. > PENN PSYCHIATRY'S FELL OWSHIP IN COMMUNITY PSYCHIATRY: THIS IS A 1-YEAR NON-ACGME TRAINING PROGRAM RUN BY THE DEP ARTMENT OF PSYCHIATRY. THROUGH THIS PROGRAM, PENN PSYCHIATRY CONTRACTS OUT THE SERVICES OF UP TO FOUR COMMUNITY FELLOWS TO PARTNERING COMMUNITY-BASED AGENCIES. COMMUNITY FELLOWS AR E BOARD-ELIGIBLE PSYCHIATRISTS THAT HAVE COMPLETED THEIR ADULT PSYCHIATRY TRAINING, AND TH US PROVIDE ATTENDING-LEVEL PSYCHIATRIC SERVICES TO THESE COMMUNITY AGENCIES DURING THEIR 1 -YEAR TRAINING PROGRAM. > PUENTES DE SALUD WORKS TO ENSURE THE WELLNESS OF THE LATINO IMMI GRANT POPULATION IN SOUTH PHILADELPHIA BY OFFERING MEDICAL CARE, EDUCATION, AND SOCIAL SER VICES. MENTAL HEALTH SERVICES AT PUENTES DE SALUD AIM TO PROVIDE THE COMMUNITY WITH EVIDEN CE-BASED APPROACHES TO EMPOWERMENT AND SOCIAL ISSUES.</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>> UNITY HEALTH CLINIC IS A FREE CLINIC PRIMARILY SERVING UNINSURED INDONESIAN IMMIGRANTS O F CHINESE DESCENT. MEDICAL STUDENT VOLUNTEERS ASSIST AND SHADOW PENN FACULTY AND RESIDENTS . EACH WEEK, UNITY HEALTH CLINIC SEEKS TO PROVIDE HIGH-QUALITY, CULTURALLY COMPETENT MEDIC AL CARE TO UNINSURED AND UNDERINSURED ADULTS, INCLUDING BEHAVIORAL HEALTH CARE. THE CLINIC OFFERS FREE PRIMARY AND PREVENTIVE CARE SERVICES, FREE OR REDUCED-COST MEDICATIONS, AND F REE INTERPRETER SERVICES. > PHILADELPHIA HUMAN RIGHTS CLINIC: THE PHILADELPHIA HUMAN RIGHT S CLINIC (PHRC) IS A STUDENT-RUN ORGANIZATION WITH A MISSION TO PROVIDE NO-COST PSYCHIATRI C AND PHYSICAL EVALUATIONS TO SURVIVORS OF PERSECUTION SEEKING ASYLUM IN THE UNITED STATES . THIS IS NOT A PENN ORGANIZATION; HOWEVER, PENN MEDICAL STUDENTS ARE PART OF THE LEADERSH IP TEAM; AND THE FOUNDER AND MEDICAL DIRECTOR OF THE CLINIC IS ON PENN PSYCHIATRY'S FACULT Y. > PENN MEDICINE CENTER FOR COMMUNITY HEALTH WORKERS IMPACT: COMMUNITY HEALTH WORKERS (C HWS) ARE UNIQUELY POISED TO SUPPORT COMMUNITY MEMBERS' MENTAL HEALTH NEEDS AND SUPPORT CON NECTIONS WITH HEALTH CARE. THE PENN MEDICINE CENTER FOR COMMUNITY HEALTH WORKERS' EVIDENCE -BASED IMPACT MODEL CHWS ARE SKILLED IN SYSTEM NAVIGATION AND CONNECTING WITH PATIENTS WIT H COMPLEX HEALTH AND SOCIAL NEEDS. > INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE: THE PEN N MEDICINE PRIMARY CARE SERVICE LINE AND THE DEPARTMENT OF PSYCHIATRY'S COLLABORATIVE CARE BEHAVIORAL HEALTH (CCBH) PROGRAM PUTS LICENSED CLINICAL SOCIAL WORKERS (LCSWS) SPECIALLY TRAINED IN MENTAL HEALTH CARE INTO PRIMARY CARE OFFICES. LCSWS WORK IN PENN MEDICINE PRIMA RY CARE PRACTICES TO ASSESS AND TREAT PATIENTS AS NEEDED DURING THEIR PRIMARY CARE APPOINT MENTS. SERVICES RANGE FROM SCREENING FOR DEPRESSION TO SUPPORTING THOSE WHO ARE STRUGGLING WITH ADDICTION. PRIORITY AREA #2: ACCESS TO PRIMARY AND SPECIALTY CARE PENN MEDICINE STRI VES TO IMPROVE HEALTH CARE ACCESS ACROSS THE COMMUNITIES WE SERVE. WE RECOGNIZE THE NEED T O PROVIDE LINKAGES BETWEEN MEDICAL SPECIALTIES AND THE COMMUNITY. OUR CARE IS DISTINGUISHE D BY A HOLISTIC APPROACH TO TREATING THE ENTIRE FAMILY AND ADDRESSING THE CONTINUUM OF CAR E. PENN MEDICINE RECOGNIZES THE STRONG RELATIONSHIP BETWEEN PRIMARY CARE ACCESS AND IMPROVED HEALTH OUTCOMES AND IS COMMITTED TO PROVIDING A PRIMARY CARE MEDICAL HOME FOR PATIENTS THROUGHOUT PHILADELPHIA. THE COVID-19 PANDEMIC EXACERBATED PATIENT ACCESS, WITH LONGER WAI T TIMES AND GAPS IN BASIC SERVICES BECOMING MORE ACUTE. GIVEN THESE CHALLENGES, PENN MEDICINE IS CONTINUOUSLY EVALUATING AND CREATING NEW ACCESS POINTS FOR PRIMARY AND SPECIALTY CA RE IN ORDER TO MEET THE NEEDS OF OUR COMMUNITY AND ELIMINATE DISPARITIES IN ACCESS TO CARE . WE ENGAGE IN DIVERSE COMMUNITIES TO INFORM STRATEGIES TO IMPROVE ACCESS AND FACILITATE C ARE CONNECTIONS. THESE STRATEGIES INCLUDE PARTNERSHIPS WITH FEDERALLY QUALIFIED HEALTH CEN TERS (FQHC) AND OTHER SAFETY NET PROVIDERS THAT PROVIDE A KEY STRATEGIC PATHWAY. > THROUGH PENN'S NEW HOSPITAL FACILITY,</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>THE PAVILION, WHICH OPENED IN 2021, PENN MEDICINE IS INCREASING ACCESS TO SPECIALTY CARE FOR PATIENTS AND ENHANCING OPPORTUNITIES FOR COLLABORATIVE CARE DELIVERY. WE HAVE TRANSFORMED HOW WE ORGANIZE AND DELIVER CARE, USING STATE-OF-THE-ART TECHNOLOGY AND NEW WAYS OF THINKING TO ENSURE THE PATIENT EXPERIENCE IS AT THE VERY CENTER OF EVERYTHING WE DO. WITH INNOVATION AND TECHNOLOGY AT THE HEART OF ITS DESIGN, THE HOSPITAL IS EQUIPPED TO DELIVER BOTH THE TREATMENTS OF TODAY AND THE MEDICAL ADVANCES OF TOMORROW. THE 17-STORY BUILDING ON PENN MEDICINE'S WEST PHILADELPHIA CAMPUS, WHICH HOUSES 504 PRIVATE PATIENT ROOMS AND 47 OPERATING ROOMS, IS AN EXPANDED FOOTPRINT OF HUP. THE PAVILION HOUSES INPATIENT CARE FOR CARDIOLOGY AND CARDIAC SURGERY, MEDICAL AND SURGICAL ONCOLOGY, NEUROLOGY AND NEUROSURGERY, AND TRANSPLANT SURGERY, AND IT IS HOME TO HUP'S NEW EMERGENCY DEPARTMENT. THE "REINVENTED" EMERGENCY DEPARTMENT WAS DESIGNED TO DECREASE WAIT TIMES, SPEED DIAGNOSIS, AND IMPROVE THE CARE EXPERIENCE. THIS NEW HOSPITAL INCREASES OUR CAPACITY TO PROVIDE EMERGENCY AND SPECIALTY SERVICES AND ENHANCING OPPORTUNITIES FOR COLLABORATIVE CARE DELIVERY. CUTTING-EDGE TECHNOLOGY HELPS ADVANCE TELEMEDICINE FUNCTIONALITY, WHICH IN ADDITION ALLOWS FOR MORE REMOTE MONITORING AND CONSULTATIONS BETWEEN PATIENTS-INCLUDING THOSE WHO FACE TRANSPORTATION OR SIMILAR BARRIERS-AND THEIR CARE TEAMS. > THE PENN MEDICINE PRIMARY CARE SERVICE LINE (PCSL) WAS CREATED TO ADVANCE PENN MEDICINE-WIDE COLLABORATION BETWEEN FAMILY AND INTERNAL MEDICINE CLINICAL SERVICES. > PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH PARTNERSHIP: THE DIVISION OF GENERAL INTERNAL MEDICINE FACULTY AND RESIDENTS PROVIDE PRIMARY CARE AT TWO OF THE CITY'S AMBULATORY HEALTH CENTERS IN WEST PHILADELPHIA. THIS UNIQUE PARTNERSHIP INCREASES THE POOL OF PRIMARY CARE PROVIDERS WHO ARE ABLE TO SERVE PHILADELPHIA RESIDENTS, REGARDLESS OF INSURANCE STATUS OR THEIR ABILITY TO PAY. > FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PRENATAL CARE PARTNERSHIP: THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH FACULTY AND RESIDENTS PROVIDE PRENATAL CARE AT FOUR LOCAL WEST PHILLY FQHCs AND THESE PATIENTS DELIVER ON THE FAMILY MEDICINE SERVICE AT OUR UNIVERSITY HOSPITAL. THIS INNOVATIVE MODEL OF CARE EXPANDS ACCESS TO HIGH QUALITY PRIMARY CARE, ENSURES CONTINUITY OF CARE, AND IMPROVES HEALTH OUTCOMES. PENN IS ABOUT TO ADD ANOTHER FQHC NETWORK TO THIS PARTNERSHIP MODEL. FACULTY FROM FAMILY MEDICINE AND COMMUNITY HEALTH WILL PROVIDE PRIMARY AND PRENATAL CARE AT SEVERAL SITES THAT ARE PART OF THE GREATER PHILADELPHIA HEALTH ACTION, (GPHA), FQHC SYSTEM. > PUENTES DE SALUD AIMS TO IMPROVE COMMUNITY AND INDIVIDUAL HEALTH AND WELL-BEING NOT ONLY BY PROVIDING IMMEDIATE SERVICES, BUT ALSO BY RECOGNIZING AND CHALLENGING SOCIAL INEQUITIES AND INJUSTICES. PUENTES DE SALUD WORKS IN PARTNERSHIP WITH COMMUNITY MEMBERS, LOCAL AND PUBLIC SCHOOLS, UNIVERSITIES, AND COMMUNITY ORGANIZATIONS. PENN MEDICINE PHYSICIANS, STAFF, AND STUDENTS PARTNER WITH PUENTES DE SALUD</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>UD TO PROVIDE CLINICAL SERVICES INCLUDING ADULT PRIMARY CARE AND WOMEN'S HEALTH SERVICES. ON A MONTHLY BASIS, PENN ALSO OFFERS SPECIALIZED CARE IN THE FOLLOWING AREAS: CARDIOLOGY, DERMATOLOGY, NEUROLOGY, OPHTHALMOLOGY, PEDIATRICS, PHYSIOTHERAPY AND PODIATRY AT PUENTES. > STDS CLINIC AT HEALTH CENTER #1: ALONG WITH THE CITY'S DEPARTMENT OF PUBLIC HEALTH, PENN DERMATOLOGY FACULTY AND RESIDENTS STAFF A FREE, BIWEEKLY STD CLINIC. THE CLINIC ACCEPTS W ALK-INS AND PROVIDES TESTING AND TREATMENT SERVICES AT NO COST. > PERELMAN SCHOOL OF MEDIC INE COMMUNITY CLINICS: PENN MEDICINE PHYSICIANS AND STAFF PROVIDE PRIMARY AND SPECIALTY CA RE ACCESS IN A NETWORK OF COMMUNITY-BASED, STUDENT-LED CLINICS IN UNDERSERVED COMMUNITIES THROUGHOUT PHILADELPHIA. THESE CLINICS PROVIDE SUPPORT TO COMMUNITIES THAT FACE SIGNIFICAN T ACCESS BARRIERS TO CARE INCLUDING GEOGRAPHY, CITIZENSHIP STATUS, AND LANGUAGE. TWO CLINI CS WITH PLANS TO EXPAND THEIR SERVICE FOOTPRINT ARE HIGHLIGHTED HERE, HOWEVER THE WEBSITE PROVIDES INFORMATION FOR ALL OF THE CLINICS THAT PROVIDE CRITICAL ACCESS POINTS. > THE CEN TER FOR SURGICAL HEALTH (CSH) IS A MULTIDISCIPLINARY CENTER, HOUSED IN THE DEPARTMENT OF S URGERY. CSH PROVIDES A NEW ACCESS POINT INTO SUSTAINABLE, HIGH-VALUE SURGICAL CARE FOR PAT IENTS WHO TYPICALLY RELY ON THE EMERGENCY ROOM FOR TREATMENT. THE CSH PROVIDED SURGICAL AN D CARE NAVIGATION SERVICES TO OVER 200 PATIENTS IN 2021, MANY REFERRED THROUGH PUENTES DE SALUD AND THE UNIVERSITY CITY HOSPITALITY COALITION, AND WILL GROW THE NUMBER OF PATIENTS SERVED AS THE CSH EXPANDS. WITH PENN MEDICINE NOW MANAGING THE INPATIENT CLINICAL SERVICES AT THE NEWLY FORMED PHMC PUBLIC HEALTH CAMPUS ON CEDAR, PATIENTS FROM WEST AND SOUTHWEST PHILADELPHIA WILL HAVE AN ADDITIONAL ACCESS POINT AT HOSPITAL OF THE UNIVERSITY OF PENNSYL VANIA (HUP) - CEDAR AVENUE TO RECEIVE CARE THROUGH CSH. > UNITED COMMUNITY CLINIC (UCC) IS A FREE HEALTH CLINIC COORDINATED WEEKLY BY UNIVERSITY OF PENNSYLVANIA STUDENTS FROM THE S CHOOLS OF MEDICINE, DENTISTRY, NURSING, AND SOCIAL WORK. IT COLLABORATES WITH RESIDENTS AN D COMMUNITY PARTNERS TO ADDRESS THE MEDICAL AND SOCIAL HEALTH NEEDS, WITH THE GOAL OF BUIL DING A STRONGER AND HEALTHIER COMMUNITY.</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>SERVICES INCLUDE HEALTH PHYSICALS, ACUTE CARE, DENTAL CARE, EYE CARE, SOCIAL WORK RESOURCE S, AND HEALTH INSURANCE ASSISTANCE. IN 2023 UCC WILL BE EXPANDING TO A SECOND CLINICAL SIT E IN SOUTHWEST PHILADELPHIA SERVICING COMMUNITY MEMBERS OF THE AFRICAN AND CARIBBEAN DIASP ORA. > ICNA RELIEF'S SOCIAL HEALTH AND MEDICAL SERVICE CLINIC (SHAMS CLINIC) IS A NONPROFI T ORGANIZATION THAT ENDEAVORS TO IMPROVE THE HEALTH AND SOCIAL WELL-BEING OF UNDERSERVED C OMMUNITIES IN PHILADELPHIA. IN 2022 PHYSICIANS FROM THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH BEGAN TO PROVIDE PRIMARY CARE SERVICES AT THE SHAMS CLINIC WEST PHILADELP HIA LOCATION, EXPANDING ACCESS TO CARE FOR THAT COMMUNITY. > THE REFUGEE CLINIC AT THE PEN N CENTER FOR PRIMARY CARE IS A COLLABORATIVE EFFORT BETWEEN THE PRIMARY CARE AND GLOBAL HE ALTH TRACKS OF THE INTERNAL MEDICINE RESIDENCY PROGRAM IN PENN MEDICINE, AND OUR PARTNER R ESETTLEMENT AGENCY, HIAS PENNSYLVANIA. THE PENN MEDICINE REFUGEE CLINIC IS A MEMBER OF THE PHILADELPHIA REFUGEE HEALTH COLLABORATIVE (PRHC), A REGIONAL COALITION CONSISTING OF PHIL ADELPHIA'S THREE REFUGEE RESETTLEMENT AGENCIES AND EIGHT REFUGEE HEALTH CLINICS. THE CORE MISSION OF THE COLLABORATIVE IS TO CREATE AN EQUITABLE SYSTEM OF REFUGEE HEALTH CARE IN TH E PHILADELPHIA REGION THAT ENSURES A CONSISTENTLY HIGH STANDARD OF CARE FOR ALL NEWLY ARRI VED REFUGEES. EACH YEAR, PRHC PROVIDES DOMESTIC HEALTH SCREENINGS, PRIMARY CARE (INCLUDING NEWBORN, PEDIATRICS, ADULT MEDICINE, GERIATRIC, OBSTETRIC AND GYNECOLOGIC CARE) AND ACCES S TO LABORATORY, RADIOLOGY AND SUBSPECIALTY SERVICES TO 800 NEWLY ARRIVED REFUGEES. PRHC ALSO PROVIDES ONGOING PRIMARY CARE AND WOMEN'S HEALTH SERVICES TO ESTABLISHED REFUGEE PATIE NTS. THE PENN MEDICINE REFUGEE CLINIC CURRENTLY OPERATES EVERY MONDAY AFTERNOON WITH OVER 20 RESIDENT PHYSICIANS, AND SEES OVER 75 NEW ARRIVALS EACH YEAR. FIVE ATTENDING PHYSICIANS PRECEPT IN THE CLINIC, ALL OF WHOM ARE EXPERIENCED IN GLOBAL HEALTH, TRAVEL MEDICINE OR I NFECTIOUS DISEASES. OVER THIRTY DIFFERENT LANGUAGES ARE SPOKEN IN CLINIC BY REFUGEE POPULA TIONS FROM BHUTAN, BURMA, ERITREA, LIBERIA, DARFUR, SOUTH SUDAN, RUSSIA, UKRAINE, THE DEMO CRATIC REPUBLIC OF THE CONGO AND MANY OTHER COUNTRIES. THE CLINIC HOSTS A ONCE-MONTHLY WOM EN'S HEALTH CLINIC SPECIFICALLY FOCUSING ON THE HEALTH NEEDS OF REFUGEE WOMEN AND A WEEKLY LATENT TUBERCULOSIS INFECTION (LTBI) CLINIC, RUN BY A PHARMACIST AND PHARMACY STUDENTS, F OCUSING ON LTBI DIAGNOSIS AND TREATMENT. IN 2023, THE DEPARTMENT OF FAMILY MEDICINE AND CO MMUNITY HEALTH WILL JOIN THE PRHC AND ESTABLISH A SECOND PENN MEDICINE REFUGEE CLINIC SITE WITH A FOCUS ON FULL-SPECTRUM PRIMARY CARE FOR FAMILIES INCLUDING PRENATAL AND OBSTETRICA L CARE. > COLORECTAL CANCER SCREENING NAVIGATION PROGRAM: COLON CANCER IS THE FOURTH MOST COMMON CANCER IN OUR REGION AND THE SECOND LEADING CAUSE OF DEATH. THE ABRAMSON CENTER'S C OLORECTAL CANCER SCREENING NAVIGATION PROGRAM AT PENN MEDICINE HELPS PATIENTS OVERCOME IMP EDIMENTS TO COLONOSCOPY. THE S</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>SYSTEM WIDE GOAL TO INCREASE COLORECTAL CANCER SCREENING IN BLACK PATIENTS HAS BEEN VERY SUCCESSFUL, ACHIEVING OVER 70% SCREENING RATE, EVEN IN THE MIDST OF COVID. > THE HEALTHY WOMAN PROGRAM: MAMMOGRAMS LEAD TO EARLY DIAGNOSIS AND BETTER PROGNOSIS. THE ABRAMSON CANCER CENTER'S HEALTHY WOMAN PROGRAM AT PENN MEDICINE OFFERS FREE BREAST AND CERVICAL CANCER SCREENINGS AND DIAGNOSTIC EVALUATIONS TO UNINSURED AND UNDERINSURED WOMEN AGES 40 TO 65 WHO RESIDE IN PHILADELPHIA. FUNDING IS PROVIDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL BREAST AND CERVICAL CANCER PREVENTION PROGRAM AND A COMMONWEALTH OF PENNSYLVANIA CONTRACT ADMINISTERED THROUGH ACCESS MATTERS, WITH NAVIGATION SUPPORTED BY THE AMERICAN CANCER SOCIETY AND THE ABRAMSON CANCER CENTER'S RENAROWAN BREAST CENTER FUND. IF CANCER IS DIAGNOSED, THE PENNSYLVANIA BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT PROGRAM WILL COVER TREATMENT. PRIORITY AREA #3: CHRONIC DISEASE PREVENTION AND MANAGEMENT THE US CENTERS FOR DISEASE CONTROL AND PREVENTION DEFINES A CHRONIC DISEASE AS A CONDITION THAT LASTS AT LEAST ONE YEAR AND REQUIRES ONGOING MEDICAL ATTENTION, LIMITS DAILY ACTIVITIES, OR BOTH. SOME EXAMPLES INCLUDE HEART DISEASE, CANCER, STROKE, DIABETES, CHRONIC KIDNEY DISEASE, AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)-CONDITIONS THAT ARE LEADING CAUSES OF DEATH IN THE PENN MEDICINE SERVICE AREA. PHILADELPHIA COUNTY HAS A SUBSTANTIALLY HIGHER RATE OF PREMATURE CARDIOVASCULAR DEATH AND ABOVE-AVERAGE RATES OF CANCER MORTALITY WHEN COMPARED WITH OTHER COUNTIES IN THE SERVICE AREA. FOR MANY REASONS, CHRONIC DISEASE CAN BE DIFFICULT TO MANAGE-DUE TO THE COMPLEXITY OF MEDICAL AND LIFESTYLE CHANGE REGIMENS AND THE RELATED DAY-TO-DAY CHALLENGES. THESE CHALLENGES ARE EVEN MORE CONCERNING FOR PEOPLE WHO HAVE LIMITED ACCESS TO NECESSARY MEDICAL CARE, RESOURCES, AWARENESS AND SUPPORT. THE FOLLOWING PROGRAMS ARE EXEMPLARY INITIATIVES AT PENN MEDICINE THAT HELP PATIENTS AND COMMUNITY MEMBERS TO PREVENT AND/OR MANAGE CHRONIC DISEASES. THIS LIST IS NOT