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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

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

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

C Name of organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

% MEDHA NARVEKAR SECRETARY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3451 WALNUT STREET Suite ROOM 305

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

PHILADELPHIA, PA 191046284

D Employer identification number
23-1352685

E Telephone number
(215) 898-8967

G Gross receipts \$ 20,643,074,191

F Name and address of principal officer:
DR AMY GUTMANN PRESIDENT
3451 WALNUT STREET
PHILADLEPHIA, 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.UPENN.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1740

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE PROVISION OF EDUCATION, RESEARCH, AND CHARITABLE PATIENT CARE 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) 3 53

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 53

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 53,313

6 Total number of volunteers (estimate if necessary) 6 37,484

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,491,090

b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 1,492,937,000 1,705,237,000

9 Program service revenue (Part VIII, line 2g) 4,949,362,299 5,334,589,156

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 694,303,000 811,502,000

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 102,251,701 91,415,844

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,238,854,000 7,942,744,000

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 457,976,785 478,642,962

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) 3,649,456,000 3,891,110,000

16a Professional fundraising fees (Part IX, column (A), line 11e) 688,264 708,182

b Total fundraising expenses (Part IX, column (D), line 25) ▶112,487,929

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,430,489,951 2,608,533,856

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 6,538,611,000 6,978,995,000

19 Revenue less expenses. Subtract line 18 from line 12 700,243,000 963,749,000

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 21,301,691,000 22,754,777,000

21 Total liabilities (Part X, line 26) 5,892,514,000 6,635,778,000

22 Net assets or fund balances. Subtract line 21 from line 20 15,409,177,000 16,118,999,000

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

2020-06-30
Date

MARYFRANCES MCCOURT ASSOCIATE COMPTROLLER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") SEES ITSELF AS HAVING A PUBLIC SERVICE MISSION. IN SUCH REGARD, THE UNIVERSITY AIMS TO PROVIDE A RICH AND DIVERSE EDUCATIONAL ENVIRONMENT FOR ITS STUDENTS; TO PIONEER RESEARCH THAT PUSHES THE BOUNDARIES OF CURRENT HUMAN KNOWLEDGE; AND TO PROVIDE THE MOST CURRENT AND HIGHEST QUALITY PATIENT CARE THROUGH THE UNIVERSITY HEALTH SYSTEM.

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

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

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

If "Yes," describe these changes on Schedule O.

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

| | |
|---------------------|--|
| 4a | (Code:) (Expenses \$ 3,315,401,832 including grants of \$ 478,741,656) (Revenue \$ 2,104,264,156) |
| See Additional Data | |

| | |
|---------------------|--|
| 4b | (Code:) (Expenses \$ 2,916,549,315 including grants of \$ 0) (Revenue \$ 3,230,325,000) |
| See Additional Data | |

| | |
|-----------|--|
| 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 ▶ 6,231,951,147 |
|-----------|---|

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 | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 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 | 3 | 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 | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | 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 | 6 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 | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 Yes | |
| 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 | 9 | 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 | 10 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b Yes | |
| 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 | 15 Yes | |
| 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 | 16 Yes | |
| 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) | 17 Yes | |
| 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 | 18 Yes | |
| 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 | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b 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 | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|----------------|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 Yes | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

| | | Yes | No |
|-----------|--|-----------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 7,804 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | | |
|--|--|-----------|--------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 53,313 | 2b | Yes | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | Yes | |
| b If "Yes," enter the name of the foreign country: ▶BD , BC , CJ , CA , CH , UC , FR , HK , EI , JA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | 8 | | No |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | No |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | No |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | Yes | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | | No |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 53 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 53 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | Yes | |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Yes | |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **AK, AR, CA, CO, CT, DC, FL, KS, KY, LA, MA, MI, MN, NH, ND, OH, OK, OR, PA, SC, UT, WA, WV**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
►MEDHA NARVEKAR SECRETARY 211 COLLEGE HALL PHILADELPHIA, PA 191046303 (215) 898-7005

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 ☐

7

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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

[illegible]

| | | | |
|--|------------|---|-----------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 50,345,692 | 0 | 7,256,225 |

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 ▶ 8,535

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| PHILA POST-ACUTE PARTNERS LLC, 850 S 5TH ST ALLENTOWN, PA 18103 | HEALTH CARE PROVIDER | 43,580,157 |
| TORCON INC, ONE CRESCENT DRIVE SUITE 302 PHILADELPHIA, PA 19112 | CONSTRUCTION MGMT | 31,198,120 |
| HUNTER ROBERTS CONSTRUCTION GROUP, 1717 ARCH ST SUITE 3410 PHILADELPHIA, PA 19103 | CONSTRUCTION MGMT | 24,367,824 |
| TARGET BLDG CONSTRUCTION, 1124 CHESTER PIKE CRUM LYNNE, PA 19022 | CONSTRUCTION MGMT | 22,740,234 |
| DRISCOLL BALFOUR BEATTY A JOINT VEN, STE 500-401 CITY AVE BALA CYNWYD, PA 19004 | CONSTRUCTION MGMT | 21,683,553 |

| | | |
|---|--|--|
| 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 ▶ 714 | |
|---|--|--|

Part VIII

Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
|---|--|---|---|--|---|--|-------------|-------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues . . . | 1b | | | | | |
| | c | Fundraising events . . . | 1c | 466,900 | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 785,571,000 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 919,199,100 | | | | |
| | g | Noncash contributions included in lines 1a - 1f:\$ | 18,054,114 | | | | | |
| | h | Total. Add lines 1a-1f | 1,705,237,000 | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | TUITION & FEES | 900099 | 1,477,935,000 | 1,477,935,000 | 0 | | |
| | b | NET PATIENT SERVICE HEALTHCARE REVENUES | 621110 | 3,230,325,000 | 3,230,325,000 | 0 | | |
| | c | AUXILIARY ENTERPRISES | 611710 | 264,294,000 | 264,294,000 | 0 | | |
| | d | OTHER PROGRAM SERVICE REVENUES | 611710 | 362,035,156 | 358,544,066 | 3,491,090 | | |
| | e | | | | | | | |
| | f | All other program service revenue. | | | | | | |
| | g | Total. Add lines 2a-2f | 5,334,589,156 | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 132,025,075 | | | 132,025,075 | |
| | 4 | | Income from investment of tax-exempt bond proceeds | 6,288,925 | | | 6,288,925 | |
| | 5 | | Royalties | 69,463,000 | | | 69,463,000 | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | 20,556,000 | | 0 | | | | |
| | | b Less: rental expenses | | 0 | | | | 0 |
| | c | Rental income or (loss) | | 20,556,000 | 0 | | | |
| | | d Net rental income or (loss) | | 20,556,000 | 20,556,000 | | | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | | | | | | |
| | | b Less: cost or other basis and sales expenses | | 12,696,547,000 | | | | |
| | | c Gain or (loss) | | 673,188,000 | | | | |
| | d Net gain or (loss) | | 673,188,000 | 673,188,000 | | | | |
| | 8a | Gross income from fundraising events (not including \$ 466,900 of contributions reported on line 1c). See Part IV, line 18 | | a | 317,035 | | | |
| | | b Less: direct expenses | | b | 378,191 | | | |
| | | c Net income or (loss) from fundraising events | | -61,156 | -61,156 | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | a | 0 | | | |
| b Less: direct expenses | | b | 0 | | | | | |
| c Net income or (loss) from gaming activities | | 0 | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances . . . | | a | 4,863,000 | | | | |
| | b Less: cost of goods sold . . . | | b | 3,405,000 | | | | |
| | c Net income or (loss) from sales of inventory | | 1,458,000 | 1,458,000 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 0 | | | | | | |
| 12 Total revenue. See Instructions. | | 7,942,744,000 | | | | 5,332,556,066 | 3,491,090 | 901,459,844 |

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 | 4,814,267 | 4,814,267 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 472,931,132 | 472,931,132 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 897,563 | 897,563 | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 46,014,842 | 43,714,100 | 2,300,742 | 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) | 10,716,045 | 10,180,243 | 535,802 | 0 |
| 7 Other salaries and wages | 3,029,877,958 | 2,646,612,384 | 333,286,575 | 49,978,999 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 205,248,000 | 179,285,000 | 22,577,000 | 3,386,000 |
| 9 Other employee benefits | 399,675,155 | 349,118,093 | 43,964,267 | 6,592,795 |
| 10 Payroll taxes | 199,578,000 | 174,332,000 | 21,954,000 | 3,292,000 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 27,788,000 | 17,229,000 | 1,389,000 | 9,170,000 |
| b Legal | 18,161,000 | 15,074,000 | 3,068,000 | 19,000 |
| c Accounting | 2,227,000 | 1,937,000 | 290,000 | 0 |
| d Lobbying | 268,000 | 222,000 | 46,000 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 708,182 | | | 708,182 |
| f Investment management fees | 31,723,000 | 0 | 31,723,000 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 445,236,000 | 376,041,000 | 62,333,000 | 6,862,000 |
| 12 Advertising and promotion | 25,619,000 | 21,119,000 | 4,099,000 | 401,000 |
| 13 Office expenses | 250,269,000 | 223,168,000 | 17,519,000 | 9,582,000 |
| 14 Information technology | 7,487,000 | 6,214,000 | 827,000 | 446,000 |
| 15 Royalties | 1,266,000 | 1,266,000 | 0 | 0 |
| 16 Occupancy | 223,763,000 | 201,387,000 | 17,961,000 | 4,415,000 |
| 17 Travel | 88,240,000 | 76,437,000 | 7,059,000 | 4,744,000 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 47,155,000 | 33,823,000 | 3,772,000 | 9,560,000 |
| 20 Interest | 59,094,000 | 53,185,000 | 5,909,000 | 0 |
| 21 Payments to affiliates | -698,000 | -698,000 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 345,581,000 | 311,023,000 | 34,558,000 | 0 |
| 23 Insurance | 74,626,000 | 64,925,000 | 9,696,000 | 5,000 |
| 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 | 799,480,000 | 799,480,000 | 0 | 0 |
| b OTHER TAXES | 98,702,000 | 95,741,000 | 2,950,000 | 11,000 |
| c G&C OVERHEAD EXPENSES | 27,220,344 | 23,681,699 | 3,538,645 | 0 |
| d SUBSCRIPTIONS/DUES | 12,543,000 | 10,912,000 | 1,433,000 | 198,000 |
| e All other expenses | 22,783,512 | 17,899,666 | 1,766,893 | 3,116,953 |
| 25 Total functional expenses. Add lines 1 through 24e | 6,978,995,000 | 6,231,951,147 | 634,555,924 | 112,487,929 |
| 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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

| | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--|--------------------------|----------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 1,252,459,000 | 2 | 1,169,301,000 |
| | 3 | Pledges and grants receivable, net | 273,477,000 | 3 | 483,068,000 |
| | 4 | Accounts receivable, net | 628,004,000 | 4 | 595,916,000 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 508,025 | 5 | 250,000 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 763,097 | 6 | 700,238 |
| | 7 | Notes and loans receivable, net | 78,024,880 | 7 | 71,357,762 |
| | 8 | Inventories for sale or use | 31,588,000 | 8 | 38,694,000 |
| | 9 | Prepaid expenses and deferred charges | 63,194,000 | 9 | 65,302,000 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10,277,818,000 | | |
| | b | Less: accumulated depreciation | 4,537,935,000 | | |
| | 11 | Investments—publicly traded securities | 5,355,205,425 | 11 | 5,549,045,680 |
| | 12 | Investments—other securities. See Part IV, line 11 | 8,398,976,573 | 12 | 8,861,362,320 |
| | 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 | 143,016,000 | 15 | 179,897,000 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 21,301,691,000 | 16 | 22,754,777,000 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 2,026,498,000 | 17 | 2,261,886,000 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 148,328,000 | 19 | 135,025,000 |
| | 20 | Tax-exempt bond liabilities | 2,216,793,000 | 20 | 2,155,528,000 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 12,663,000 | 23 | 12,774,000 |
| | 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 | 1,488,232,000 | 25 | 2,070,565,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,892,514,000 | 26 | 6,635,778,000 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 8,504,163,000 | 27 | 8,619,742,000 |
| | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 | Permanently restricted net assets | 6,905,014,000 | 29 | 7,499,257,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 15,409,177,000 | 33 | 16,118,999,000 | |
| 34 | Total liabilities and net assets/fund balances | 21,301,691,000 | 34 | 22,754,777,000 | |