EXHAUSTIVE, AND THERE ARE MANY MORE RELEVANT PROGRAMS ACROSS THE HEALTH SYSTEM. > COLORECTAL CANCER SCREENING OUTREACH AND NAVIGATION PROGRAM: THIS INNOVATIVE, COMMUNITY-BASED PROGRAM MAKES COLON CANCER SCREENING ACCESSIBLE, CONVENIENT, AND AFFORDABLE TO PHILADELPHIANS. FOLLOWING PENN MEDICINE'S RECENT EXPANSION OF AVAILABLE SCREENING OPTIONS FOR THE DISEASE, MORE THAN 3,800 LOCAL RESIDENTS HAVE RECEIVED COLORECTAL SCREENINGS, EITHER WITHIN HEALTH CENTERS OR THROUGH PRIVATE AT-HOME SCREENINGS, WHICH HAVE PROVEN SUCCESSFUL IN SCREENING PEOPLE WHO WOULD NOT OTHERWISE HAVE PARTICIPATED. > SCREEN TO SAVE: THIS FAITH-BASED OUTREACH PROGRAM TARGETS PHILADELPHIA'S BLACK COMMUNITIES. THE GOAL OF THE PROGRAM, WHICH WAS STARTED BY THE NATIONAL CANCER INSTITUTE'S CENTER TO REDUCE CANCER HEALTH DISPARITIES AND COUNTS PENN MEDICINE'S ABRAMSON CANCER CENTER AMONG SCORES OF NATIONAL PARTNERS, IS TO INCREASE COLORECTAL CANCER SCREENING RATES AMONG MEN AND</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>WOMEN AGES 45 TO 75 FROM RACIALLY AND ETHNICALLY DIVERSE COMMUNITIES. THIS YEAR, SCREEN TO SAVE HAS HOSTED SEVEN EVENTS, WHICH TOGETHER ATTRACTED ABOUT 2,700 ATTENDEES. FURTHER, THE PROGRAM PROVIDED 195 FREE ON-SITE CANCER SCREENINGS. SINCE OCTOBER 2020, THE PROGRAM PROVIDED 553 PATIENTS WITH FREE NAVIGATION TO COLONOSCOPES VIA THE DRIVE BY FLU FIT PROGRAM, ALSO FACILITATED IN PARTNERSHIP WITH CHURCHES, OF WHICH 7 PERCENT HAD A POSITIVE FINDING (I.E. BLOOD IN THEIR STOOL). > PENN MEDICINE BREAST HEALTH INITIATIVE: IN RECOGNITION OF THE BARRIERS THAT CAN EXIST FOR WOMEN SEEKING BREAST CANCER SCREENING AND TREATMENT, PENN MEDICINE OFFERS BREAST SCREENINGS AS WELL AS DIAGNOSTIC AND TREATMENT SERVICES TO UNDERSERVED AND UNINSURED WOMEN IN PARTNERSHIP WITH MORE THAN A DOZEN NONPROFITS AND CLINICS IN THE REGION. SINCE ITS INCEPTION IN 2014, THE INITIATIVE HAS PROVIDED FREE MAMMOGRAMS TO MORE THAN 4,500 WOMEN. OF THESE, 50 PERCENT OF THE WOMEN WERE LATINA, 28 PERCENT WERE BLACK, AND 56 PERCENT DID NOT SPEAK ENGLISH. TO DATE, 77 CASES OF BREAST CANCER HAVE BEEN IDENTIFIED AND TREATED THROUGH THE INITIATIVE. > PENN MEDICINE BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM: THIS BREAST AND CERVICAL CANCER SCREENING NAVIGATION PROGRAM PROVIDES FREE BREAST SCREENING AND DIAGNOSTIC SERVICES TO ELIGIBLE WOMEN WHO ARE UNINSURED OR UNDERINSURED. > THE CUT HYPERTENSION PROJECT: THIS INNOVATIVE PROGRAM TURNS THE CORNER BARBERSHOP- WELL-KNOWN AS INFORMAL GATHERING PLACES IN MANY BLACK AND LATINO COMMUNITIES-INTO A HEALTH HUB AS WELL AS A SOCIAL HUB. IN LOCAL BARBERSHOP, PHILLY CUTS, VOLUNTEERS CONDUCT BLOOD PRESSURE SCREENINGS AND SPREAD INFORMATION ON HOW TO COMBAT HYPERTENSION IN THE BLACK COMMUNITY. PROJECT LEADERS AND VOLUNTEERS ALSO PROVIDE EDUCATION ON HEALTHY DIETING AND EXERCISE, AND THIS YEAR BEGAN HANDING OUT COVID-19 TESTS AT THE BARBERSHOP. THE PROGRAM NOT ONLY HELPS ADDRESS HYPERTENSION BUT BUILDS TRUST BETWEEN HEALTH CARE PROVIDERS AND THE BLACK RESIDENTS OF WEST PHILADELPHIA. > CAN PREVENT CANCER: PENN MEDICINE OFFERS AN ANNUAL, COMMUNITY-BASED CONFERENCE FOCUSED ON SPREADING KNOWLEDGE AND AWARENESS OF DIFFERENT FORMS OF CANCER, INCLUDING COLON, BREAST, AND LUNG CANCERS. THIS YEAR, 8,350 PATIENTS AND CAREGIVERS PARTICIPATED IN THE EVENT. > STROKE COMMUNITY EDUCATION PROGRAM: IN RECOGNITION THAT STROKE IS THE NUMBER-ONE PREVENTABLE CAUSE OF DISABILITY, PENN MEDICINE OFFERS COMMUNITY-BASED, STROKE-RELATED EDUCATIONAL PROGRAMMING AT EVERY HOSPITAL IN THE SYSTEM. RISK FACTORS ARE IDENTIFIED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT, WITH PROGRAM STAFF STRIVING TO HELP RESIDENTS COMBAT ANY RISK FACTORS THAT EMERGE, WHILE WORKING TO INCREASE AWARENESS OF STROKE AND ITS SYMPTOMS.</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>> PENN MEDICINE OPIOID TASK FORCE: THE PENN MEDICINE OPIOID STEWARDSHIP TASK FORCE IS A HEALTH-SYSTEM WIDE INITIATIVE THAT AIMS TO SIGNIFICANTLY STANDARDIZE AND IMPROVE PATIENT CARE FOR ALL IRRESPECTIVE OF THEIR CULTURE OR BACKGROUND, REDUCE OPIOID-RELATED HARM TO PATIENTS, DECREASE RATES OF LEAVING AGAINST MEDICAL ADVICE (AMA) IN PATIENTS WITH OUD, AND REDUCE THE NUMBER OF UNUSED OPIOIDS IN THE COMMUNITY. > CENTER FOR OPIOID RECOVERY AND ENGAGEMENT: CORE PROVIDES COMPREHENSIVE PEER SUPPORT FOR INDIVIDUALS STRUGGLING WITH OPIOID USE, AS WELL AS THEIR LOVED ONES. THE CENTER'S MISSION IS TO SUPPORT ALL PATHWAYS TO RECOVERY AND REMOVE BARRIERS FOR PATIENTS THROUGHOUT THE PENN HEALTH SYSTEM. > SCHOOL OF MEDICINE ADDICTION MEDICINE FELLOWSHIP: THE PERELMAN SCHOOL OF MEDICINE'S DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH WAS APPROVED TO PROVIDE TRAINING FOR TWO FELLOWSHIP POSITIONS IN ADDICTION MEDICINE. TWO CLINICIANS WILL BE TRAINED ANNUALLY IN ONE-YEAR POSITIONS TO BECOME CLINICAL EXPERTS IN ADDICTION MEDICINE. THIS FELLOWSHIP WILL CREATE AN ADDICTION MEDICINE CONSULT SERVICE TO PROVIDE GUIDANCE TO CLINICIANS TREATING PATIENTS WITH SUBSTANCE USE DISORDER. THE FELLOWSHIP WILL ADD TO THE PIPELINE OF PROVIDERS WHO CAN PROVIDE CLINICAL ADDICTION SERVICES AND EDUCATION IN PHILADELPHIA. > CARE CONNECT WARM LINE THIS TELEHEALTH ADDICTION BRIDGE SERVICE IS A NEW INNOVATION DESIGNED TO IMPROVE SAME-DAY ACCESS TO TREATMENT. THE PROJECT EMERGED FROM THE EARLY PHASES OF THE COVID-19 PANDEMIC, WHEN THE NEED FOR SAFER, REMOTE SOLUTIONS LIKE TELEHEALTH LED TO A SWIFT TRANSFORMATION OF MANY ASPECTS OF OUTPATIENT AND INPATIENT CARE. > PEER FELLOWSHIP PROGRAM FOR CERTIFIED RECOVERY SPECIALISTS (CRS): THE CRS IS AN IMPORTANT PROFESSIONAL IN ADDICTION AND RECOVERY CARE TEAMS. PENN MEDICINE PROVIDES TRAINING OPPORTUNITIES FOR CRS ON IMPROVING PATIENT TRANSITIONS FROM ACUTE CARE BACK INTO THE COMMUNITY. PRIORITY AREA #5: HEALTH CARE AND HEALTH RESOURCES NAVIGATION PENN MEDICINE RECOGNIZES THAT BARRIERS TO NAVIGATING THE HEALTH CARE SYSTEM CONTRIBUTE TO INEQUITIES AND POOR HEALTH OUTCOMES. COMMUNITY HEALTH WORKERS, SOCIAL WORKERS, CLINICIANS, STUDENTS, AND A HOST OF OTHER PENN MEDICINE PROFESSIONALS ARE HELPING PATIENTS MORE EASILY NAVIGATE THE SYSTEM. PENN MEDICINE IS A PART OF A REGIONAL COLLABORATIVE THAT INVESTS IN RESOURCE CONNECTIONS AND WORKS TOGETHER TO IMPROVE HEALTH CARE AND HEALTH RESOURCE NAVIGATION FOR PHILADELPHIA. THE BELOW PROGRAMS WORK TO LINK PATIENTS DIRECTLY TO HEALTH RESOURCES AND ASSISTANCE PROGRAMS, COORDINATING OFFICE VISITS, AND HEALTH RELATED SOCIAL NEED RESOURCES. > PENN CENTER FOR COMMUNITY HEALTH WORKERS (PCCHW): FOR MORE THAN A DECADE, THIS NATIONAL CENTER OF EXCELLENCE HAS CONDUCTED, APPLIED, AND DISSEMINATED IMPORTANT RESEARCH ON COMMUNITY HEALTH WORK AND COMMUNITY HEALTH WORKERS. THE CENTER'S CORNERSTONE INITIATIVE IS IMPACT, WHICH HELPS COMMUNITY HEALTH WORKERS STRIKE THE RIGHT BALANCE BETWEEN COMMUNITY AND CLINIC. COMMUNITY HEALTH W</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>1-800-789-PENN) PROVIDES HEALTH SYSTEM NAVIGATION SERVICES TO NEW AND ESTABLISHED PATIENTS WHO ARE SEEKING CLINICAL CARE AT PENN MEDICINE. THE CONTACT CENTER EMPLOYS CUSTOMER SERVICE REPRESENTATIVES AND REGISTERED NURSES WHO ARE AVAILABLE MONDAY THROUGH FRIDAY TO THE GENERAL PUBLIC. CONTACT CENTER AGENTS ARE FAMILIAR WITH THE COMPLETE SCOPE OF PENN MEDICINE