Part XI Reconciliation of Net AssetsCheck 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 | 7,942,744,000 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,978,995,000 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 963,749,000 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,409,177,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | 88,210,000 |
| 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 | -342,137,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 16,118,999,000 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | No | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 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 | |

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

| |
|-------------------------------------|
| Form 990, Part III, Line 4b: |
| SEE SCHEDULE O |
| <hr/> |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LAURA J ALBER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| BONNIE MIAO BANDEEN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| BRETT H BARTH TRUSTEE-AS OF 1/1/2019 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ADAM K BERNSTEIN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID S BLITZER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| SCOTT L BOK ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ALBERTO J CHAMORRO TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DR WILLIAM W M CHEUNG DMD TRUSTEE-EMERITUS AS OF 12/2018 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID L COHEN ESQ CHAIRPERSON | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| JAMES G DINAN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LEE SPELMAN DOTY TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CONNIE K DUCKWORTH TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ALBERTO IVAN DURAN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DAVID ERTEL TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER H FRANKLIN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL F GERBER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PERRY GOLKIN ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JAMES H GREENE JR TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JANET F HAAS MD TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ANDREW R HEYER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GEORGE KWOK LUNG HUNGCHOY TRUSTEE-AS OF 1/1/2019 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LLOYD W HOWELL JR TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| OSAGIE O IMASOGIE ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| LYNN J JERATH TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JAMES C JOHNSON ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT S KAPITO TRUSTEE-THRU 6/19/2019 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J KOWALSKI TRUSTEE-EMERITUS AS OF 01/2019 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| SUSANNA E LACHS ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| WILLIAM P LAUDER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CHARLES B LEITNER III TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERT M LEVY VICE-CHAIRPERSON | 3.0 0.0 | X | | X | | | | 0 | 0 | 0 |
| CLAIRE LOMAX ESQ TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DR DEBORAH MARROW TRUSTEE-EMERITUS AS OF 11/2018 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| PATRICIA MARTIN MD TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MARC F MCMORRIS TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| KENNETH D MOELIS TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| OFER NEMIROVSKY TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| CATHERINE M O'HERN LYONS TRUSTEE-AS OF 1/1/2019 | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DHANANJAY M PAI TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| SIMON D PALLEY TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CHERYL PEISACH TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD C PERRY TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JULIE BEREN PLATT TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J PRICE TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ANDREW S RACHLEFF TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| RAMANAN RAGHAVENDRAN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ANN REESE TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MARC J ROWAN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| THEODORE E SCHLEIN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| ALAN DAVID SCHNITZER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JULIE BREIER SEAMAN TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JOHN P SHOEMAKER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| AMB MARTIN J SILVERSTEIN TRUSTEE | 3.0 1.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT M STAVIS TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| RICHARD W VAGUE TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| JILL TOPKIS WEISS TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| MARK B WERNER TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| HON THOMAS W WOLF EX-OFFICIO TRUSTEE | 3.0 0.0 | X | | | | | | 0 | 0 | 0 |
| DR AMY GUTMANN PRESIDENT, EX-OFFICIO TRUSTEE | 55.0 0.0 | X | | X | | | | 2,949,205 | 0 | 855,046 |
| CRAIG CARNAROLI EXECUTIVE VICE PRESIDENT | 54.0 1.0 | | | X | | | | 1,153,193 | 0 | 727,718 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JEFFREY COOPER VP GOVT & COMMUNITY RELATIONS | 55.0 0.0 | | | X | | | | 455,176 | 0 | 50,971 |
| JACK HEUER VP HUMAN RESOURCES | 55.0 0.0 | | | X | | | | 508,840 | 0 | 47,548 |
| JOHN HORN COMPTROLLER | 55.0 0.0 | | | X | | | | 344,144 | 0 | 39,572 |
| LARRY JAMESON EXEC. VP UPHS & DEAN OF PSOM | 54.0 1.0 | | | X | | | | 4,532,065 | 0 | 939,981 |
| LESLIE KRUHLY VP AND SECRETARY | 55.0 0.0 | | | X | | | | 436,269 | 0 | 39,253 |
| TREVOR LEWIS VP BUDGET AND MGMT ANALYSIS | 55.0 0.0 | | | X | | | | 421,683 | 0 | 63,832 |
| STEPHEN J MACCARTHY VP COMMUNICATIONS | 55.0 0.0 | | | X | | | | 503,706 | 0 | 58,904 |
| MARYFRANCES MCCOURT VP FIN. & TREASURER | 53.0 2.0 | | | X | | | | 661,743 | 0 | 85,913 |
| JOANN MITCHELL SVP INSTITUTIONAL AFFAIRS | 55.0 0.0 | | | X | | | | 561,255 | 0 | 60,806 |
| THOMAS MURPHY VP INFO SYSTEMS AND COMPUTING | 55.0 0.0 | | | X | | | | 576,459 | 0 | 111,708 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| REGINA CUNNINGHAM CEO HUP | 54.0 1.0 | | | | X | | | 1,106,071 | 0 | 157,842 |
| JON EPSTEIN VICE DEAN, PSOM | 55.0 0.0 | | | | X | | | 1,001,855 | 0 | 44,312 |
| ELIZABETH B JOHNSTON EXECUTIVE DIRECTOR CPUP | 53.0 2.0 | | | | X | | | 1,180,800 | 0 | 145,205 |
| KEITH KASPER CFO, UPHS | 41.0 14.0 | | | | X | | | 1,350,555 | 0 | 182,342 |
| KEVIN MAHONEY EVP,PROG DEV&EXEC VICE DEAN | 46.0 9.0 | | | | X | | | 1,610,124 | 0 | 199,644 |
| CHRISTOPHER MASOTTI VICE DEAN ADMIN PSOM | 55.0 0.0 | | | | X | | | 532,199 | 0 | 58,277 |
| RALPH MULLER CEO, UPHS | 42.0 13.0 | | | | X | | | 2,601,584 | 0 | 524,692 |
| PHILLIP OKALA COO PHILADELPHIA OPERATIONS | 51.0 4.0 | | | | X | | | 1,516,654 | 0 | 206,118 |
| PETER D QUINN MD DMD SVP, VICE DEAN, PROF SRVCS | 51.0 4.0 | | | | X | | | 1,624,609 | 0 | 54,467 |
| BETH A WINKELSTEIN VICE PROVOST | 55.0 0.0 | | | | X | | | 405,516 | 0 | 34,267 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| THOMAS L SPRAY MD CHOP - SURGEON | 55.0 0.0 | | | | | X | | 4,165,507 | 0 | 36,537 |
| N SCOTT ADZICK MD CHOP - SURGERY | 55.0 0.0 | | | | | X | | 2,853,433 | 0 | 43,910 |
| MICHAEL SEAN GRADY MD SURGEON - NEUROSURGERY | 55.0 0.0 | | | | | X | | 2,079,558 | 0 | 52,512 |
| WILLIAM C WELCH MD CPUP - NEUROSURGERY | 55.0 0.0 | | | | | X | | 1,837,681 | 0 | 59,289 |
| PHILLIP B STORM MD CHOP - NEUROSURGERY | 55.0 0.0 | | | | | X | | 1,770,957 | 0 | 49,057 |
| VINCENT PRICE FORMER PROVOST | 0.0 0.0 | | | | | | X | 249,480 | 0 | 0 |
| THOMAS E BEEMAN PHD FORMER COO REGIONAL OPS UPHS | 0.0 0.0 | | | | | | X | 2,298,112 | 0 | 17,818 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | 1,246,588,000 | 1,299,928,000 | 1,427,606,000 | 1,492,937,000 | 1,705,237,000 | 7,172,296,000 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 1,246,588,000 | 1,299,928,000 | 1,427,606,000 | 1,492,937,000 | 1,705,237,000 | 7,172,296,000 |
| 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). | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 7,172,296,000 |

| Section B. Total Support | | | | | | | |
|--|---|---------------|---------------|---------------|---------------|---------------|----------------------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4. | 1,246,588,000 | 1,299,928,000 | 1,427,606,000 | 1,492,937,000 | 1,705,237,000 | 7,172,296,000 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 139,744,590 | 132,420,636 | 171,477,149 | 224,332,000 | 228,333,000 | 896,307,375 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8,068,603,375 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 23,459,651,962 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage | | |
|--|---|--------------------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 88.891 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 89.432 % |
| 16a | 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | |
| b | 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. | | |
| 1 | | |
| 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? 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. | | |
| 2 | | |

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)? 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). | | |
| 1 | | |

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? | | |
| 1 | | |
| 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | Employer identification number 23-1352685 |
|--|--|

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|----------|---|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | ▶ \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

Part I-B

Complete if the organization is exempt under section 501(c)(3).

| | | |
|-----------|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV. | |

Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | |
|----------|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | ▶ \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | |

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|----------|-------------|---------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|--|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000. |

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

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

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

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

| | | (a) | | (b) |
|-----------|---|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 956,674 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 956,674 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | 2a | |
| a Current year | 2b | |
| b Carryover from last year | 2c | |
| c Total | 3 | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 4 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 5 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|----------------------------------|---|
| SCHEDULE C, PART II-B, LINE 1(G) | DETAIL OF LOBBYING ACTIVITIES THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") ALUMNI AND TRUSTEES OCCASIONALLY ENGAGE IN ADVOCACY RELATED TO FEDERAL AND STATE APPROPRIATIONS FOR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY. THE UNIVERSITY MAINTAINS AN OFFICE OF FEDERAL RELATIONS, WHOSE MAIN FUNCTION IS TO KEEP THE UNIVERSITY COMMUNITY APPRISED OF FEDERAL DEVELOPMENTS WHICH MAY HAVE AN IMPACT ON THE UNIVERSITY INCLUDING, AMONG OTHERS, PENDING CHANGES TO THE INTERNAL REVENUE CODE, RESEARCH FUNDING AND ISSUES OF STUDENT AID. THE UNIVERSITY, A PRIVATE NON-PROFIT EDUCATIONAL INSTITUTION, RECEIVES DIRECT ANNUAL NON-PREFERRED APPROPRIATIONS FROM THE COMMONWEALTH OF PENNSYLVANIA. THE AMOUNT AND CONTINUATION OF THESE APPROPRIATIONS ARE NOT GUARANTEED. THEREFORE, THE UNIVERSITY MAINTAINS AN OFFICE OF COMMONWEALTH RELATIONS IN ORDER TO SUPPORT, JUSTIFY, AND COORDINATE THESE APPROPRIATION REQUESTS BEFORE THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE, OTHER APPROPRIATE AGENCIES OF THE EXECUTIVE BRANCH, AND THE GENERAL ASSEMBLY. THE MAJORITY OF THIS OFFICE'S EFFORTS ARE RELATED TO ACTIVITIES SUPPORTING THESE APPROPRIATION REQUESTS. ADDITIONALLY, THIS OFFICE MAY ALSO CONDUCT MINIMAL LOBBYING ACTIVITIES RELATED TO OTHER ISSUES, SUCH AS STUDENT AID AND OTHER PROGRAMS RELATED TO HIGHER EDUCATION. IN CONJUNCTION WITH THESE TYPES OF LOBBYING ACTIVITIES, THE UNIVERSITY HAS CONTRACTED WITH PROFESSIONAL LOBBYISTS TO CONTACT LEGISLATORS IN CONNECTION WITH THE UNIVERSITY'S ANNUAL APPROPRIATIONS. THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM, THROUGH ITS OFFICE OF GOVERNMENTAL AFFAIRS, CONDUCTED LOBBYING ACTIVITIES WITH RESPECT TO HEALTH CARE RELATED ISSUES AND LEGISLATION. THESE ACTIVITIES INCLUDED MEETING WITH LEGISLATORS, THEIR STAFF, GOVERNMENTAL OFFICIALS, AS WELL AS CONDUCTING SEMINARS. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

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 | 3 | |
| 2 Aggregate value of contributions to (during year) | 243,524 | |
| 3 Aggregate value of grants from (during year) | 133,000 | |
| 4 Aggregate value at end of year | 2,046,705 | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2018