CLINICAL CARE, INCLUDING PHYSICIANS, DEPARTMENTS, PROGRAMS, CENTERS, SERVICES, AND LOCATIONS. AGENTS HELP CALLERS FIND AN APPROPRIATE HEALTH CARE PROVIDER BASED ON THE CALLER'S NEEDS, SYMPTOMS, OR DIAGNOSIS. ONCE APPROPRIATE CARE HAS BEEN IDENTIFIED, SCHEDULING SPECIALISTS HELP CALLERS SET UP THEIR APPOINTMENT. ANNUAL CONTACT CENTER VOLUME CURRENTLY AVERAGES APPROXIMATELY 800,000 CALLS. > GOVAXX PHILLY IS A TEAM CREATED WITH FUNDING THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AND SUPPORTED BY THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH TO BUILD COVID-19 VACCINE OUTREACH INFRASTRUCTURE. SPECIFICALLY, THIS TEAM OF OUTREACH AND EDUCATION AMBASSADORS PROVIDES CRITICAL PUBLIC HEALTH INFORMATION TO WEST AND SOUTHWEST PHILADELPHIA, WHICH ARE AMONG THE NEIGHBORHOODS HARDEST HIT BY COVID-19. THROUGH DOOR-TO-DOOR COMMUNITY OUTREACH, GOVAXX AND ITS AMBASSADORS PROVIDE LONGITUDINAL SUPPORT TO ADDRESS BARRIERS TO VACCINE ACCESS, VACCINE HESITANCY, ESTABLISHING TRUST, AND ACHIEVING HEALTH EQUITY. GIVEN RECENT DISEASE OUTBREAKS LIKE MONKEYPOX AND POLIO IN ADDITION TO COVID-19, PENN MEDICINE WILL SUPPORT AN EXPANDED SCOPE OF WORK FOR ITS VACCINE EDUCATION AND OUTREACH AMBASSADORS. > PUENTES DE SALUD WORKS TO IMPROVE THE HEALTH AND WELLNESS OF UNINSURED SPANISH SPEAKERS IN PHILADELPHIA THROUGH PROVISION OF CARE AND SOCIAL PROGRAMS. THE PROGRAM CONNECTS STUDENTS WITH PATIENTS WITH COMPLEX HEALTH NEEDS AND HELPS THEM NAVIGATE THE HEALTH CARE SYSTEM BY ASSISTING WITH FINDING APPROPRIATE CARE AND SCHEDULING APPOINTMENTS, AMONG OTHER SERVICES. PRIORITY AREA #6: RACISM AND DISCRIMINATION IN HEALTH CARE PENN MEDICINE IS COMMITTED TO ENSURING EQUITY AND ELIMINATING RACISM FOR ITS EMPLOYEES AND PATIENTS ALIKE. RACISM IS AN URGENT HEALTH CRISIS DRIVING POOR HEALTH OUTCOMES FOR BLACK AND BROWN COMMUNITIES. DISTRUST IN HEALTH CARE INSTITUTIONS AND PROVIDERS, AND SYSTEMIC RACISM WITHIN THESE SYSTEMS LEAD TO INCREASED MORTALITY. THERE ARE HUGE GAPS IN CARE AND CARE OUTCOMES FOR POORER COMMUNITIES OF COLOR WHEN COMPARED WITH MORE RESOURCED AREAS. IN THE CITY OF PHILADELPHIA'S 2020 HEALTH OF THE CITY REPORT, BLACK AND HISPANIC/LATINO COMMUNITIES WERE MORE LIKELY TO DESCRIBE THEIR HEALTH AS "FAIR"POOR" COMPARED TO THEIR WHITE COUNTERPARTS.</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>THE DISPARITIES ARE WELL-DOCUMENTED AND ONLY WORSENERD DURING THE COVID-19 PANDEMIC. DURING THE PANDEMIC, BLACK COMMUNITIES EXPERIENCED HIGHER RATES OF COVID-19 INFECTION, HOSPITALIZATION, AND MORTALITY. PENN MEDICINE IS COMMITTED TO ELIMINATING STRUCTURAL INJUSTICE ACROSS OUR ORGANIZATION AND THE COMMUNITIES WE SERVE TO ACHIEVE A VISION FOR THE FUTURE: PENN MEDICINE IS UNITED AS AN ANTI-RACIST, EQUITABLE, DIVERSE, AND INCLUSIVE ORGANIZATION. > DIVERSITY, EQUITY, AND INCLUSION FORUMS: THE ACTION FOR CULTURAL TRANSFORMATION (ACT) STRATEGICALLY IDENTIFIED A NEED TO DESIGN FORUMS AT MULTIPLE LEVELS OF PENN MEDICINE DEDICATED TO DIVERSITY, EQUALITY, AND INCLUSION (DEI)-AND TO ENSURING EMPLOYEES AND LEADERS ARE ENGAGED IN DEI LEARNING AND DEEPENING UNDERSTANDING. THE FORUMS FOSTER ANTI-RACIST TRAINING, LEARNING MODULES INCLUDING THOSE PROVIDED TO NEW HIRES, PARTICIPATION IN SURVEYS AND TOWN HALLS, DEI GROUPS, AND OTHER RESOURCES LIKE BOOK CLUBS. > THE HUP CLINICAL NURSE MENTORSHIP PROGRAM PAIRS CLINICAL NURSES WITH HUP NURSE LEADERS IN A YEARLONG MENTORSHIP. LEADERS SEEK TO GUIDE AND SHAPE CLINICAL NURSE MENTEES BY PROVIDING INFORMATION, ADVICE, SUPPORT, AND IDEAS. AS PART OF THE PROGRAM, MENTORS AND MENTEES READ A LIST OF RECOMMENDED READINGS INCLUDE ARTICLES AIMED TO FOCUS ON CREATING DIVERSITY, EQUITY AND INCLUSIVITY. > PENN-CHOP ALLIANCE OF MINORITY PHYSICIANS BRINGS TOGETHER FACULTY, RESIDENTS, FELLOWS AND MEDICAL STUDENTS FROM ACROSS BOTH INSTITUTIONS FOR SOCIAL AND PROFESSIONAL NETWORKING AND CAREER DEVELOPMENT. INITIATIVES INCLUDE THE VISITING CLERKSHIP FOR URIM MEDICAL STUDENTS AS A PIPELINE PROGRAM FROM MEDICAL SCHOOL TO MEDICAL RESIDENCY, A MENTORSHIP PROGRAM, PROFESSIONAL DEVELOPMENT WORKSHOPS AND SOCIAL EVENTS. > ACTION FOR CULTURAL TRANSFORMATION (ACT) IS PENN MEDICINE'S STRATEGIC PLAN AND COMMITMENT TO ANTI-RACISM. LAUNCHED IN 2020, ACT'S MISSION IS TO ELIMINATE STRUCTURAL INJUSTICE ACROSS PENN MEDICINE AND THE COMMUNITIES IT SERVES. ACT'S STRATEGIC PRIORITIES SPAN ALL INSTITUTIONAL FUNCTIONS AND TOUCHPOINTS, INCLUDING CLINICAL CARE, RESEARCH, EDUCATION, COMMUNITY, CULTURE, AND PEOPLE. SINCE ACT'S CREATION, MORE THAN 5,500 VOICES IN A STRATEGIC PLANNING PROCESS PRODUCED A STRATEGIC ROADMAP, GOVERNANCE, AND INFRASTRUCTURE. PARTICIPANTS IDENTIFIED 71 'JUST DO IT'S, IMMEDIATE ACTION STEPS TO ADDRESS SYSTEMIC ISSUES OF BIAS AND DISCRIMINATION. SINCE 2020, 76 PERCENT OF THE 'JUST DO IT'S' HAVE BEEN COMPLETED. ADDITIONALLY, ACT ENGAGED 44,000 EMPLOYEES, STUDENTS, FACULTY, AND TRAINEES IN UNCONSCIOUS BIAS EDUCATION. > LIFT EVERY VOICE IS AN ANONYMOUS DIGITAL PLATFORM DESIGNED TO COLLECT EXPERIENCES AND OBSERVATIONS OF RACISM IN THE HEALTH CARE WORKPLACE AND PROVIDE LEADERS WITH THE ON-THE-GROUND INFORMATION THEY NEED TO DISMANTLE RACISM. LIFT EVERY VOICE ALSO LEVERAGES THE POWER OF STORIES TO SPARK CONVERSATION. PENN MEDICINE STAFF SUBMIT STORIES TO THE PLATFORM, WHICH ARE THEN REVIEWED, ILLUSTRATED, AND POSTED PUBLICLY. DEPARTMENTAL LEADERS REGULARLY</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>REVIEW SUBMISSIONS AND DEVELOP ACTION PLANS. SPECIAL SECTION: ADDRESSING MATERNAL MORTALITY WITHIN RACISM AND DISCRIMINATION IN HEALTH CARE FOR YEARS, PENN MEDICINE HAS BEEN TAKING BOLD STEPS TO BETTER UNDERSTAND AND REDUCE MATERNAL MORTALITY. AS MATERNAL MORTALITY WAS IDENTIFIED AS A COMMUNITY HEALTH PRIORITY IN THE 2019 CHNA, IT REMAINS AN IMPORTANT PART OF OUR EFFORTS TO TACKLE RACISM AND DISCRIMINATION ACROSS THE ENTIRE HEALTH CARE ENTERPRISE -ONE OF PENN MEDICINE'S HEALTH PRIORITIES FOR 2022. THE DEATH OF A NEW OR EXPECTANT MOTHER BECAUSE OF COMPLICATIONS RELATED TO PREGNANCY OR CHILDBIRTH IS ONE OF THE GREATEST TRAGEDIES A FAMILY AND A COMMUNITY CAN FACE. IN PHILADELPHIA AS IN MUCH OF THE REST OF THE COUNTRY, THESE DEVASTATING EVENTS AFFECT BLACK WOMEN AND NEIGHBORHOODS OF COLOR MOST ACUTELY. A STUDY FROM THE CITY OF PHILADELPHIA'S MATERNAL MORTALITY REVIEW COMMITTEE, WHICH ANALYZED 110 PREGNANCY-ASSOCIATED DEATHS, FOUND THAT 73 PERCENT OF THESE DEATHS OCCURRED AMONG BLACK WOMEN, EVEN AS BLACK WOMEN ACCOUNTED FOR LESS THAN HALF OF ALL LIVE BIRTHS. BLACK WOMEN ALSO ARE MORE LIKELY THAN THEIR WHITE COUNTERPARTS TO EXPERIENCE POSTPARTUM HEMORRHAGING, WHICH CAN REQUIRE BLOOD TRANSFUSIONS OR EVEN A HYSTERECTOMY TO CONTROL. AS PART OF A MULTI-STEP APPROACH TO ADDRESSING THIS PRIORITY, PENN MEDICINE SET AMBITIOUS SYSTEM-WIDE HEALTH EQUITY GOALS AND UNDERTAKING EFFORTS TO ENSURE OUR PEOPLE ARE ACCOUNTABLE AND EMPOWERED TO HELP WOMEN IN NEED AND REDUCE MATERNAL MORTALITY AND PREGNANCY COMPLICATIONS IN PHILADELPHIA. WE ARE ACHIEVING IMPORTANT CLINICAL BREAKTHROUGHS, CARING FOR PREGNANT WOMEN ACROSS THE CITY REGARDLESS OF THEIR ABILITY TO PAY, AND TYING EXECUTIVE COMPENSATION TO PROGRESS ON MATERNAL MORTALITY AND SERIOUS COMPLICATIONS. PRIORITY AREA #7: FOOD ACCESS. FOOD SECURITY IS DEFINED AS HAVING RELIABLE ACCESS TO ENOUGH AFFORDABLE, NUTRITIOUS FOOD. FOOD INSECURITY OCCURS WHEN COMMUNITIES EXPERIENCE CHALLENGES OBTAINING ENOUGH FOOD. THE FINANCIAL CHALLENGES BROUGHT ON BY THE COVID-19 PANDEMIC HAVE LED TO HIGHER RATES OF FOOD INSECURITY ACROSS THE PENN MEDICINE SERVICE AREA-AND, BY EXTENSION, A GREATER NEED FOR FOOD ASSISTANCE. NEARLY A QUARTER OF PHILADELPHIA HOUSEHOLDS RECEIVE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS. BLACK, HISPANIC/LATINO, AND IMMIGRANT COMMUNITIES, AS WELL AS OLDER ADULTS, ARE ALL DISPROPORTIONATELY AFFECTED BY FOOD INSECURITY. THROUGH FOOD PANTRIES, COMMUNITY EDUCATION, AND ITS OWN NUTRITION POLICIES, PENN MEDICINE IS PUSHING TO ADDRESS FOOD SECURITY WITHIN PHILADELPHIA AND SERVING AS A POSITIVE EXAMPLE FOR HEALTHY BEHAVIORS. > THE AGASTON URBAN NUTRITION INITIATIVE WAS CREATED TO HELP BUILD AND SUSTAIN HEALTHY COMMUNITIES IN WEST PHILADELPHIA. THE INITIATIVE STRIVES TO PROMOTE AND FACILITATE GOOD NUTRITION AND EXERCISE PRACTICES AND WORKS CLOSELY WITH PENN MEDICINE'S STUDENT-RUN HEALTH CLINICS AND HUP CEDAR'S FEDERALLY QUALIFIED HEALTH CENTER. OTHER PARTNERS INCLUDE PENN FARM AS PART OF THE PENN FOOD AND WELL</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>NESS COLLABORATIVE. > HUP FOOD PANTRY BEGAN IN MAY 2020, SHORTLY AFTER THE ONSET OF THE COVID-19 PANDEMIC. CREATED AND LED BY HUP NURSING STAFF, AND WITH GUIDANCE FROM HOSPITAL NUTRITION PROFESSIONALS, PANTRY VOLUNTEERS ASSEMBLE BAGS OF FOOD TO FEED A FAMILY OF FOUR FOR A DAY. BAGS ARE DISTRIBUTED EVERY WEDNESDAY. MANY RECIPIENTS ARE PENN MEDICINE EMPLOYEES, WHO MAY RECEIVE ONE BAG OF FOOD WITH NO QUESTIONS ASKED. HUP FOOD PANTRY PARTNERS WITH PHILABUNDANCE TO RECEIVE A MINIMUM OF 500 POUNDS OF FOOD EACH WEEK. IN OCTOBER 2020, THE PANTRY CEMENTED RELATIONSHIPS WITH THE PENN FOOD AND WELLNESS COLLABORATIVE AND STARTED RECEIVING PRODUCE FROM PENN FARM. THE PROGRAM AGAIN EXPANDED IN DECEMBER 2021, OFFERING BAGS OF FOOD TO FOOD-INSECURE, DIABETIC PRENATAL AND POSTPARTUM PATIENTS AT PENN'S HELEN O. DICKE NS CENTER FOR WOMEN'S HEALTH. A CONTINUATION OF THIS STRATEGY IS TO EXPAND THE HUP PANTRY PROGRAM TO HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - CEDAR AVENUE, WHICH SERVES WEST AND SOUTHWEST PHILADELPHIA. > HUNGRY HARVEST IS A COMMUNITY-BASED ORGANIZATION THAT "RESCUES " FRESH PRODUCE THAT OTHERWISE WOULD HAVE BEEN FARM WASTE AND DISTRIBUTES IT TO INDIVIDUALS AND FAMILIES IN NEED. CURRENTLY HUNGRY HARVEST BRINGS FRESH FRUIT AND PRODUCE BOXES TO FOOD-INSECURE POSTPARTUM PATIENTS AT THE DICKENS CENTER FOR WOMEN'S HEALTH. > CHOSEN 300 DISTRIBUTES HOT, NUTRITIOUS MEALS SIX DAYS PER WEEK AT THREE PHILADELPHIA LOCATIONS. PENN MEDICINE SUPPORTS THE ORGANIZATION BY DONATING \$6,000 PER YEAR AND COORDINATING DINNER SERVICE AT THE ORGANIZATION'S WEST PHILADELPHIA LOCATION ON THE FIRST MONDAY OF EACH MONTH AND SELECTED OTHER DAYS. BLOOD PRESSURE SCREENINGS ARE OFFERED ON THOSE NIGHTS OF SERVICE, ALONG WITH INFORMATION ON HOW AND WHERE TO ACCESS PRIMARY CARE, INCLUDING WITHIN THE PENN MEDICINE SYSTEM. > HALL MERCER FOOD PANTRY IS A NON-PERISHABLE FOOD PANTRY ESTABLISHED EIGHT YEARS AGO TO SERVE PENNSYLVANIA HOSPITAL PATIENTS AND, STARTING IN 2020, ITS EMPLOYEES. THE PANTRY WAS ESTABLISHED AND IS MAINTAINED BY TWO EMPLOYEES: DONNA CAMPO AND MAUREEN DECARLO. PATIENTS ARE REFERRED TO THE PANTRY THROUGH CASE MANAGERS, WHO WORK WITH THE INDIVIDUAL TO IMPROVE HIS OR HER FOOD SECURITY. > FOLLOWING A MAJOR INITIATIVE OF THE PENNSYLVANIA DEPARTMENT OF HEALTH, PENN MEDICINE MADE SEVERAL INSTITUTIONAL CHANGES AIMED AT TRANSFORMING ITS HOSPITAL FOOD ENVIRONMENTS BY LAUNCHING THE GOOD FOOD, HEALTHY HOSPITAL INITIATIVE: POLICY AND OPERATIONAL CHANGES INCLUDE: -REMOVAL OF ALL SUGAR-SWEETENED BEVERAGES FROM VENDING MACHINES. -VENDING MACHINE POLICIES HAVE BEEN UPDATED TO REFLECT NEW HEALTH REQUIREMENTS AND OFFER HEALTHIER SNACK OPTIONS. -CATERING SERVICES POLICY CONTAINS HEALTHY RECOMMENDATIONS AND SUGAR-FREE BEVERAGE RULES.</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>> FOOD ACCESS SUPPORT TECHNOLOGY (FAST) APP IS A CENTRALIZED ONLINE PLATFORM CONNECTING FOOD-INSECURE PATIENTS WITH PANTRIES AND OTHER COMMUNITY RESOURCES. CREATED BY THE PENN MEDICINE CENTER FOR HEALTH EQUITY AND ADVANCEMENT, THE FAST APP HAS BEEN ADOPTED BY OTHER LOCAL ORGANIZATIONS INCLUDING ANOTHER HEALTH SYSTEM. PRIORITY AREA #8: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES ACCORDING TO CENSUS DATA, NEARLY 10% OF PHILADELPHIAN'S SPEAK ENGLISH LESS THAN "VERY WELL." IN THE PENN MEDICINE SERVICE REGION, THIS RANGES FROM 5% UP TO 14% OF THE POPULATION. MANY OF THESE ARE ENGLISH LANGUAGE LEARNERS WITH VARYING DEGREES OF ENGLISH PROFICIENCY. THERE IS A NEED IN PHILADELPHIA FOR HIGH-QUALITY, WIDELY AVAILABLE ORAL AND WRITTEN TRANSLATIONS, INCLUDING INTERPRETATION SERVICES. IN A HEALTH CARE SETTING, LANGUAGE SERVICES STRENGTHEN ACCESS TO CARE AND THE QUALITY OF THAT CARE, AS EFFECTIVE CLINICIAN-PATIENT COMMUNICATION IS CRITICAL FOR SUCCESS. BEYOND LANGUAGE, PATIENTS' IDENTITIES, CULTURAL AND RELIGIOUS NORMS ALSO INFLUENCE INDIVIDUAL BELIEFS ABOUT HEALTH AS WELL AS EXPERIENCES IN THE HEALTH CARE SYSTEM. PENN MEDICINE IS WORKING TO ENSURE EVERY PATIENT WHO WALKS THROUGH PENN MEDICINE'S DOORS RECEIVES CARE IN A CULTURALLY RESPONSIVE WAY THAT INCLUDES AND VALUES ALL ASPECTS OF A PATIENT'S IDENTITY, EXPERIENCES AND BACKGROUND. > MY ACCESSIBLE REAL-TIME TRUSTED INTERPRETER (MARTTI): CLINICIANS AND STAFF ACROSS PENN MEDICINE ARE ABLE TO USE MARTTI UNITS FOR QUICK AND EFFECTIVE INTERPRETATION IN A RANGE OF LANGUAGES. THE EASY-TO-USE MOBILE TABLETS ARE HIPAA-APPROVED AND CREATE A VIRTUAL CONNECTION BETWEEN PATIENTS AND CERTIFIED MEDICAL INTERPRETERS. ALONG WITH NON-NATIVE ENGLISH SPEAKERS, MARTTI CAN SERVE THE NEEDS OF PEOPLE WHO ARE DEAF AND HARD OF HEARING. SPANISH, ARABIC, AMERICAN SIGN LANGUAGE, AND RUSSIAN-FOUR OF THE MOST COMMONLY SPOKEN NON-ENGLISH LANGUAGES AT AMERICAN HOSPITAL PATIENTS-ARE READILY AVAILABLE, BUT USERS CAN ACCESS A NUMBER OF OTHER LANGUAGES THROUGH THE TOOL. > THE REFUGEE CLINIC AT PENN PRESBYTERIAN MEDICAL CENTER PROVIDES INITIAL HEALTH ASSESSMENTS FOR REFUGEES UPON ARRIVAL TO THE CITY, AS WELL AS FOLLOW-UP HEALTH SERVICES FOR WOMEN'S HEALTH CARE. THE CLINIC PROVIDES CULTURALLY SENSITIVE CARE BY PARTNERING WITH REFUGEE RESETTLEMENT AGENCIES, TRANSLATORS, AND PHYSICIAN'S FAMILIAR WITH REFUGEE HEALTH. > THE LGBTQ HEALTH PROGRAM IS PENN MEDICINE'S PROGRAM TO SUPPORT ACCESS TO CARE, QUALITY OF CARE AND PATIENT EXPERIENCE FOR LGBTQ+ PATIENTS ACROSS THE SYSTEM. CARE IS DELIVERED BY COMPASSIONATE AND SKILLED PROVIDERS ACROSS THE HEALTH SYSTEM WHO OFFER CULTURALLY COMPETENT CARE IN A JUDGMENT-FREE SETTING. THE PROGRAM ALSO WORKS TO SUPPORT CHANGE TO POLICIES, WORKFLOWS AND OPERATIONS TO AFFIRM LGBTQ+ PEOPLE. THE PROGRAM ALSO RUNS THE TRANSGENDER PATIENT ADVOCATE PROGRAM WHICH CONNECTS PATIENTS IDENTIFYING ANYWHERE ALONG THE TRANSGENDER SPECTRUM TO FACILITATE OUTPATIENT OR SPECIALTY CARE AT PENN MEDICINE. ADVOCATES HELP PEOPLE FIND APPROPRI</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>ATE PROVIDERS, MAKE IT TO APPOINTMENTS, AND COMMUNICATE GENDER IDENTITY AND PRONOUNS IN US E TO STAFF AND PROVIDERS. > PENN MEDICINE