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 | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back | |
|----|--|----------------|-------------------|---------------------|--------------------|---------------|
| 1a | Beginning of year balance | 12,052,014,686 | 10,823,057,735 | 9,489,318,954 | 9,708,105,142 | 9,168,772,072 |
| b | Contributions | 355,655,204 | 386,383,842 | 488,726,023 | 300,549,705 | 230,022,469 |
| c | Net investment earnings, gains, and losses | 726,174,722 | 1,345,636,475 | 1,319,478,609 | -161,026,895 | 638,749,658 |
| d | Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e | Other expenditures for facilities and programs | 286,184,555 | 503,063,366 | 474,465,852 | 358,308,998 | 329,439,057 |
| f | Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g | End of year balance | 12,847,660,057 | 12,052,014,686 | 10,823,057,734 | 9,489,318,954 | 9,708,105,142 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment

46.050 %

b

Permanent endowment

53.950 %

c

Temporarily restricted 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:

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

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 | 295,404,000 | | 295,404,000 |
| b | Buildings | 7,179,286,000 | 3,351,804,000 | 3,827,482,000 |
| c | Leasehold improvements | 0 | 0 | 0 |
| d | Equipment | 1,700,699,000 | 1,186,131,000 | 514,568,000 |
| e | Other | 1,102,429,000 | 0 | 1,102,429,000 |
| Total. | Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 5,739,883,000 |

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) VENTURE CAPITAL & OTHER INVEST | 8,177,609,596 | F |
| (B) REAL ESTATE | 631,219,724 | F |
| (C) INVESTMENT IN SUBSIDIARIES | 52,533,000 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 8,861,362,320 | |

Part VIII

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

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

Part IX

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | |

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 |
| DEPOSITS | 188,186,000 |
| FEDERAL STUDENT LOAN ADVANCES | 71,265,000 |
| ACCRUED RETIREMENT BENEFITS | 1,399,529,000 |
| INTERCO DUE TO/(FROM) AFFILIAT | -166,770,000 |
| TAXABLE BOND LIABILITY | 578,355,000 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 2,070,565,000 |

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 |
|------------------|-------------|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| SCHEDULE D, PART III, LINE 1A | ACCOUNTING FOR COLLECTIONS THE FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE CONSOLIDATED A UDITED FINANCIAL STATEMENTS: CONTRIBUTIONS OF LIBRARY MATERIALS, AS WELL AS RARE BOOKS AND OTHER COLLECTIBLES, ARE NOT RECORDED FOR FINANCIAL STATEMENT PRESENTATION, WHILE PURCHASE S ARE RECORDED AS OTHER OPERATING EXPENSES ON THE CONSOLIDATED STATEMENT OF ACTIVITIES IN THE PERIOD ACQUIRED. ----- SCHEDULE D, PART III, LINE 4 DESCRIPTION OF COLLECTIO NS THE UNIVERSITY MAINTAINS 14 LIBRARIES. THE COLLECTIONS ENCOMPASS NUMEROUS FIELDS OF STU DY. THE UNIVERSITY'S DEPARTMENTAL LIBRARIES ARE GENERALLY SUBJECT SPECIFIC (MATH/PHYSICS/ ASTRONOMY, FINE ARTS, BUSINESS, MUSIC, BIOMEDICAL, DENTAL MEDICINE, VETERINARY MEDICINE, E TC.) AND THE VAN PELT-DIETRICH LIBRARY HOUSES COLLECTIONS FROM ALL OF THESE AREAS, AS WELL AS THE RARE BOOK COLLECTION AND ALL OF THE HUMANITIES. SUBJECT HOLDINGS INCLUDE PHILOSOPH Y, PSYCHOLOGY, RELIGION, HISTORY, GEOGRAPHY, ANTHROPOLOGY, RECREATION, SOCIAL SCIENCE, ECO NOMICS, SOCIOLOGY, POLITICAL SCIENCE, LAW, EDUCATION, LITERATURE, SCIENCE, AGRICULTURE, TE CHNOLOGY, MILITARY SCIENCE, AND GENERAL BIBLIOGRAPHY. THE LIBRARIES' COLLECTIONS, WHICH RA NGE FROM OBJECTS AND ARTIFACTS TO PRINTED AND DIGITAL RESOURCES DIRECTLY SUPPORT THE RESEA RCH AND INSTRUCTION MISSION OF THE UNIVERSITY BY ENSURING ACCESS TO CURRENT AND HISTORICAL KNOWLEDGE. THE LIBRARIES STRIVE TO PRESERVE UNIQUE COLLECTIONS FOR FUTURE GENERATIONS AND EXHIBIT A PORTION OF THE COLLECTIONS ON A ROTATING BASIS FREE OF CHARGE. THE UNIVERSITY D OES NOT SOLICIT OR RECEIVE DONATIONS OF ART, HISTORICAL TREASURES OR OTHER SIMILAR ASSETS TO BE SOLD IN ORDER TO RAISE FUNDS. ALL DONATIONS OF MATERIALS ARE ADDED TO THE EXISITING COLLECTIONS EXCEPT FOR NON-RARE, DUPLICATE ITEMS. THESE ITEMS ARE HELD FOR THE PERIOD SPEC IFIED IN THE GIFT AGREEMENT (VARIES BY DONOR) OR A MINIMUM OF THREE YEARS BEFORE BEING REM OVED FROM THE COLLECTION AND SENT TO A NON-PROFIT VENDOR FOR RESALE. THIS RESALE ACTIVITY GENERAGES LESS THAN \$2K PER YEAR. ----- |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART V, LINE 4 | USE OF ENDOWMENT FUNDS DURING THE YEAR ENDED JUNE 30, 2019, THE UNIVERSITY'S ENDOWMENT CONSISTED OF 6,682 DONOR-RESTRICTED PERMANENT OR TERM ENDOWMENT FUNDS AND 920 UNRESTRICTED ENDOWMENT FUNDS ESTABLISHED BY THE UNIVERSITY'S BOARD OF TRUSTEES TO BE USED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSES. ----- |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE D, PART X, LINE 1 | OTHER LIABILITIES DETAIL THE INTERCOMPANY DUE TO/(FROM) AFFILIATES BALANCE INCLUDES AMOUNTS OWED TO/(DUE FROM) AFFILIATES BASED UPON THE UNIVERSITY'S CENTRAL MANAGEMENT OF THE CASH HELD BY CERTAIN UNIVERSITY AFFILIATES. ----- |

| Supplemental Information | |
|----------------------------|---|
| Return Reference | Explanation |
| SCHEDULE D, PART X, LINE 2 | TEXT OF FIN 48 (ASC 740) FOOTNOTE 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 E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest instructions.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
23-1352685

Part I

| | YES | NO |
|---|--------|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 Yes | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 Yes | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. | 3 Yes | |
| | | |
| | | |
| | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a Yes | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b Yes | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c Yes | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d Yes | |
| | | |
| | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 5a | No |
| b Admissions policies? | 5b | No |
| c Employment of faculty or administrative staff? | 5c | No |
| d Scholarships or other financial assistance? | 5d | No |
| e Educational policies? | 5e | No |
| f Use of facilities? | 5f | No |
| g Athletic programs? | 5g | No |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5h | No |
| | | |
| | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | 6a Yes | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. | 6b | No |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. | 7 Yes | |

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

| Return Reference | Explanation |
|---------------------|--|
| SCHEDULE E, LINE 3 | PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") PUBLISHES ITS RACIALLY NON-DISCRIMINATORY POLICY IN THE STUDENT CATALOGUE, ON ITS FINANCIAL AID APPLICATIONS AND IN OTHER BROCHURES WHICH DESCRIBE THE UNIVERSITY OF PENNSYLVANIA, ITS SCHOOLS, CENTERS, AND INSTITUTES. SEE: http://www.upenn.edu/affirm-action/policies.html ----- |
| SCHEDULE E, LINE 6A | DESCRIPTION OF FINANCIAL AID/ASSISTANCE FROM GOV'T AGENCY THE UNIVERSITY IS A PRIVATE NON-PROFIT INSTITUTION THAT RECEIVES DIRECT ANNUAL NON-PREFERRED APPROPRIATIONS FROM THE COMMONWEALTH OF PENNSYLVANIA. THE UNIVERSITY ALSO RECEIVES VARIOUS GOVERNMENTAL FUNDING WHICH SUPPORTS ITS EDUCATIONAL, PATIENT CARE, AND RESEARCH MISSIONS. |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
23-1352685

Part I

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | 3 | | | 1,856,233 |
| b Total from continuation sheets to Part I | | | | | 4,077,977,099 |
| c Totals (add lines 3a and 3b) | 7 | 591 | | | 4,079,833,332 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

| | | | |
|---|--|---|----|
| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | ▶ | 16 |
| 3 | Enter total number of other organizations or entities | ▶ | |

| | |
|-----------------|---|
| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☒ Yes ☐ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE F, PART I, LINE 2 | PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S. THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES IS RESPONSIBLE FOR MONITORING THE USE OF GRANT FUNDS PURSUANT TO ESTABLISHED POLICES AND PROTOCOL. THESE POLICIES COVER GRANTS MADE BOTH WITHIN AND OUTSIDE THE U.S. ----- |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------------|--|
| SCHEDULE F, PART II | DETAIL OF SUB-CONTRACTS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA MAKES SUB-CONTRACTS TO FOREIGN INSTITUTIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY. THE UNIVERSITY DOES NOT CATEGORIZE THESE SUB-CONTRACTS AS GRANTS FOR FORM 990, SCHEDULE F, PARTS II AND III. |

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| Antarctica | | | Program Services | Education & Training | 306,000 |
| Antarctica | | | Program Services | Field Research | 60,165 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Send agents to seminar | | 40,452 |
| Central America and the Caribbean | | | Fundraising | | 16,977 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Grantmaking | | 92,592 |
| Central America and the Caribbean | | | Program Services | Clinical Trials | 8,734 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | 1 | Program Services | Education & Training | 51,123 |
| Central America and the Caribbean | | | Program Services | Field Research | 156,229 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Program Services | Recruiting | 5,170 |
| Central America and the Caribbean | | | Program Services | Social Research | 1,651 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Program Services | Study Abroad/Education | 110,653 |
| Central America and the Caribbean | | | Program Services | Study Abroad/Research | 6,239 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Central America and the Caribbean | | | Program Services | Education & Training | 24,000 |
| East Asia and the Pacific | | | Send agents to seminar | | 1,633 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | | Send agents to seminar | | 2,988 |
| East Asia and the Pacific | | 1 | Send agents to seminar | | 868,289 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | 1 | Conduct board meetings | | 103,338 |
| East Asia and the Pacific | 1 | 1 | Fundraising | | 3,047,356 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | | Grantmaking | | 251,059 |
| East Asia and the Pacific | | 1 | Program Services | Clinical Trials | 20,000 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | 20 | Program Services | Education & Training | 2,343,392 |
| East Asia and the Pacific | | 5 | Program Services | Field Research | 2,000,831 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | | Program Services | Recruiting | 298,377 |
| East Asia and the Pacific | | 6 | Program Services | Social Research | 32,655 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| East Asia and the Pacific | | 32 | Program Services | Study Abroad/Education | 877,344 |
| East Asia and the Pacific | | | Program Services | Study Abroad/Research | 153,617 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | 5 | Send agents to seminar | | 2,530,810 |
| Europe (Including Iceland and Greenland) | | | Conduct board meetings | | 49,236 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Fundraising | | 1,823,469 |
| Europe (Including Iceland and Greenland) | | 1 | Grantmaking | | 146,239 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | | Program Services | Clinical Trials | 1,584 |
| Europe (Including Iceland and Greenland) | | 3 | Program Services | Education & Training | 2,705,147 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | 1 | 117 | Program Services | Field Research | 4,531,822 |
| Europe (Including Iceland and Greenland) | | | Program Services | Recruiting | 265,718 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Europe (Including Iceland and Greenland) | | 36 | Program Services | Social Research | 587,366 |
| Europe (Including Iceland and Greenland) | | 38 | Program Services | Study Abroad/Education | 4,175,310 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | | | Program Services | Study Abroad/Research | 303,143 |
| Middle East and North Africa | | 1 | Send agents to seminar | | 177,754 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Fundraising | | 30,575 |
| Middle East and North Africa | | | Grantmaking | | 27,380 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Investments | | 84,637 |
| Middle East and North Africa | | | Program Services | Education & Training | 601,623 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 1 | 133 | Program Services | Field Research | 391,572 |
| Middle East and North Africa | | | Program Services | Recruiting | 8,345 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Program Services | Social Research | 23,728 |
| Middle East and North Africa | | 1 | Program Services | Study Abroad/Education | 387,417 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Middle East and North Africa | | | Program Services | Study Abroad/Research | 21,085 |
| North America | | 3 | Send agents to seminar | | 633,095 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | | Fundraising | | 106,976 |
| North America | | | Grantmaking | | 200,251 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | | Program Services | Clinical Trials | 23,769 |
| North America | | | Program Services | Education & Training | 768,183 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | 3 | Program Services | Field Research | 454,951 |
| North America | | | Program Services | Recruiting | 26,326 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| North America | | 5 | Program Services | Social Research | 83,019 |
| North America | | | Program Services | Study Abroad/Education | 75,659 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Program Services | Study Abroad/Research | 28,156 |
| Russia and the Newly Independent States | | | Send agents to seminar | | 30,084 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Russia and the Newly Independent States | | | Grantmaking | | 1,000 |
| Russia and the Newly Independent States | | 2 | Program Services | Clinical Trials | 31,708 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| Russia and the Newly Independent States | | | Program Services | Education & Training | 143,420 |
| Russia and the Newly Independent States | | 27 | Program Services | Field Research | 129,876 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Russia and the Newly Independent States | | | Program Services | Recruiting | 10,295 |
| Russia and the Newly Independent States | | | Program Services | Social Research | 551,869 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| Russia and the Newly Independent States | | 1 | Program Services | Study Abroad/Education | 63,721 |
| Russia and the Newly Independent States | | | Program Services | Study Abroad/Research | 2,746 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South America | | | Send agents to seminar | | 108,059 |
| South America | | | Conduct board meetings | | 10,974 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South America | | | Fundraising | | 70,146 |
| South America | | | Grantmaking | | 36,032 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | 2 | Program Services | Education & Training | 980,471 |
| South America | | 1 | Program Services | Field Research | 795,477 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South America | | | Program Services | Recruiting | 78,237 |
| South America | | 2 | Program Services | Social Research | 138,250 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South America | | | Program Services | Study Abroad/Education | 433,781 |
| South America | | | Program Services | Study Abroad/Research | 29,828 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | | | Send agents to seminar | | 190,193 |
| South Asia | | | Fundraising | | 110,999 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | | | Grantmaking | | 61,418 |
| South Asia | | 2 | Program Services | Education & Training | 411,984 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | | 4 | Program Services | Field Research | 2,725,918 |
| South Asia | | | Program Services | Recruiting | 33,608 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | | | Program Services | Social Research | 561,077 |
| South Asia | | 16 | Program Services | Study Abroad/Education | 150,399 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| South Asia | | | Program Services | Study Abroad/Research | 35,046 |
| Sub-Saharan Africa | | | Send agents to seminar | | 37,562 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Sub-Saharan Africa | | | Fundraising | | 2,175 |
| Sub-Saharan Africa | | | Grantmaking | | 75,374 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Sub-Saharan Africa | | | Program Services | Clinical Trials | 290,874 |
| Sub-Saharan Africa | 4 | 93 | Program Services | Education & Training | 1,618,482 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Sub-Saharan Africa | | 7 | Program Services | Field Research | 725,402 |
| Sub-Saharan Africa | | | Program Services | Recruiting | 46,894 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | 1 | Program Services | Social Research | 279,921 |
| Sub-Saharan Africa | | 19 | Program Services | Study Abroad/Education | 1,102,941 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| Sub-Saharan Africa | | | Program Services | Study Abroad/Research | 47,245 |
| Central America and the Caribbean | | | Investments | | 2,771,712,792 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | | | Investments | | 252,380,636 |
| Europe (Including Iceland and Greenland) | | | Investments | | 753,349,577 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | | | Investments | | 155,935,469 |
| Sub-Saharan Africa | | | Investments | | 102,146,163 |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUPPORT | 5,620 | CHECK | | N/A | N/A |
| | | Sub-Saharan Africa | RESEARCH | 24,995 | OTHER | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe (Including Iceland and Greenland) | RESEARCH SUPPORT | 59,448 | WIRE | | N/A | N/A |
| | | Middle East and North Africa | RESEARCH SUPPORT | 27,164 | WIRE | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | East Asia and the Pacific | RESEARCH SUPPORT | 21,779 | WIRE | | N/A | N/A |
| | | Middle East and North Africa | RESEARCH SUPPORT | 65,681 | CHECK | | N/A | N/A |

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

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RESEARCH SUPPORT | 10,130 | CHECK | | N/A | N/A |
| | | Europe (Including Iceland and Greenland) | RESEACH SUPPORT | 35,753 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe (Including Iceland and Greenland) | | 12,845 | CHECK | | N/A | N/A |
| | | Middle East and North Africa | Lipman Family Prize | 100,000 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | South America | LIPMAN FAMILY PRIZE | 100,000 | CHECK | | N/A | N/A |
| | | Sub-Saharan Africa | LIPMAN FAMILY PRIZE | 250,000 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | South Asia | Contributions | 115,000 | WIRE | | N/A | N/A |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| AWARD | South Asia | 3 | 23,648 | CHECK | | N/A | N/A |
| AWARD | East Asia and the Pacific | 1 | 5,000 | CHECK | | N/A | N/A |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|---------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| LAUDER LEADERSHIP IMMERSION AWARD - COLOMBIA | South America | 1 | 10,000 | CHECK | | N/A | N/A |
| LAUDER LEADERSHIP IMMERSION AWARD - VIETNAM | East Asia and the Pacific | 1 | 7,500 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S | | | | | | | |
|---|--|-------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c)Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| LAUDER LEADERSHIP IMMERSION AWARD - COTE D'IVOIRE | Sub-Saharan Africa | 1 | 8,000 | CHECK | | N/A | N/A |
| LAUDER LEADERSHIP IMMERSION AWARD - ITALY | Europe (Including Iceland and Greenland) | 1 | 5,000 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S | | | | | | | |
|---|--|-------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c)Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| LAUDER LEADERSHIP IMMERSION AWARD - FRANCE | Europe (Including Iceland and Greenland) | 1 | 10,000 | CHECK | | N/A | N/A |

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|--|--|---------------------------------------|----------------------------|--|
| | | MOONLIGHT & ROS (event type) | SENSE OF PLACE (event type) | 4 (total number) | Total events (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 264,000 | 107,460 | 412,475 | 783,935 |
| | 2 Less: Contributions | 211,570 | 107,460 | 147,870 | 466,900 |
| | 3 Gross income (line 1 minus line 2) | 52,430 | | 264,605 | 317,035 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 6,330 | 6,330 |
| | 6 Rent/facility costs | 16,990 | 0 | 119,084 | 136,074 |
| | 7 Food and beverages | 0 | 0 | 0 | 0 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 125,016 | 63,897 | 46,874 | 235,787 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 378,191 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -61,156 |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

| | | |
|---|------------------------------|-----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference

Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

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 | 1a | Yes |
| b | If "Yes," was it a written policy? | 1b | 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 free 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 300 % b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 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? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a | Yes |
| | | 3b | Yes |
| | | 4 | Yes |
| | | 5a | No |
| | | 5b | |
| | | 5c | |
| | | 6a | Yes |
| | | 6b | Yes |

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) | | | 4,167,050 | 0 | 4,167,050 | 0.060 % |
| b Medicaid (from Worksheet 3, column a) | | | 401,988,953 | 299,466,442 | 102,522,511 | 1.470 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 406,156,003 | 299,466,442 | 106,689,561 | 1.530 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | | | | |
| f Health professions education (from Worksheet 5) | | | 138,767,882 | 55,884,226 | 82,883,656 | 1.190 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | 742,905,052 | 603,889,647 | 139,015,405 | 1.990 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | | | 881,672,934 | 659,773,873 | 221,899,061 | 3.180 % |
| k Total. Add lines 7d and 7j | | | 1,287,828,937 | 959,240,315 | 328,588,622 | 4.710 % |

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 | 75,526,511 | |
| 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 | 27,994,066 | |
| 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 | 617,952,755 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 665,359,239 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -47,406,484 |
| 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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (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)

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

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)
THE HOSPITAL OF THE UNIV OF PENN**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

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 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? | 1 | 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. | 2 | 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): | 3 | 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>18</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 | 5 | 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 | 6a | 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 | 6b | 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): | 7 | 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. | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</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> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 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)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| 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)

| | | | | |
|---|---|----|-----|----|
| THE HOSPITAL OF THE UNIV OF PENN | | | | |
| 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: 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) | 13 | Yes | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | 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): 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) | 15 | Yes | |
| 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): a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SCH H, PART V, SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SCH H, PART V, SECT. C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SCH H, PART V, SECT. C 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) | 16 | Yes | |

Part V Facility Information (continued)**Billing and Collections**

THE HOSPITAL OF THE UNIV OF PENN

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? | 19 | No |
| 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) | | |
| 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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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? | 21 Yes | |
| 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) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE HOSPITAL OF THE UNIV OF PENN

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 |

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, 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.

[illegible]

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? 16

| Name and address | Type of Facility (describe) |
|-----------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 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) | THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS \$6,139,000 RELATED TO ACADEMIC BAD DEBTS FOR THE YEAR ENDED JUNE 30, 2019. DUE TO THE ADOPTION OF NEW ACCOUNTING PRONOUNCEMENT ASC 606, CURRENT YEAR IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE (CONSISTENT WITH THE PRIOR YEAR TREATMENT OF PATIENT SERVICE BAD DEBTS). 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 NEW ACCOUNTING PRONOUNCEMENT ASC 606). ---- ----- PART III, SECTION A, LINE 3 (IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY) UPHS UTILIZES A THIRD-PARTY VENDOR TO POPULATE THE NUMBER OF INDIVIDUALS WITHIN EACH HOUSEHOLD AND THE MEAN HOUSEHOLD INCOME BASED ON THE ACCOUNT ADDRESS. UPHS ESTIMATES THE AMOUNT OF BAD DEBTS (IMPLICIT PRICE CONCESSIONS) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ITS FINANCIAL ASSISTANCE POLICY BASED UPON 300% OF THE FEDERAL POVERTY GUIDELINES. ----- PART III, SECTION A, LINE 4 (IMPLICIT PRICE CONCESSION FOOTNOTE) THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE DISCLOSURE CAN BE FOUND ON PAGE 10 OF THE ELECTRONICALLY ATTACHED CONSOLIDATED FINANCIAL STATEMENTS FOR THE UNIVERSITY OF PENNSYLVANIA. ----- ----- |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| PART III, SECTION B, LINE 8 (COSTING METHODOLOGY, MEDICARE SHORTFALL) | THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON A COST TO CHARGE RATIO. CONSISTENT WITH THE CHARTIABLE HEALTHCARE MISSION OF 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 ROOM AND PHYSICIANS' OFFICES WE SEE THE EFFECTS OF RACIAL, ETHNIC, AND GENDER DISPARITIES IN HEALTH CARE. IN KEEPING WITH OUR CHARITABLE PURPOSE, UPHS ACCEPTS PATIENTS IN NEED OF URGENT MEDICAL CARE REGARDLESS OF THEIR FINANCIAL STATUS OR ANY OTHER SOCIO-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 .</p> <p>https://www.pennmedicine.org/news/publications-and-special-projects/simply -because ADDITIONALLY, UPHS HAS ALSO IMPLEMENTED OUR "PENN MEDICINE</p> |