PASTORAL CARE AND EDUCATION: AVAILABLE AT ALL DO WNTOWN HOSPITALS, PASTORAL CARE IS AN IMPORTANT PART OF PENN MEDICINE'S HEALING MISSION. C HAPLAINS, AS A VALUED PART OF THE HEALTH CARE TEAM, HELP PATIENTS DRAW UPON SPIRITUAL RESO URCES, VALUES, AND TRADITIONS TO COPE WITH ILLNESS AND TRAGEDY. CARE IS CULTURALLY COMPETE NT, FOLLOWING AN INTERFAITH MODEL AND RESPECTING THE FULL RANGE OF PATIENT FAITHS AND SPIR ITUAL EXPRESSIONS. PENN MEDICINE PASTORAL CARE AND EDUCATION IS NATIONALLY ACCREDITED THRO UGH ACPE, AN ORGANIZATION PROVIDING THE HIGHEST QUALITY CLINICAL PASTORAL EDUCATION PROGRA MS FOR SPIRITUAL CARE PROFESSIONALS OF ANY FAITH AND IN ANY SETTING. > PENN MEDICINE DIETA RY SERVICES PROVIDES CUSTOM DIETARY OPTIONS THAT RESPECT RELIGIOUS AND CULTURAL DIVERSITY. THIS INCLUDES KOSHER, HALAL, VEGETARIAN, AND OTHER OPTIONS, ALL OF WHICH ARE AVAILABLE UP ON REQUEST. PRIORITY AREA #9: COMMUNITY VIOLENCE THERE IS AN EPIDEMIC IN THE PHILADELPHIA COMMUNITY AND THE STATISTICS ARE UNPRECEDENTED. VIOLENT INJURY AND HOMICIDE RATES DISPROPO RTIONATELY IMPACT THE NEIGHBORHOODS AND COMMUNITIES PENN MEDICINE SERVES. IN A SINGLE YEAR (2021), PHILADELPHIA LOST 550 PEOPLE TO GUN VIOLENCE, THE MOST IN 30 YEARS. FIREARM HOMIC IDE IS THE LEADING CAUSE OF DEATH FOR BLACK MEN AGES 15-43 AND HISPANIC/LATINO MEN AGES 15 -31. RISING RATES OF VIOLENCE AFFECT INDIVIDUALS, FAMILIES, COMMUNITIES, HEALTH SYSTEMS, A ND OUR CITY AS A WHOLE. DIRECT AND INDIRECT EXPOSURE TO VIOLENCE CONTRIBUTES TO DEPRESSION , ANXIETY, PTSD, SUICIDE, ABUSE, AND NEGLECT. MANY SURVIVORS OF VIOLENCE ENCOUNTER BARRIER S TO FOLLOW UP CARE AND RECOVERY. WITHOUT SOMEONE TO HELP NAVIGATE, THE LABYRINTH OF SYSTE MS CAN SEEM AN IMPOSSIBLE HURDLE. WE UNDERSTAND THAT WE MUST COLLABORATE WITH THE COMMUNITY ES WE SERVE TO PREVENT VIOLENT INJURY IN THE FIRST PLACE. BECAUSE THE ROOT CAUSES OF VIOL ENCE INCLUDE STRUCTURAL RACISM AND SYSTEMATIC UNDERINVESTMENT IN COMMUNITIES OF COLOR, THE ECONOMIC IMPACT OF PENN MEDICINE AS AN EMPLOYER AND AN ANCHOR INSTITUTION IS ESSENTIAL. W E MUST ALSO EXPAND OUR COLLABORATIONS WITH THE COMMUNITY-BASED ORGANIZATIONS THAT ARE USIN G EVIDENCE-BASED STRATEGIES TO INTERRUPT VIOLENCE AND TO IMPROVE ENVIRONMENTAL CONDITIONS TO PREVENT VIOLENCE. > AS A LEVEL 1 TRAUMA CENTER, PENN PRESBYTERIAN MEDICAL CENTER TREATS OVER 3,000 INJURED PATIENTS ANNUALLY. APPROXIMATELY 33% ARE THE VICTIMS OF INTERPERSONAL VIOLENCE. IN ADDITION TO CONTINUING TO PROVIDE THE HIGHEST LEVEL OF ACUTE CARE FOR INJURED INDIVIDUALS, THE MISSION OF PENN MEDICINE INCLUDES BOTH SUPPORTING HOLISTIC HEALING OF TH OSE INJURED THROUGH VIOLENCE AND PREVENTING VIOLENT INJURY IN THE FIRST PLACE. TO IMPROVE HEALING FROM VIOLENCE PENN MEDICINE HAS THE OPPORTUNITY TO MAKE MENTAL HEALTH CARE READILY AVAILABLE TO SURVIVORS OF VIOLENT INJURY AND TO MEMBERS OF COMMUNITIES DISPROPORTIONATELY AFFECTED BY VIOLENCE. HOSPITA</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>L-BASED VIOLENCE INTERVENTION PROGRAMS (HVIPS) PROVIDE ESSENTIAL RESOURCES TO RECOVERING PATIENTS, BUT OFTEN STRUGGLE TO REACH PATIENTS IN NEED DUE TO LIMITED FUNDING OPPORTUNITIES. PENN MEDICINE CAN DIRECTLY SUPPORT THESE ESSENTIAL SERVICES AND CAN ALSO ADVOCATE FOR SUSTAINABLE SOURCES OF FUNDING AT THE MUNICIPAL, STATE, AND FEDERAL LEVEL. THE NEED TO SUPPORT OUR COMMUNITIES IS EVIDENT. HOWEVER, WE SHOULD NOT FORGET THAT THE COMMUNITY ALSO INCLUDES THOSE WHO WORK WITHIN PENN MEDICINE. BY ADDING ADDITIONAL LAYERS OF SUPPORT BOTH INTERNALLY AND EXTERNALLY, WE CAN MAKE A REAL DIFFERENCE. > PENN TRAUMA VIOLENCE RECOVERY PROGRAM: THE PENN TRAUMA VIOLENCE RECOVERY PROGRAM AIMS TO ACCELERATE AND OPTIMIZE HOLISTIC RECOVERY FROM VIOLENT INJURY. HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS ARE MULTIDISCIPLINARY COLLABORATIONS BETWEEN CLINICAL TEAMS, COMMUNITY ORGANIZATIONS, AND TRAINED VIOLENCE PREVENTION PROFESSIONALS WHO BUILD CONNECTIONS WITH INJURED PATIENTS, PROVIDE PSYCHOSOCIAL SUPPORT, AND HELP PATIENTS NAVIGATE THE HEALTHCARE AND SOCIAL SERVICES LANDSCAPES. TWO DECADES OF EVIDENCE SHOW THAT THESE PROGRAMS CAN IMPROVE OUTCOMES, PREVENT RE-INJURY, AND SAVE COSTS. OUR NEW PROGRAM BEGAN ENROLLING PATIENTS IN AUGUST, 2021, AND HAS BEEN VERY WELL RECEIVED. THIS PROGRAM WORKS TO CONNECT INDIVIDUALS AT RISK FOR INVOLVEMENT WITH VIOLENCE TO KEY RESOURCES AND SUPPORTS. THIS INTERVENTION ALSO HELPS THESE VICTIMS BETTER MANAGE THEIR HEALTH, WORK, HOUSING, AND OTHER BARRIERS. THIS GRANT-FUNDED PROGRAM IS SUPPORTED BY THE PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY (PCCD) AND THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH. THE TRAUMA PROGRAM ALSO RECEIVED SMALL GRANTS TO FUND TRAUMA INJURY PREVENTION PROGRAMMING WHICH INCLUDED EDUCATING THE PUBLIC ON SAFE GUN HANDLING AND IN SOME CASES PROVIDED GUN LOCKS TO PROMOTE SAFE STORAGE. > PENN COMMUNITY VIOLENCE PREVENTION PROGRAM: PRIMARILY GRANT FUNDED BY PCCD, THIS NEW PROGRAM AIMS TO DEVELOP A COLLECTIVE IMPACT PARTNERSHIP TO SUPPORT COMMUNITY-ENGAGED, EVIDENCE-BASED VIOLENCE PREVENTION IN WEST/SOUTH WEST PHILADELPHIA. TO DO THIS, WE WILL CONVENE A NETWORK OF STAKEHOLDERS IN THE PHIGHT NETWORK (PHILADELPHIA'S HUB TO REDUCE INTERPERSONAL VIOLENCE, GUN VIOLENCE, HOMICIDE AND TRAUMA) TO PROVIDE WRAP-AROUND SERVICES; IDENTIFY A COHORT OF 40-65 ADULT AND YOUNG ADULTS AT HIGHEST RISK FOR FUTURE INVOLVEMENT IN GUN VIOLENCE FOR FOCUSED INTERVENTION; AND IMPLEMENT AND EVALUATE TRAUMA-INFORMED VIOLENCE INTERRUPTION SERVICES AND TAILORED SUPPORT FROM COMMUNITY-BASED ORGANIZATIONS INCLUDING SHORT AND LONG-TERM CONFLICT RESOLUTION AND TAILORED SUPPORT. THIS IS A COMMUNITY-RELEVANT EXPANSION AND ADAPTATION OF THE GLOBAL CURE VIOLENCE MODEL.</p>

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<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>> STOP THE BLEED: TEACHING COMMUNITY MEMBERS, INCLUDING TEACHERS AND YOUTH, TO ADMINISTER HEMORRHAGE CONTROL. RESIDENTS WITH NO FORMAL TRAINING LEARN TO APPLY PRESSURE TO WOUNDS-AND D MAYBE SAVE A LIFE-UNTIL FIRST RESPONDERS ARRIVE. MAKING THESE PROGRAMS, INCLUDING EQUIPMENT FOR EDUCATION AND DISTRIBUTION, MORE READILY AVAILABLE, EVEN EXPANDING INTO SCHOOLS, COULD HELP INCREASE THE SAFETY AND PREPAREDNESS OF UNDER-RESOURCED COMMUNITIES. IN AUGUST 2022 WE'VE TRAINED NEARLY 200 PARTICIPANTS IN STB AND PROVIDED ABOUT 90% OF STUDENTS WITH STB KITS THROUGH THE ATSO TOURNIQUETS WE HAVE PURCHASED BY ACQUIRING SMALL NON-SUSTAINABLE GRANTS. FUNDING IS NEEDED TO SUPPORT PROGRAMMATIC EFFORTS IN COLLOCATING BLEEDING CONTROL KITS WITH AEDS. THE PROGRAM IS ASSOCIATED WITH THE AMERICAN COLLEGE OF SURGEONS' ZERO PREVENTABLE DEATHS AND DISABILITY INITIATIVE, WHICH HAS ESTABLISHED AN AMBITIOUS ROADMAP TO ACHIEVE ZERO PREVENTABLE INJURY DEATHS IN THE UNITED STATES. > PENN INJURY SCIENCE CENTER (PISC): FUNDED BY A GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE PENN INJURY SCIENCE CENTER BRINGS TOGETHER UNIVERSITY, COMMUNITY, AND GOVERNMENT PARTNERS TO DEVELOP INTERVENTION PROGRAMS FOR INJURIES AND VIOLENCE. THE CENTER PROMOTES AND PERFORMS THE HIGHEST-QUALITY RESEARCH, TRAINING, AND TRANSLATION OF SCIENTIFIC DISCOVERIES INTO PRACTICE AND POLICY FOR PEOPLE IN PHILADELPHIA AND AROUND THE WORLD. > ADMINISTRATORS FOR