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

| Form and Line Reference | Explanation |
|--|--|
| PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION) | <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 FACULTY PRACTICE PLAN FOR THE CLINICAL PRACTICES OF MEMBERS OF THE MEDICAL FACULTY OF THE UNIVERSITY'S PERELMAN SCHOOL OF MEDICINE; - CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("CCA"), A PRIMARY CARE PHYSICIAN NETWORK THAT INCLUDES LOCATIONS IN SOUTHEASTERN PENNSYLVANIA AND SOUTHERN NEW JERSRY THROUGH ITS NEW JERSEY AFFILIATE; - LANCASTER GENERAL HEALTH ("LGH") AND ITS AFFILIATES. LGH OPERATES THREE HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, INCLUDING LANCASTER GENERAL HOSPITAL, A 533-BED GENERAL ACUTE CARE HOSPITAL, WOMEN & 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: 23-1352685

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

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 | THE HOSPITAL OF THE UNIV OF PENN 3400 SPRUCE STREET PHILADELPHIA, PA 19104 WWW.PENNMEDICINE.ORG LICENSE# 341101 | X | 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) | THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH ("PDPH") AND HEALTH CARE IMPROVEMENT FOUNDATION ("HFIC") ASSISTED THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("UPHS") AND OTHER PARTICIPATING HOSPITALS AND HEALTH SYSTEMS WITH THE COMPLETION OF THEIR CHNA. PDPH AND HFIC DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WERE USED BY UPHS AND OTHER PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP THEIR IMPLEMENTATIONS PLANS. AMONG OTHERS, THE COLLABORATIVE CHNA INCLUDED THE FOLLOWING PARTNERING UPHS HOSPITAL AFFILIATES: - CHESTER COUNTY HOSPITAL - HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PENNSYLVANIA HOSPITAL OF UPHS - PENN PRESBYTERIAN MEDICAL CENTER OF UPHS FOR MORE INFORMATION, PLEASE SEE: https://www.pennmedicine.org/about/serving-our-community/reports ----- |
| PART V, SECTION B, LINE 7 & 10 (CHNA & IMP. STRATEGY PUBLIC AVAILABILITY) | A 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 11/15/2019, AS PERMITTED UNDER THE REGULATIONS. ----- |

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

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

| Form and Line Reference | Explanation |
|--|---|
| PART V, SECTION B, LINE 11 (ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA) | FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING: 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 ----- |

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? _____

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 1 PENN MEDICINE AT RADNOR 250 KING OF PRUSSIA ROAD BALA CYNWYD, PA 19004 | OUTPATIENT FACILITY |
| 1 PENN MEDICINE AT BUCKS COUNTY 777 TOWNSHIP LINE ROAD YARDLEY, PA 19067 | OUTPATIENT FACILITY |
| 2 PENN MEDICINE AT VALLEY FORGE 1001 CHESTERBROOK BLVD BERWYN, PA 19312 | OUTPATIENT FACILITY |
| 3 PENN MEDICINE AT WOODBURY HEIGHTS 1006 MANTUA PIKE WOODBURY HEIGHTS, NJ 08097 | OUTPATIENT FACILITY |
| 4 PENN MEDICINE AT RITTENHOUSE 1800 LOMBARD STREET PHILADELPHIA, PA 19146 | INPATIENT REHABILITATION |
| 5 ANATOMY CHEMISTRY 420 GUARDIAN DRIVE PHILADEPHIA, PA 19104 | RESEARCH FACILITY |
| 6 BIOMEDICAL RESEARCH BUILDING 2 500 OSLER CIRCLE PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 7 BLOCKLEY HALL 423 GUARDIAN DRIVE PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 8 CAROLYN HOFF LYNCH BIOLOGY LAB 435 S UNIVERSITY AVENUE PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 9 CHEMISTRY LABORATORIES - 1958 WING 231 S 34TH STREET PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 10 CHESTNUT HALL 3900 CHESTNUT STREET PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 11 CLINICAL RESEARCH BUILDING 415 CURIE BLVD PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 12 GL LABORATORY BUILDING 500 S RIDGEWAY GLENOLDEN, PA 19036 | RESEARCH FACILITY |
| 13 GODDARD LABORATORIES 3710 HAMILTON WALK PHILADELPHIA, PA 19104 | RESEARCH FACILITY |
| 14 HAYDEN HALL 3320 SMITH WALK PHILADELPHIA, PA 19104 | RESEARCH FACILITY |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 16 PERELMAN CENTER FOR ADVANCED MEDICINE 3400 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104 | OUTPATIENT FACILITY |

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

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number

23-1352685

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) FINANCIAL AID TO UNDERGRADUATE STUDENTS | 6900 | 217,198,496 | | N/A | N/A |
| (2) FINANCIAL AID TO GRADUATE STUDENTS | 8154 | 250,062,248 | | N/A | N/A |
| (3) STUDENT PRIZES AND AWARDS | 1750 | 5,670,388 | | N/A | N/A |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | PROCEDURES FOR MONITORING GRANTS THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA'S ("PENN") OFFICE OF RESEARCH SERVICES IS RESPONSIBLE FOR MONITORING THE USE OF GRANT FUNDS PURSUANT TO ESTABLISHED POLICES AND PROTOCOL. THESE POLICIES COVER GRANTS MADE BOTH WITHIN AND OUTSIDE THE U.S. ----- TO PROMOTE INCLUSION AND INCREASED ACCESS, PENN PROVIDES GRANT-BASED UNDERGRADUATE FINANCIAL AID PACKAGES AND ADHERES TO A NEED-BLIND ADMISSION POLICY, IN WHICH ADMISSION DECISIONS ARE NOT AFFECTED BY A STUDENTS ABILITY TO PAY OR APPLICATION FOR FINANCIAL AID. THIS POLICY PROVIDES FINANCIAL AID TO ELIGIBLE STUDENTS IN THE FORM OF DIRECT GRANTS AND EMPLOYMENT DURING THE ACADEMIC YEAR. AN UNDERGRADUATE STUDENT MAY ALSO BE ELIGIBLE FOR FACULTY/STAFF TUITION REMISSION AS A RESULT OF A PARENT BEING ELIGIBLE TO RECEIVE THIS BENEFIT AS A CONDITION OF THEIR EMPLOYMENT. GRADUATE/PROFESSIONAL FINANCIAL AID CAN BE AWARDED BASED ON FINANCIAL NEED, SERVICE (TEACHING ASSISTANTSHIPS AND FELLOWSHIPS, RESEARCH ASSISTANTSHIPS AND FELLOWSHIPS) OR OTHER CRITERIA SUCH AS MERIT/ACADEMICS. PHD STUDENTS GENERALLY RECEIVE MULTI-YEAR AWARDS COVERING THEIR FULL EDUCATIONAL COSTS. A GRADUATE/PROFESSIONAL STUDENT MAY ALSO BE ELIGIBLE FOR FACULTY/STAFF BENEFIT AS DESCRIBED ABOVE. ----- |
| SCHEDULE I, PART II | DETAIL OF SUB-CONTRACTS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA MAKES SUB-AWARDS TO OTHER INSTITUTIONS THAT PERFORM RESEARCH IN CONNECTION WITH RESEARCH GRANTS AWARDED TO THE UNIVERSITY. THE UNIVERSITY DOES NOT CATEGORIZE THESE SUB-AWARDS AS "GRANTS AND ASSISTANCE" FOR FORM 990 REPORTING, SINCE THE RECIPIENT ORGANIZATIONS PERFORM RESEARCH SERVICES FOR THE UNIVERSITY AND ARE CONSIDERED INDEPENDENT CONTRACTORS WHICH SERVE THE DIRECT NEEDS OF THE UNIVERSITY. DURING THE YEAR ENDED JUNE 30, 2019, THE UNIVERSITY OF PENNSYLVANIA MADE SUB-AWARD PAYMENTS TO 331 RECIPIENTS TOTALING \$106,434,571. |

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNIVERSITY CITY DISTRICT 3940 CHESTNUT ST PHILADELPHIA, PA 19104 | 23-2913784 | 501(C)(3) | 3,695,403 | | FMV | N/A | GRANT |
| SCHOOL DISTRICT OF PHILADELPHIA 440 N BROAD ST PHILADELPHIA, PA 19130 | 23-6004102 | GOV'T ORG | 882,864 | | FMV | N/A | GRANT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAYORS FUND OF PHILA CITY HALL NO 708 PHILADELPHIA, PA 19107 | 23-2174863 | 501(C)(3) | 16,000 | | FMV | N/A | Community |
| MATERNITY CARE COALITION 2000 HAMILTON ST STE 205 PHILADELPHIA, PA 19130 | 23-2200410 | 501(C)(3) | 10,000 | | FMV | N/A | Monetary |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SCHUYLKILL RIVER DEVELOPMENT CORP 2401 WALNUT ST STE 603 PHILADELPHIA, PA 19103 | 23-2690558 | 501(c)(3) | 175,000 | | FMV | N/A | MONETARY |
| UNIVERSITY CITY SCIENCE CENTER 3675 MARKET ST STE 400 PHILADELPHIA, PA 19104 | 23-1645908 | 501(c)(3) | 25,000 | | FMV | N/A | MONETARY |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No. 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | Employer identification number 23-1352685 |
|--|--|--|

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----|----|
| 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. | | | |
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| 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. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 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: | | | |
| a Receive a severance payment or change-of-control payment? | 4a | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 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: | | | |
| a The organization? | 5a | | No |
| b Any related organization? | 5b | | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 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: | | | |
| a The organization? | 6a | | No |
| b Any related organization? | 6b | | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 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. | 7 | Yes | |
| 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. | 8 | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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.

[illegible]

Part III **Supplemental Information**

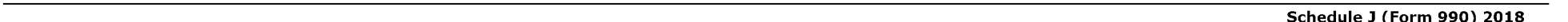
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 1A | DETAIL OF ADDITIONAL BENEFITS PROVIDED FIRST CLASS OR CHARTER TRAVEL THE MODE OF AIR TRAVEL UTILIZED BY UNIVERSITY EMPLOYEES IS EXPECTED TO BE THE LEAST COSTLY OPTION, CONSISTENT WITH THE ITINERARY AND PARTICULAR UNIVERSITY BUSINESS PURPOSE INVOLVED. ON FEDERALLY FUNDED PROJECTS, COMPLIANCE WITH THE FLY AMERICA ACT TAKES PRECEDENCE OVER CHOOSING A LESS EXPENSIVE FOREIGN CARRIER. IN CERTAIN LIMITED CIRCUMSTANCES, CERTAIN INDIVIDUALS MAY TRAVEL FIRST CLASS. ANY FIRST CLASS EXCEPTIONS TO THE UNIVERSITY'S POLICY ARE SUBJECT TO APPROPRIATE REVIEW AND APPROVAL. TRAVEL FOR COMPANIONS TRAVEL EXPENSES OF A SPOUSE (OR DEPENDENT) MAY BE PROVIDED BY THE UNIVERSITY AS A REGULAR BUSINESS EXPENSE ONLY IF THE TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE UNIVERSITY. FURTHER, TRAVEL EXPENSES FOR SPOUSES AND DEPENDENTS ARE ALLOWABLE DURING THE INTERVIEW PROCESS PRIOR TO AN EMPLOYMENT OFFER, SINCE EMPLOYMENT IS CONSIDERED A FAMILY DECISION. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE UNIVERSITY MAY PROVIDE TAX GROSS-UP PAYMENTS UNDER CERTAIN CIRCUMSTANCES WITH APPROPRIATE APPROVAL. THE UNIVERSITY DOES NOT GENERALLY PROVIDE TAX INDEMNIFICATIONS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/HEALTH OR SOCIAL CLUB DUES/PERSONAL SERVICES AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A HOME ON THE UNIVERSITY'S CAMPUS WHICH IS FURNISHED AND MAINTAINED AT THE UNIVERSITY'S EXPENSE. THE UNIVERSITY ALSO PROVIDES A HEALTH/SOCIAL CLUB MEMBERSHIP, TO BE USED BY THE PRESIDENT IN CONNECTION WITH HER DUTIES. THE PRESIDENT IS RESPONSIBLE FOR ANY PERSONAL USE OF THE CLUB MEMBERSHIP, HOUSEHOLD STAFF OR OTHER PERSONAL EXPENSES INCURRED. ----- |

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 4B | <p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS AND DEANS OF THE UNIVERSITY AS DESIGNATED BY THE BOARD OF TRUSTEES WHO HAVE MADE THE 5% EMPLOYEE CONTRIBUTION TO THE UNIVERSITY'S 403(B) PLAN, HAVE UNIVERSITY COMPENSATION OVER CERTAIN IRS PROSCRIBED THRESHOLDS, AND ARE ACTIVELY EMPLOYED BY THE UNIVERSITY WHEN THE CONTRIBUTION IS 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 "PARTIAL" DISTRIBUTION WHICH WILL BE WITHHELD TO SATISFY THE TAX CONSEQUENCES OF VESTING. THE BALANCE OF VESTED SERP ACCOUNT WILL REMAIN IN THE PLAN AND WILL BE DISTRIBUTED (PLUS OR MINUS INVESTMENT EARNINGS/LOSSES) UPON TERMINATION OF EMPLOYMENT. 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 SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR: AMMON, PETER- NO DISTRIBUTION COOPER, JEFFREY- \$9,135 HEUER, JOHN- NO DISTRIBUTION HORN, JOHN- NO DISTRIBUTION KRUHLY, LESLIE- \$7,560 LEWIS, TREVOR- NO DISTRIBUTION MACCARTHY, STEPHEN J.- \$22,479 MCCOURT, MARYFRANCES- NO DISTRIBUTION MITCHELL, JOANN- NO DISTRIBUTION MURPHY, THOMAS- NO DISTRIBUTION PAPAGEORGE, ANNE- NO DISTRIBUTION PELLICANO, GREGORY- NO DISTRIBUTION PRITCHETT, WENDELL- NO DISTRIBUTION ROST, GREGORY- NO DISTRIBUTION RUSH, MAUREEN- NO DISTRIBUTION WHITE, WENDY- \$40,635 WITT, MARIE- NO DISTRIBUTION ZELLER, JOHN- \$43,065 IN ADDITION, THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A HAS A VESTED BALANCE IN THE SERP WHICH WILL BE RECEIVED UPON SEPARATION: CARNAROLI, CRAIG ----- THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ALSO MAINTAINS ADDITIONAL DISCRETIONARY SUPPLEMENT EXECUTIVE RETIREMENT PLANS FOR SENIOR EXECUTIVES AS A RETENTION TO THEIR COMMITMENT TO THE UNIVERSITY OF PENNSYLVANIA. CONTRIBUTIONS ARE MADE ANNUALLY AT THE SOLE DISCRETION OF THE UNIVERSITY AS LONG AS THE INDIVIDUAL IS AN ACTIVE EMPLOYEE. VESTING IN THESE ACCOUNTS OCCURS AFTER EACH THREE YEAR 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 THE BALANCE OF THE VESTED SERP ACCOUNT (PLUS OR MINUS INVESTMENT EARNINGS/LOSSES). 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 ADDITIONAL DISCRETIONARY SUPPLEMENT EXECUTIVE RETIREMENT PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR: CARNAROLI, CRAIG NO DISTRIBUTION JAMESON, LARRY \$1,838,981 ----- THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (THE "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 HEALTH SYSTEM SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR: BEEMAN, THOMAS E.- NO DISTRIBUTION CUNNINGHAM, REGINA- \$38,365 JOHNSTON, ELIZABETH B.- \$147,408 KASPER, KEITH- \$159,471 MAHONEY, KEVIN- \$187,659 MULLER, RALPH- NO DISTRIBUTION OKALA, PHILIP- \$153,938 QUINN, PETER D.- NO DISTRIBUTION ----- 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 UNIVRESITY 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: ADZICK, N. SCOTT, MD - NO DISTRIBUTION GRADY, MICHAEL SEAN, MD - NO DISTRIBUTION JAMESON, LARRY NO DISTRIBUTION QUINN, PETER D.- NO DISTRIBUTION SPRAY, THOMAS L., MD - NO DISTRIBUTION STORM, PHILLIP B., MD- NO DISTRIBUTION WELCH, WILLIAM C., MD.- NO DISTRIBUTION ----- LANCASTER GENERAL HEALTH IS AN AFFILIATE OF THE UNIVERSITY. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE LANCASTER GENERAL HEALTH SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR: BEEMAN, THOMAS E.- NO DISTRIBUTION -----</p> |

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE J, PART I, LINE 7 | PROVISION OF NON-FIXED PAYMENTS THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES. PAYMENTS MADE TO ANY DISQUALIFIED PERSON, AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 4958, ARE APPROVED BY THE COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15. ----- |

| Return Reference | Explanation |
|---------------------|--|
| SCHEDULE J, PART II | ADDITIONAL DETAIL REGARDING COMPENSATION REPORTED CERTAIN PHYSICIANS LISTED ON SCHEDULE J, PART II HOLD ACADEMIC APPOINTMENTS AT THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") WHILE PERFORMING CLINICAL PRACTICE DUTIES AT A NEARBY, UNRELATED THIRD PARTY CHILDREN'S HOSPITAL (THE "THIRD PARTY HOSPITAL"). FOR ADMINISTRATIVE SIMPLICITY, THE UNIVERSITY PROVIDES THE PAYROLL FUNCTION FOR BOTH PORTIONS OF THE PHYSICIAN SALARIES. THE THIRD PARTY HOSPITAL THEN REIMBURSES THE UNIVERSITY FOR THE CLINICAL PORTION OF THE PHYSICIAN SALARIES. |



Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| CRAIG CARNAROLI EXECUTIVE VICE PRESIDENT | (i) | 962,503 | 190,000 | 690 | 698,600 | 29,118 | 1,880,911 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JEFFREY COOPER VP GOVT & COMMUNITY RELATIONS | (i) | 367,231 | 75,000 | 12,945 | 24,750 | 26,221 | 506,147 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JACK HEUER VP HUMAN RESOURCES | (i) | 414,350 | 93,000 | 1,490 | 37,643 | 9,905 | 556,388 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN HORN COMPTROLLER | (i) | 297,204 | 45,000 | 1,940 | 27,405 | 12,167 | 383,716 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LARRY JAMESON EXEC. VP UPHS & DEAN OF PSOM | (i) | 1,772,420 | 894,784 | 1,864,861 | 908,090 | 31,891 | 5,472,046 | 1,838,981 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LESLIE KRUHLY VP AND SECRETARY | (i) | 354,499 | 70,000 | 11,770 | 24,750 | 14,503 | 475,522 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TREVOR LEWIS VP BUDGET AND MGMT ANALYSIS | (i) | 342,993 | 78,000 | 690 | 31,838 | 31,994 | 485,515 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHEN J MACCARTHY VP COMMUNICATIONS | (i) | 390,332 | 88,000 | 25,374 | 24,750 | 34,154 | 562,610 | 11,049 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARYFRANCES MCCOURT VP FIN. & TREASURER | (i) | 500,313 | 160,000 | 1,430 | 46,013 | 39,900 | 747,656 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOANN MITCHELL SVP INSTITUTIONAL AFFAIRS | (i) | 446,275 | 113,000 | 1,980 | 40,770 | 20,036 | 622,061 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS MURPHY VP INFO SYSTEMS AND COMPUTING | (i) | 479,459 | 96,000 | 1,000 | 44,100 | 67,608 | 688,167 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANNE PAPAGEORGE VP FACILITIES AND REAL ESTATE | (i) | 453,804 | 90,000 | 1,290 | 41,310 | 17,265 | 603,669 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GREGORY PELLICANO AVP, AUDIT, COMPLIANCE & PRIV'Y | (i) | 310,272 | 63,000 | 1,090 | 28,733 | 32,651 | 435,746 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VINCENT PRICE FORMER PROVOST | (i) | 247,500 | 0 | 1,980 | 0 | 0 | 249,480 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WENDELL PRITCHETT PROVOST | (i) | 744,203 | 162,500 | 650 | 62,550 | 51,437 | 1,021,340 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GREGORY ROST SVP & CHIEF OF STAFF | (i) | 623,789 | 158,000 | 1,635 | 56,925 | 72,855 | 913,204 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MAUREEN RUSH VP PUBLIC SAFETY | (i) | 332,000 | 75,000 | 2,080 | 30,443 | 31,264 | 470,787 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WENDY WHITE SVP & GENERAL COUNSEL | (i) | 719,580 | 182,000 | 44,445 | 24,750 | 23,872 | 994,647 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARIE WITT VP BUSINESS SERVICES | (i) | 351,402 | 72,000 | 1,290 | 32,310 | 19,636 | 476,638 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN ZELLER SVP DEVELOPMENT & ALUMNI RL'TNS | (i) | 738,310 | 188,000 | 46,875 | 24,750 | 28,122 | 1,026,057 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| PETER AMMON CHIEF INVESTMENT OFFICER | (i) | 916,900 | 2,231,682 | 300 | 1,678,320 | 15,233 | 4,842,435 | 1,166,802 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS E BEEMAN PHD FORMER COO REGIONAL OPS UPHS | (i) | 1,116,284 | 465,162 | 716,666 | 0 | 17,818 | 2,315,930 | 699,568 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAWN BONNELL VICE PROVOST FOR RESEARCH | (i) | 543,182 | 0 | 1,980 | 24,750 | 11,508 | 581,420 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| REGINA CUNNINGHAM CEO HUP | (i) | 709,588 | 334,425 | 62,058 | 140,000 | 17,842 | 1,263,913 | 38,365 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JON EPSTEIN VICE DEAN, PSOM | (i) | 672,007 | 321,526 | 8,322 | 24,750 | 19,562 | 1,046,167 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELIZABETH B JOHNSTON EXECUTIVE DIRECTOR CPUP | (i) | 680,767 | 321,048 | 178,985 | 134,401 | 10,804 | 1,326,005 | 147,408 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEITH KASPER CFO, UPHS | (i) | 675,737 | 104,683 | 570,135 | 154,601 | 27,741 | 1,532,897 | 159,471 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEVIN MAHONEY EVP, PROG DEV&EXEC VICE DEAN | (i) | 936,828 | 445,725 | 227,571 | 180,003 | 19,641 | 1,809,768 | 187,659 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHRISTOPHER MASOTTI VICE DEAN ADMIN PSOM | (i) | 417,086 | 111,828 | 3,285 | 24,750 | 33,527 | 590,476 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RALPH MULLER CEO, UPHS | (i) | 1,724,822 | 842,470 | 34,292 | 510,330 | 14,362 | 3,126,276 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PHILLIP OKALA COO PHILADELPHIA OPERATIONS | (i) | 910,776 | 429,975 | 175,903 | 180,003 | 26,115 | 1,722,772 | 153,938 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PETER D QUINN MD DMD SVP, VICE DEAN, PROF SRVCS | (i) | 965,080 | 650,640 | 8,889 | 35,164 | 19,303 | 1,679,076 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BETH A WINKELSTEIN VICE PROVOST | (i) | 404,846 | 0 | 670 | 24,750 | 9,517 | 439,783 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS L SPRAY MD CHOP - SURGEON | (i) | 1,139,218 | 2,950,277 | 76,012 | 24,750 | 11,787 | 4,202,044 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N SCOTT ADZICK MD CHOP - SURGERY | (i) | 1,095,670 | 0 | 1,757,763 | 24,750 | 19,160 | 2,897,343 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHAEL SEAN GRADY MD SURGEON - NEUROSURGERY | (i) | 1,470,432 | 597,870 | 11,256 | 24,750 | 27,762 | 2,132,070 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM C WELCH MD CPUP - NEUROSURGERY | (i) | 1,518,776 | 7,500 | 311,405 | 35,164 | 24,125 | 1,896,970 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PHILLIP B STORM MD CHOP - NEUROSURGERY | (i) | 1,191,289 | 0 | 579,668 | 24,750 | 24,307 | 1,820,014 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DR AMY GUTMANN PRESIDENT, EX-OFFICIO TRUSTEE | (i) | 1,431,503 | 1,165,702 | 352,000 | 735,000 | 120,046 | 3,804,251 | 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

| Part I Bond Issues | | | | | | | | | | | | |
|--------------------|--|----------------|-------------|-----------------|-----------------|----------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | PA HIGHER ED FACILITIES AUTHORITY- SERIES B 2009 | 22-2243852 | 70917RUS2 | 03-16-2009 | 44,226,561 | REFUND 2008A (REFUNDING 2002B) | X | | | X | | X |
| B | PA HIGHER ED FACILITIES AUTHORITY- SERIES C 2009 | 22-2243852 | 70917RUS2 | 03-16-2009 | 31,057,669 | PARTIAL REFUND OF 1998 BONDS | X | | | X | | X |
| C | PA HIGHER ED FACILITIES AUTHORITY- SERIES 2010 | 22-2243852 | 70917RP33 | 10-13-2010 | 77,125,325 | COMPLETE REFUND OF 1998 BONDS | X | | | X | | X |
| D | PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2011 | 22-2243852 | 70917RS30 | 03-02-2011 | 150,994,928 | CONSTRUCTION/RENOVATION PROJECTS | X | | | X | | X |

| Part II | Proceeds | | | | | | | | |
|---------|--|------------|----|------------|----|------------|----|-------------|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 39,738,423 | | 26,925,151 | | 59,382,836 | | 143,374,467 | |
| 2 | Amount of bonds legally defeased | 22,360,068 | | 14,206,041 | | 57,724,198 | | 145,747,621 | |
| 3 | Total proceeds of issue | 44,226,561 | | 31,057,669 | | 77,125,325 | | 151,000,014 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 327,620 | | 224,995 | | 547,309 | | 815,635 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 0 | | 0 | | 0 | | 150,184,379 | |
| 11 | Other spent proceeds | 43,898,941 | | 30,832,674 | | 76,578,016 | | 0 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2002 | | 1998 | | 1998 | | 2011 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