PENN MEDICINE CARES GRANT UNDERSTAND THE DEVASTATING IMPACT OF VIOLENCE ON COMMUNITIES. FOR FISCAL YEAR 2022, HIGHEST PRIORITY WAS GIVEN TO PROJECTS THAT AIMED TO CURB VIOLENCE WITHIN PHILADELPHIA. PROJECTS THAT IMPROVED NEIGHBORHOOD RECREATION CENTERS, GREENED VACANT LOTS AND OUTSIDE COMMUNITY SPACES, AND MENTORED AND ENGAGED YOUTH AFTER SCHOOL AND ON WEEKENDS WERE FUNDED. PRIORITY AREAS #10 & #12: HOUSING & NEIGHBORHOOD CONDITIONS SAFE, STABLE HOUSING AND LIVABLE NEIGHBORHOODS ARE INDISPENSABLE TO PHYSICAL AND MENTAL HEALTH AND WELL-BEING. ACCORDING TO A 2020 STUDY FROM PEW CHARITABLE TRUSTS, 40 PERCENT OF PHILADELPHIA RESIDENTS REPORTED DIFFICULTY PAYING THEIR MORTGAGE OR RENT. CITYWIDE, 54 PERCENT OF RENTERS ARE COST-BURDENED, MEANING THEY SPEND MORE THAN 30 PERCENT OF THEIR INCOME ON HOUSING. AMONG RESIDENTS EARNING LESS THAN \$30,000 PER YEAR, THAT FIGURE JUMPS TO 88 PERCENT, WITH WEST, SOUTHWEST, AND NORTH PHILADELPHIA HAVING PARTICULARLY HIGH RATES OF HOUSING COST BURDEN. FURTHER, A LACK OF ACCESS TO OUTDOOR GREENSPACES AND RECREATION AREAS LIKE PARKS AND TRAILS HAVE BEEN SHOWN TO IMPROVE PHYSICAL AND MENTAL HEALTH. BUT THESE AMENITIES ARE LESS FAMILIAR IN HIGH-POVERTY AREAS, WHERE ABANDONED HOMES AND VACANT LOTS ARE MORE THE NORM. NEIGHBORHOOD BLIGHT HAS BEEN LINKED TO INCREASED COMMUNITY VIOLENCE, WHICH IN TURN HAS A NEGATIVE IMPACT ON PHYSICAL ACTIVITY AS YOUTH AVOID GOING OUTSIDE TO EXERCISE DUE TO FEARS OF VIOLENCE. WITH ITS WIDE BREADTH OF PROGRAMS TO IMPROVE HOUSING AND MAKE NEIGHBORHOODS MORE LIVABLE, PENN MEDICINE HAS COMMITTED SIGNIFICANT INVESTMENT IN</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>VESTMENT OVER THE NEXT THREE YEARS TO IMPROVE QUALITY OF LIFE ACROSS THE CITY AND MEET THE SE PRESSING AND COMPLEX PROBLEMS HEAD ON. > DEEPLY ROOTED IS A COMMUNITY-ACADEMIC COLLABORATIVE LED BY PENN URBAN HEALTH LAB THAT USES THE HEALING POWER OF NATURE TO PROMOTE HEALTH AND WELL-BEING IN BLACK AND OTHER MINORITY PHILADELPHIA NEIGHBORHOODS. THE COLLABORATION IS FORGED BETWEEN HEALTH SYSTEMS, NON-PROFITS, AND COMMUNITY GROUPS AND IS DRIVEN BY A \$6 MILLION INVESTMENT FROM PENN MEDICINE AND CHOP. AMONG ITS FUNCTIONS, DEEPLY ROOTED: -EMPOWERS COMMUNITIES TO CREATE NEW GREEN SPACE INCLUDING PLANTING TREES, GREENING VACANT LOTS, AND BUILDING COMMUNITY GARDENS AND MINI PARKS. -PROVIDES GRANTS TO COMMUNITY ORGANIZATIONS AND RESIDENTS TO PUT ON EVENTS AND RUN ACTIVITIES IN PARKS AND OTHER GREENSPACES. -CREATE S CAREER DEVELOPMENT OPPORTUNITIES FOR YOUTH, FORMERLY INCARCERATED CITIZENS, AND OTHER COMMUNITY MEMBERS THROUGH LEADERSHIP AND NATURE-BASED JOB TRAINING. -ADVOCATES FOR POLICIES AND INVESTMENTS THAT PROMOTE ENVIRONMENTAL JUSTICE IN PHILADELPHIA'S NEIGHBORHOODS. > CENTER FOR EXCELLENCE IN ENVIRONMENTAL TOXICOLOGY (CEET): THE CEET IS A REGIONAL RESOURCE AND THE ONLY ENVIRONMENTAL HEALTH SCIENCES CORE CENTER IN PENNSYLVANIA, THOUGH IT ALSO SERVES DELAWARE, MARYLAND, VIRGINIA, WEST VIRGINIA, AND WASHINGTON, DC. THE CENTER WORKS DIRECTLY WITH COMMUNITIES TO IDENTIFY ENVIRONMENTAL HEALTH QUESTIONS AND CONCERNS, THEN MOBILIZES ITS RESEARCH EXPERTISE TO RESOLVE THOSE QUESTIONS. ONE COMMON AND IMPORTANT THEME IN THE CENTER'S WORK IS AIR POLLUTION AND LUNG HEALTH. CEET TEAM MEMBERS ARE ALWAYS TAKING ACTION IN THIS AREA. FOR EXAMPLE, THE CENTER WORKED WITH DAY-CARE FACILITIES IN PHILADELPHIA COMMUNITIES TO DECREASE AIR POLLUTION EXPOSURE BY MAPPING THE RELEASES OF AIRBORNE TOXINS WITH AIR MANAGEMENT SERVICES PROFESSIONALS. TO FURTHER CEET IMPACT, PENN MEDICINE'S OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS SUPPORT ADVOCACY EFFORT WITH LOCAL, STATE AND FEDERAL REGULATORS AND LEGISLATORS. PRIORITY AREA #11: SOCIOECONOMIC DISADVANTAGE PENN MEDICINE RECOGNIZES THAT PEOPLE LIVING AT OR NEAR THE POVERTY LINE FACE POOR HEALTH OUTCOMES. POVERTY RATES ARE NEARLY FOUR TIMES HIGHER IN PHILADELPHIA THAN ITS NEIGHBORING SUBURBS, ALTHOUGH POCKETS OF POVERTY EXIST ACROSS ALL FIVE COUNTIES IN THE PENN MEDICINE SERVICE AREA. RATES IN WEST AND SOUTHWEST PHILADELPHIA, WHICH COMPRISE PENN MEDICINE'S PRIMARY SERVICE AREA, ARE 32.8% AND 29.6% RESPECTIVELY - SIGNIFICANTLY EVEN HIGHER THAN THE CITY'S 23.1%. AS A LEADING EMPLOYER AND ACADEMIC MEDICAL AND RESEARCH INSTITUTION, PENN MEDICINE IS COMMITTED TO ELIMINATING ECONOMIC INJUSTICE AND INEQUITY ACROSS OUR ORGANIZATION AND THE COMMUNITIES WE SERVE THROUGH EDUCATION, SUSTAINABLE EMPLOYMENT, ECONOMIC INCLUSION, AND EFFICIENT PATHWAYS TO RESOURCES. > BRIDGING THE GAPS (BTG) LINKS THE PROVISION OF HEALTH-RELATED SERVICE FOR UNDER-RESOURCES COMMUNITIES WITH THE INTER-PROFESSIONAL TRAINING OF HEALTH AND SOCIAL SERVICE PROFESSIONALS. START</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>ING AT PENN IN 1991, WITHIN 5 YEARS BTG INCLUDED ALL OF PHILADELPHIA ACADEMIC HEALTH CENTERS AND HAS SINCE BEEN ADOPTED AS A PROGRAM MODEL IN ORGANIZATIONS ACROSS PENNSYLVANIA AND IN NEW JERSEY. FOR FISCAL YEAR 2021, 161 HEALTH SERVICE STUDENTS PROVIDED 3,972 DAYS OF SERVICE TO OVER 78 COMMUNITY-BASED PROJECTS. > DROSOPHILA IS A HIGH SCHOOL-LEVEL, CLASSROOM-BASED NEUROSCIENCE PROGRAM DEVELOPED IN PARTNERSHIP WITH THE BASHAW LAB AT PENN MEDICINE. STUDENTS GO THROUGH A RANGE OF EXPERIMENTS, INCLUDING FLIES ON ICE, WHICH USES THE SCIENTIFIC METHOD AND NEUROSCIENCE PRINCIPLES TO STUDY THE EFFECTS OF COLD TEMPERATURES ON FRUIT FLIES. FIVE PENN MEDICINE LAB MEMBERS COLLECTIVELY VOLUNTEERED NEARLY 100 HOURS OF TIME. LAST YEAR, DROSOPHILA WAS TAUGHT TO 620 STUDENTS AT FOUR SCHOOLS IN THE REGION. > PATHWAY PROGRAM ASSOCIATES: IN PARTNERSHIP WITH PENN'S NETTER CENTER FOR COMMUNITY PARTNERSHIPS, THE WEST PHILADELPHIA SKILLS INITIATIVE (WPSI), AND JEVS HUMAN SERVICES, THE NEW PENN MEDICINE PATHWAYS PROGRAM CREATED WORKFORCE DEVELOPMENT AND ECONOMIC OPPORTUNITIES WITH A FOCUS ON RECENT HIGH SCHOOL GRADUATES. PENN MEDICINE HAS IDENTIFIED FULL-TIME ROLES WITHIN ITS SYSTEM WHERE ASSOCIATES CAN GAIN EMPLOYMENT, RECEIVE CAREER TRAINING, DEVELOP A CAREER PATHWAY, AND ENJOY COMPREHENSIVE BENEFITS PACKAGES. THE PROGRAM LAUNCHED IN SUMMER 2022. > PATHWAYS TO PROMOTION: FACILITATING CAREER ADVANCEMENT FOR INTERNAL FRONTLINE STAFF WHILE WORKING TO IMPROVE DIVERSITY IN SUPERVISORY AND MANAGEMENT ROLES. TO DATE, THE PROGRAM'S FIRST COHORT HAS COLLECTIVELY RECEIVED 15 OFFERS FOR ADVANCEMENT. A TOTAL OF 25 EMPLOYEES ARE PARTICIPATING IN THE SECOND COHORT, WHICH BEGAN IN SPRING 2022. > PENN FUTURES: IDENTIFYING PENN MEDICINE EMPLOYEES WHO HAVE HIGH POTENTIAL BUT ARE NOT CURRENTLY IN A MANAGEMENT OR SUPERVISORY ROLE. THE PROGRAM GUIDES PARTICIPANTS TO IDENTIFY STRENGTHS AND PLAN THEIR OWN CAREER DEVELOPMENT. > HUP GATEWAY PROGRAM: NEW-TO-PRACTICE NURSES HAVE AN OPPORTUNITY TO BE PAID WHILE PARTICIPATING IN AN ACCELERATED, IMMERSIVE CLINICAL EXPERIENCE THAT PREPARES THEM FOR HIGHER-LEVEL SURGICAL AND CRITICAL CARE NURSING ROLES. > PROJECT QUAKER: A PARTNERSHIP WITH WEST PHILADELPHIA SKILLS INITIATIVE (WPSI) DESIGNED TO PREPARE INDIVIDUALS FOR LAB ASSISTANT ROLES. TO DATE, 50 PROJECT ALUMS HAVE ENTERED LAB ASSISTANT POSITIONS. > PENN PRESBYTERIAN MEDICAL CENTER STERILE PROCESSING CANDIDATE PIPELINE: STARTING IN 2018, THIS MEDICAL CENTER HAS WORKED WITH THE JAMES INSTITUTE FOR LEARNING AND CENTRAL SOURCE TO DEVELOP AND PLACE STUDENTS IN JOBS IN THE STERILE PROCESSING FIELD. STUDENTS RECEIVE THE INSTRUCTION AND INTERNSHIPS NEEDED TO BECOME A CERTIFIED REGISTERED CENTRAL SERVICE TECHNICIAN (CRCST), AS WELL AS HANDS-ON EXPERIENCES IN A BUSY HEALTH CARE ENVIRONMENT. TO DATE, THE PROGRAM HAS HOSTED 30 STUDENTS.