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

| Part III Private Business Use (Continued) | | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | | X |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | | | | | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | X | |

| Part IV Arbitrage | | A | | B | | C | | D | |
|-------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | |
| b | Exception to rebate? | X | | X | | X | | X | |
| 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? | | X | | X | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|---|---|
| TAX-EXEMPT BONDS- DESCRIPTION OF BOND ISSUES: ALLOCATION OF PROCEEDS | <p>FORM 990, SCHEDULE K, PART I A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIE S C 2016 BOND ISSUE HAS BEEN ALLOCATED TO PRESBYTERIAN MEDICAL CENTER (EIN 23-2810852) AND PENNSYLVANIA HOSPITAL OF UPHS (EIN 31-1538725), RELATED IRC SECTION 501(C)(3) ORGANIZATIO NS. SINCE THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") REMAINS AS THE PRI MARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE SERIES C 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BA LANCE WAS \$14,653,558 FOR PRESBYTERIAN MEDICAL CENTER AND \$14,653,558 FOR PENNSYLVANIA HOS PITAL OF UPHS AS OF JUNE 30, 2019. A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIES A&B 2016 BOND ISSUE HAS BEEN ALLOCATED TO PRESBYTERIAN MEDICAL CENTER (EIN 23-2810 852), PENNSYLVANIA HOSPITAL OF UPHS (EIN 31-1538725), AND LANCASTER GENERAL HOSPITAL (EIN 23-1365353), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE SERIES A&B 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTST ANDING BALANCE WAS \$3,145,080 FOR PRESBYTERIAN MEDICAL CENTER, \$37,258,594 FOR PENNSYLVANI A HOSPITAL OF UPHS, AND \$178,168,088 FOR LANCASTER GENERAL HOSPITAL AS OF JUNE 30, 2019. A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIES A 2015 BOND ISSUE HAS BEEN A LLOCATED TO PRESBYTERIAN MEDICAL CENTER (EIN 23-2810852), A RELATED IRC SECTION 501(C)(3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMA TION REGARDING THE SERIES A 2015 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE WAS \$65,644,240 FOR PRESBYTERIA N MEDICAL CENTER AS OF JUNE 30, 2019. A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-U PHS SERIES A 2014 BOND ISSUE HAS BEEN ALLOCATED TO PENNSYLVANIA HOSPITAL OF UPHS (EIN 31-1 538725), PRESBYTERIAN MEDICAL CENTER (EIN 23-2810852), AND TO CHESTER COUNTY HOSPITAL (EIN 23-0469150), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE SERIES A 2014 BOND ISSUE H AS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTA NDING BALANCE WAS \$4,000,000 FOR PENNSYLVANIA HOSPITAL OF UPHS, \$15,000,000 FOR PRESBYTERI AN MEDICAL CENTER, AND \$50,000,000 FOR CHESTER COUNTY HOSPITAL AS OF JUNE 30, 2019. A PORT ION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIES A 2012 BOND ISSUE HAS BEEN ALLOC ATED TO PENNSYLVANIA HOSPITAL OF UPHS (EIN 31-1538725) AND TO PRESBYTERIAN MEDICAL CENTER (EIN 23-2810852), RELATED IRC SECTION 501(C)(3) ORGANIZATIONS. SINCE THE UNIVERSITY REMAIN S AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2012 BON D ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCAT ED OUTSTANDING BALANCE WAS \$28</p> |

| Return Reference | Explanation |
|---|--|
| TAX-EXEMPT BONDS- DESCRIPTION OF BOND ISSUES: ALLOCATION OF PROCEEDS | ,584,205 FOR PENNSYLVANIA HOSPITAL OF UPHS AND \$21,438,131 FOR PRESBYTERIAN MEDICAL CENTER AS OF JUNE 30, 2019. A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIES A OF 2008 BOND ISSUE HAS BEEN ALLOCATED TO PENNSYLVANIA HOSPITAL OF UPHS (EIN 31-1538725), A RE LATED IRC SECTION 501(C) (3) ORGANIZATION. SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLI GOR OF THE BOND, ALL INFORMATION REGARDING THE SERIES A OF 2008 BOND ISSUE HAS BEEN REPORT ED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL OF UPHS WAS \$15,483,147 AS OF JUNE 30, 2019. ----- - |

| Return Reference | Explanation |
|--|---|
| TAX-EXEMPT BONDS- ADDITIONAL DETAIL FOR PROCEEDS OF ISSUES | FORM 990, SCHEDULE K, PART II, LINE 3 FOR PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2011, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$5,086 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- SERIES AB 2015, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$4,462,061 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2016, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$2,970,323 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2012, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$27,570 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2014, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$164 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES 2015, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$1,508,681 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B 2016, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$5,576,709 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2016, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$160,338 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2017, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$2,633,741 IN TOTAL INVESTMENT EARNINGS. ----- |

| Return Reference | Explanation |
|---|---|
| TAX-EXEMPT BONDS- ADDITIONAL DETAIL FOR PRIVATE BUSINESS USE PERCENTAGES | FORM 990, SCHEDULE K, PART III FOR THE PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2018, SERIES A 2017, SERIES A 2011, UPHS SERIES A 2017, UPHS SERIES C 2016, UPHS SERIES A&B 2016 (NEW-MONEY PORTION ONLY), UPHS SERIES 2015 (NEW-MONEY PORTION ONLY), UPHS SERIES A 2014, UPHS SERIES A 2012, AND UPHS SERIES A 2008, THE UNIVERSITY HAS SPECIFICALLY ALLOCATED EQUITY TO ALL SOURCES OF PRIVATE BUSINESS USE, WITH THE EXCEPTION OF ISSUANCE COSTS, WITHIN THE REQUIRED TIME FRAME.AS SUCH, THE UNIVERSITY HAS REPORTED NO PRIVATE BUSINESS USE FOR THESE BOND PROCEEDS ON FORM 990, SCHEDULE K, PART III, LINES 4 AND 5. ----- |

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

| Part I Bond Issues | | | | | | | | | | | | |
|--------------------|---|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | PA HIGHER ED FACILITIES AUTHORITY- SERIES AB 2015 | 22-2243852 | 70917SPV9 | 04-16-2015 | 423,474,654 | REFUND2005A,C;2009A,B,C;2010;2011A | | X | | X | | X |
| B | PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2016 | 22-2243852 | 70917SWG4 | 04-28-2016 | 187,067,793 | ADVANCE REFUNDING OF MULT. BONDS | | X | | X | | X |
| C | PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2017 | 22-2243852 | 70917SDS9 | 01-19-2017 | 200,857,522 | RENOVATIONS OF VARIOUS BLDGS | | X | | X | | X |
| D | PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2018 | 22-2243852 | 70917S4A8 | 10-17-2018 | 200,829,171 | VARIOUS CAPITAL PROJECTS | | X | | X | | X |

| Part II | Proceeds | | | | | | | | |
|---------|--|-------------|----|-------------|----|-------------|----|-------------|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 32,407,940 | | 5,285,691 | | 2,716,829 | | 718,078 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 427,936,715 | | 190,038,116 | | 200,857,522 | | 200,829,171 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 221,918,630 | | 167,897,948 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 0 | | 1,203,670 | | 857,522 | | 829,171 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 11 | Other spent proceeds | 206,018,085 | | 20,936,498 | | 200,000,000 | | 200,000,000 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2015 | | 2016 | | 2017 | | 2018 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | X | | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

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

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|-----------|--|---------|----|---------|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | X | | X | | X |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0.001 % | | 0.134 % | | 0 % | | 0 % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0.022 % | | 0.529 % | | | | | |
| 6 | Total of lines 4 and 5 | 0.023 % | | 0.663 % | | | | | |
| 7 | Does the bond issue meet the private security or payment test? . . . | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|-----------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | |
| b | Exception to rebate? | X | | X | | X | | X | |
| 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? | | X | | X | | X | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

| | | | | | | | | | | | | | |
|--|--|---|-------------|---------------------|-----------------|----------------------------------|--------------|----|-------------------------|----|--------------------|--------------------------------|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493192027000 | | | | | | | | | |
| Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. | | | | | | | | | | | | | |
| Schedule K (Form 990) | | Supplemental Information on Tax-Exempt Bonds | | | | | | | | | | OMB No. 1545-0047 | |
| | | | | | | | | | | | | 2018 | |
| Department of the Treasury Internal Revenue Service | | ► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. | | | | | | | | | | Open to Public Inspection | |
| | | | | | | | | | | | | Employer identification number | |
| Name of the organization | | TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | | | | | | | | | | 23-1352685 | |
| Part I Bond Issues | | | | | | | | | | | | | |
| (a) Issuer name | | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | | |
| | | | | | | | Yes | No | Yes | No | Yes | No | |
| A WASHINGTON COUNTY AUTHORITY - SERIES OF 2004 | | 22-2243852 | 938591BF0 | 05-27-2004 | 62,500,000 | REDEEM 1985 BONDS | | X | | X | | X | |
| B PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2008 | | 22-2243852 | 70917RPY5 | 04-16-2008 | 105,805,000 | REFUND PHX 2002; CAPITAL PROJECT | | X | | X | | X | |
| C PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2012 | | 22-2243852 | 70917R5B7 | 05-02-2012 | 149,995,567 | EXPANSION/FACILITY ENHANCEMENT | | X | | X | | X | |
| D PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2014 | | 22-2243852 | XXXXXXXXX | 06-12-2014 | 100,000,000 | VARIOUS CAPITAL PROJECTS | | X | | X | | X | |
| Part II Proceeds | | | | | | | | | | | | | |
| | | | | | A | B | C | | D | | | | |
| 1 | Amount of bonds retired | | | | 11,300,000 | 35,810,000 | 5,364,666 | | | | 0 | | |
| 2 | Amount of bonds legally defeased | | | | 0 | 0 | 0 | | | | 0 | | |
| 3 | Total proceeds of issue | | | | 62,500,000 | 105,805,000 | 150,023,137 | | | | 100,000,164 | | |
| 4 | Gross proceeds in reserve funds | | | | 0 | 0 | 0 | | | | 0 | | |
| 5 | Capitalized interest from proceeds | | | | 0 | 0 | 0 | | | | 0 | | |
| 6 | Proceeds in refunding escrows | | | | 0 | 0 | 0 | | | | 0 | | |
| 7 | Issuance costs from proceeds | | | | 465,649 | 786,485 | 1,006,804 | | | | 400,175 | | |
| 8 | Credit enhancement from proceeds | | | | 0 | 79,656 | 0 | | | | 0 | | |
| 9 | Working capital expenditures from proceeds | | | | 0 | 0 | 0 | | | | 0 | | |
| 10 | Capital expenditures from proceeds | | | | 0 | 81,538,099 | 0 | | | | 0 | | |
| 11 | Other spent proceeds | | | | 62,034,351 | 23,400,760 | 149,016,333 | | | | 99,599,989 | | |
| 12 | Other unspent proceeds | | | | 0 | 0 | 0 | | | | 0 | | |
| 13 | Year of substantial completion | | | | 2004 | 2009 | 2013 | | | | 2014 | | |
| | | | | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 14 | Were the bonds issued as part of a current refunding issue? | | | | X | | X | | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | | | | X | | X | | X | | X | |
| 16 | Has the final allocation of proceeds been made? | | | | X | | X | | X | | X | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | X | | X | | X | | X | | |
| Part III Private Business Use | | | | | | | | | | | | | |
| | | | | | A | B | | C | | D | | | |
| | | | | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | X | | X | | X | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | | | | | X | | X | | X | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | | | | | | | | |
| Cat. No. 50193E | | | | | | | | | | | | | |
| Schedule K (Form 990) 2018 | | | | | | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | X | | X | | X |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | X | | X | | X |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | | | | | | | |
| b Exception to rebate? | X | | X | | X | | X | |
| 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? | X | | X | | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