</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>> PENN ASSIST: PENN MEDICINE WAS A PARTNER IN TRAINING PHILADELPHIA HIGH SCHOOL GRADUATES FOR CAREERS IN THE BUILDING TRADES BY EXPOSING GRADUATES TO SOME OF THE REGION'S MOST VISI ONARY BUILDING PROJECTS, INCLUDING THE STATE-OF-THE-ART HUP PAVILION. > PENN ACADEMY FOR R EPRODUCTIVE SCIENCE (PARS) IS A WORKSHOP FOR HIGH SCHOOL STUDENTS LED BY CLINICIANS, SCIEN TISTS, AND MEDICAL STUDENTS. THE FREE PROGRAM IS DESIGNED FOR STUDENTS INTERESTED IN HEALT H CARE AND MEDICINE, WITH AN EMPHASIS ON REPRODUCTIVE SCIENCE. THE ACADEMY RUNS TWICE PER YEAR FOR FOUR CONSECUTIVE SATURDAYS AND INVOLVES HANDS-ON ACTIVITIES SUCH AS THE IN-VITRO FERTILIZATION OF A MOUSE EGG. THE PROGRAM ALSO OFFERS SESSIONS DEDICATED TO COLLEGE APPLIC ATIONS, RESUMES, AND NETWORKING. SINCE ITS INCEPTION IN 2010, PARS HAS EDUCATED 262 STUDEN TS FROM ACROSS THE PHILADELPHIA AREA. > PENN ACADEMY FOR SKIN HEALTH (PASH) IS A FREE PROG RAM OFFERED TO PHILADELPHIA PUBLIC SCHOOL STUDENTS INTERESTED IN A CAREER IN DERMATOLOGY. OVER FOUR SATURDAYS, PASH TEACHES STUDENTS ABOUT THE SCIENCE BEHIND THEIR SKIN. SINCE ITS INCEPTION IN 2017, PASH HAS EDUCATED 69 STUDENTS. > OFFICE OF OUTREACH, EDUCATION AND RESE ARCH: THIS OFFICE WAS CREATED TO HELP PARS AND PASH ALUMNAE CONTINUE THEIR STEM CAREER PAT HS THROUGH ADDITIONAL INSTRUCTION AND EVEN EMPLOYMENT OPPORTUNITIES. IN 2022 ALONE, PENN M EDICINE HIRED 25 ALUMNAE AS TEMPORARY RESEARCHERS. ALL STUDENTS IN THE PROGRAM WORK SIDE-B Y-SIDE WITH PENN MEDICINE RESEARCHERS AND PARTICIPATE IN PRODUCING JOURNAL ARTICLES AND CA SE STUDIES, AMONG OTHER ACTIVITIES. > RISING SCHOLAR SUCCESS ACADEMY IS A SERIES OF FREE, VIRTUAL POSTSECONDARY PROGRAMS DESIGNED TO PREPARE PHILADELPHIA HIGH SCHOOL STUDENTS FOR E DUCATIONAL AND CAREER PATHWAYS IN A POST-PANDEMIC WORLD. FOR THE THIRD YEAR IN A ROW, PENN MEDICINE DEVELOPED AND HOSTED A WEEK OF EDUCATIONAL ACTIVITIES CALLED "FROM THE BENCH TO THE BEDSIDE." FROM JULY 18-22, 150 HIGH SCHOOL STUDENTS LEARNED ABOUT CAREERS IN RESEARCH AND MEDICINE. > AS PART OF PENN'S ECONOMIC INCLUSION INITIATIVES, THE PENN MEDICINE CAMPUS ES CONTINUE TO FIND ECONOMIC OPPORTUNITIES FOR LOCAL RESIDENTS. OPPORTUNITIES COVER VARIOU S EMPLOYMENT TYPES, FROM CONSTRUCTION TO PROCUREMENT OF GOODS AND SERVICES. SINCE 2019, PE NN MEDICINE HAS DIRECTED MORE THAN \$119 MILLION IN CONTRACTING TO MINORITY-, WOMAN-, AND D ISABLED-OWNED BUSINESSES. > VENDOR FRIDAYS: LAUNCHED IN FEBRUARY, THIS HUP EVENT SERIES FE ATURES LOCAL SMALL BUSINESSES. MANY PARTICIPANTS COME FROM THE DORRANCE H. HAMILTON CENTER FOR CULINARY ENTERPRISES AT THE ENTERPRISE CENTER, A LONGSTANDING MINORITY BUSINESS ACCEL ERATOR IN WEST PHILADELPHIA. > PENN MEDICINE COMMUNITY EVENTS CALENDARS: THIS TOOL LINKS V OLUNTEER OPPORTUNITIES WITH PENN MEDICINE EMPLOYEES SEEKING TO DONATE THEIR TIME OR OTHER SUPPORT TO CHARITABLE EFFORTS OUTSIDE THE HOSPITAL WALLS. IN FISCAL 2022, THE CALENDAR FEAT URED 64 EVENTS REPRESENTING 342 EMPLOYEES VOLUNTEERING OVER 1,000 HOURS OF VOLUNTEER SERV ICE IN PHILADELPHIA. > COMMUNI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>TY RESOURCE CONNECTS: WHEN PENNCHART'S HEALTH SCREENER IDENTIFIES SOMEONE WITH POTENTIALLY UNMET SOCIAL NEEDS, PENN MEDICINE TAKES ACTION, WORKING WITH HEALTH CARE PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, AND ENTITIES LIKE FIND HELP, A CLOSED-LOOP REFERRAL NETWORK FOR SOCIAL SERVICES. PENN MEDICINE PROVIDERS AND STAFF CAN THEN CONNECT THE PATIENT WITH RESOURCES THAT CAN HELP THEM AFTER THEY LEAVE THE HOSPITAL. > REGIONAL HEALTH EQUITY DASHBOARD: THIS WEB-BASED TOOL CENTRALIZES AND BENCHMARKS CRITICAL METRICS ACROSS KEY HEALTH CARE NEED AREAS SUCH AS MATERNAL AND INFANT MORTALITY AND MORBIDITY, CANCER SCREENING AND PREVENTION, ACCESS TO SPECIALTY CARE, AND SOCIOECONOMIC DISADVANTAGE, HELPING TO INFORM A WIDE VARIETY OF PROJECTS AND INQUIRIES. THE COUNTY HOSPITALS OF UPHS ALSO CONDUCTED CHNAS FOR THEIR SPECIFIC SERVICE AREAS AND LIKEWISE, CREATED THEIR OWN CHIPS SHOWING INNOVATIVE PROGRAMS TO ASSIST IN MEETING THE MOST PRESSING NEEDS OF OUR COMMUNITIES. THESE REPORTS CAN BE FOUND AT THE FOLLOWING LINKS: HTTPS://WWW.PRINCETONHCS.ORG/COMMUNITY HTTPS://WWW.CHESTERCOUNTYHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS -ASSESSMENT HTTPS://WWW.LANCASTERGENERALHEALTH.ORG/ABOUT-LANCASTER-GENERAL-HEALTH /CARING- FOR-OUR-COMMUNITY/NEEDS-ASSESSMENT-AND-IMPROVEMENT-PLAN/COMMUNITY- IMPROVEMENT-DASHBOARDS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION. A DRAFT COPY OF THE 2021 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 2021 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE. -----

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS NET UNREALIZED INC. IN NET ASSETS \$(6,823,298) TRANSFER TO CHCA-NJ PPMC DIVISIONS (5,371,465) TRANSFER FROM PENN CARE & HOME 15,985,493 TRANSFER/OTHER ADJUSTMENTS (1,046,183) ----- TOTAL OTHER CHANGES IN NET ASSETS \$2,744,547

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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
(1) 3737 FEE OWNER LLC 17190 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128 61-1692432	RENTAL	CA	0	77,284,308	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.

(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
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
See Additional Data Table												

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

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 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
6325 S RAINBOW BLVD STE 300 LAS VEGAS, NV 89118 23-6210940	SUPPORT TRUST	NV	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	
30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	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
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
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HEALTHCARE	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
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
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	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

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						Yes	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
5 ATRIUM 3400 CIVIC CTR BLVD PHILADELPHIA, PA 19104 86-3800365	HEALTHCARE	PA	501(C)(3)	10	CCA		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
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	NETWORKING	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
PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					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

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
TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SERVICES	PA	CCH&HS	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
UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589	HOTEL/RESTAURANT		TRUSTEES	C-CORP					No