| Part I Bond Issues | | | | | | | | | | | | |
|--------------------|---|----------------|-------------|-----------------|-----------------|---------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name | | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | PA HIGHER ED FACILITIES ATHRTY-UPHS SERIES 2015 | 22-2243852 | 70917SSJ3 | 07-19-2015 | 398,010,258 | ADV/CUR REFUND; VAR CAP PROJECTS | | X | | X | | X |
| B | PA HIGHER ED FACILITIES ATHRTY-UPHS SERIES AB 2016 | 22-2243852 | 514045M75 | 04-07-2016 | 346,410,442 | ADV. REFUND; VARIOUS CAP. PROJECTS | | X | | X | | X |
| C | PA HIGHER ED FACILITIES-UPHS SERIES C 2016 | 22-2243852 | 70917SYU1 | 01-17-2017 | 151,191,978 | ADV. REFUNDING OF UPHS 2011A | | X | | X | | X |
| D | PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2017 | 22-2243852 | 709175587 | 12-31-2017 | 443,182,248 | BUILDING AND STRUCTURES | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|-------------|----|-------------|----|-------------|----|-------------|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 96,369,658 | | 22,565,532 | | 4,351,801 | | 2,568,521 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 399,518,939 | | 351,987,151 | | 151,352,316 | | 445,815,989 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 139,563,487 | | 135,373,742 | | 0 | |
| 7 | Issuance costs from proceeds | 2,275,487 | | 2,769,452 | | 1,186,723 | | 2,341,079 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 150,000,000 | | 147,000,000 | | 0 | | 301,867,554 | |
| 11 | Other spent proceeds | 247,243,452 | | 62,654,212 | | 14,791,851 | | 141,607,356 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2015 | | 2018 | | 2016 | | 2018 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | X | | X | | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

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

| Part III Private Business Use (Continued) | | A | | B | | C | | D | |
|---|--|---------|----|---------|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | X | | X | | X |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0.214 % | | 0.021 % | | 0 % | | 0 % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0.015 % | | 0 % | | | | | |
| 6 | Total of lines 4 and 5 | 0.229 % | | 0.022 % | | | | | |
| 7 | Does the bond issue meet the private security or payment test? . . . | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

| Part IV Arbitrage | | A | | B | | C | | D | |
|-------------------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | |
| b | Exception to rebate? | X | | X | | X | | X | |
| 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? | | X | | X | | X | X | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|----------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) DR AMY GUTMANN | PRESIDENT | RETENTION/RECRUITMNT | | X | 1,250,000 | 250,000 | | No | Yes | | Yes | |
| (2) GEOFFREY M GARRETT | DEAN | RETENTION/RECRUITMNT | | X | 150,000 | 62,500 | | No | Yes | | Yes | |
| (3) PAM GROSSMAN | DEAN | RETENTION/RECRUITMNT | | X | 150,000 | 71,667 | | No | Yes | | Yes | |
| (4) R VIJAY KUMAR | DEAN | RETENTION/RECRUITMNT | | X | 500,000 | 500,000 | | No | Yes | | Yes | |
| (5) ANTONIA M VILLARUEL | DEAN | RETENTION/RECRUITMNT | | X | 150,000 | 66,071 | | No | Yes | | Yes | |
| Total | | | | | | 950,238 | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|----------------------|---|
| SCHEDULE L, PART III | GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS CERTAIN OFFICERS AND/OR KEY EMPLOYEES OF THE UNIVERSITY MAY RECEIVE TUITION ASSISTANCE FROM THE ORGANIZATION. THE AMOUNT OF SUCH ASSISTANCE HAS BEEN ACCOUNTED FOR AS A COMPONENT OF OVERALL COMPENSATION REPORTED FOR EACH APPLICABLE OFFICER/KEY EMPLOYEE ON FORM 990, PART VII. AS A RESULT, PURSUANT TO THE FORM 990, SCHEDULE L INSTRUCTIONS, SUCH AMOUNTS HAVE NOT BEEN ALSO REPORTED ON SCHEDULE L, PART III. ----- |
| SCHEDULE L, PART IV | BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DURING THE NORMAL COURSE OF ITS OPERATIONS AND AFTER APPROPRIATE REVIEW, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") MAY OCCASIONALLY TRANSACT BUSINESS WITH PERSONS AND/OR ORGANIZATIONS DESCRIBED ON FORM 990, PART IV, LINE 28. IN THIS REGARD, THE UNIVERSITY ADHERES TO A CONFLICT OF INTEREST POLICY AND ANY SUCH TRANSACTIONS ARE CONDUCTED AT AN ARMS-LENGTH BASIS. FOR THE YEAR ENDED JUNE 30, 2019, NO TRANSACTIONS WERE IDENTIFIED THAT WERE REQUIRED TO BE DISCLOSED ON FORM 990, SCHEDULE L, PART IV. ----- |

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | X | 22 | 145,233 | FAIR MARKET VALUE |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | X | | 4,828,984 | FAIR MARKET VALUE |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | X | 670 | 12,154,401 | FAIR MARKET VALUE |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (DONATED EQUIPMENT) | X | 14 | 741,105 | FAIR MARKET VALUE |
| 26 Other ► (OTHER GIFTS IN KIND) | X | 85 | 184,391 | FAIR MARKET VALUE |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|-----------------------------|--|
| SCHEDULE M,PART I, LINE 32B | UTILIZATION OF THIRD PARTIES FOR SALES IN RARE INSTANCES WHERE NON-RARE, DUPLICATE, DONATIONS OF ART, HISTORICAL ASSETS OR OTHER SIMILAR ASSETS ARE RECEIVED, SUCH ITEMS MAY BE SENT TO A NON-PROFIT VENDOR FOR RESALE. THE UNIVERSITY THEN RECEIVES A PORTION OF THE SALES PRICE. THIS ACTIVITY TYPICALLY GENERATES LESS THAN \$2,000 PER YEAR. |

| | | | |
|--|--|--|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493192027000 |
| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information. | | OMB No. 1545-0047 |
| | | | 2018 |
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection |
| Name of the organization TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | | Employer identification number 23-1352685 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 4A | <p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS- ACADEMIC COMPONENT THE UNIVERSITY OF PENNSYLVANIA ("PENN"UNIVERSITY") IS ONE OF THE OLDEST UNIVERSITIES IN THE UNITED STATES. IT TRACE S ITS ORIGINS BACK TO A CHARITY SCHOOL FOUNDED IN 1740, WAS CHARTERED AS A COLLEGE IN 1755 , AND ON MAY 17, 1757, HELD ITS FIRST COMMENCEMENT, GRADUATING A CLASS OF SEVEN STUDENTS. FROM THESE EARLY AND MODEST BEGINNINGS, PENN HAS GROWN INTO ONE OF THE LEADING RESEARCH AN D EDUCATIONAL INSTITUTIONS IN THE UNITED STATES AND IN THE WORLD. PUBLIC SERVICE IS A TOP INSTITUTIONAL PRIORITY FOR PENN. AS SUCH, THE UNIVERSITY AIMS TO PROVIDE A RICH AND DIVERS E EDUCATIONAL ENVIRONMENT FOR ITS STUDENTS; TO PIONEER RESEARCH THAT PUSHES THE BOUNDARIES OF CURRENT HUMAN KNOWLEDGE; AND TO PROVIDE THE MOST CURRENT AND HIGHEST QUALITY IN PATIEN T CARE THROUGH THE UNIVERSITY HEALTH SYSTEM. THE UNIVERSITY IS HOME TO THE UNIVERSITY OF P ENNSYLVANIA MUSEUM OF ARCHAEOLOGY AND ANTHROPOLOGY, THE INSTITUTE FOR CONTEMPORARY ART, AN D THE ANNENBERG CENTER FOR THE PERFORMING ARTS, ALL OF WHICH CONTRIBUTE VITALLY TO ENRICHI NG THE CULTURAL LIFE OF PHILADELPHIA. IN ADDITION, THE UNIVERSITY IS AN ACTIVE PARTICIPANT IN THE WEST PHILADELPHIA NEIGHBORHOOD THAT IS ITS HOME. I. EDUCATION PENNS FIRM BELIEF TH AT EXCELLENCE AND DIVERSITY GO HAND-IN-HAND IS EVIDENCED BY FY 2019S CONCOMITANT INCREASES IN ADMISSIONS SELECTIVITY AND CAMPUS MULTICULTURALISM. OF 44,961 STUDENTS WHO APPLIED, ON LY 3,446, OR 7.7 PERCENT, WERE OFFERED ADMISSION INTO THE CLASS OF 2023. FIFTY-THREE PERCE NT OF THE CLASS IS FEMALE, AND 47 PERCENT IS MALE. THIS EXCEPTIONAL CLASS HAS, AT THE SAME TIME, CONTRIBUTED TO PENNS ONGOING GROWTH IN DIVERSITY: AMONG UNITED STATES CITIZENS AND PERMANENT RESIDENTS AT PENN, 53 PERCENT SELF-IDENTIFY AS STUDENTS OF COLOR, UP FROM 43 PER CENT THE YEAR BEFORE. THIRTEEN PERCENT OF STUDENTS IDENTIFY AS FIRST-GENERATION COLLEGE ST UDENTS. OF THE INTERNATIONAL STUDENTS ENROLLED IN THE CLASS OF 2023, 7 PERCENT WERE FROM A FRICA AND THE MIDDLE EAST, 46 PERCENT FROM ASIA, 4 PERCENT FROM AUSTRALIA AND THE PACIFIC, 15 PERCENT FROM CANADA AND MEXICO, 8 PERCENT FROM CENTRAL AND SOUTH AMERICA AND THE CARIB BEAN AND 19 PERCENT FROM EUROPE. THIS PROGRESS CAN BE DIRECTLY ATTRIBUTED TO THE UNIVERSIT YS CONTINUED COMMITMENT TO INCREASING ACCESS THROUGH GRANT-BASED AID PACKAGES THAT MEET TH E FULL FINANCIAL NEED OF UNDERGRADUATES, EXPANDING THE PENN WORLD SCHOLARS PROGRAM, AND ST RENGTHENING GRADUATE AND PROFESSIONAL FINANCIAL AID AND SUPPORT, SUCH AS THROUGH THE NEW W ELLNESS AT PENN AND OFFICE FOR PENN FIRST PLUS STUDENTS. PENN IS THE NATIONS LARGEST UNIVE RSITY WITH A PROGRAM THAT ENABLES FACULTY/STAFF, DEPENDENT UNDERGRADUATES ELIGIBLE FOR AID TO RECEIVE GRANT-BASED FINANCIAL AID PACKAGES FOR EIGHT ACADEMIC SEMESTERS. PENNS AID PRO GRAM DEMONSTRATES THE UNIVERSITYS COMMITMENT TO INCREASE ACCESS FOR QUALIFIED STUDENTS FRO M ALL ECONOMIC BACKGROUNDS. IN FY 2019, THE AVERAGE FRESHMAN AID PACKAGE WAS \$54,314, AN I NCREASE OF 5 PERCENT OVER THE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, PART III, LINE 4A | <p>PREVIOUS YEAR AND 74 PERCENT OVER THE AVERAGE AID PACKAGE OF \$29,752 IN FY 2008, WHEN THE GRANT-BASED FINANCIAL AID POLICY WAS ANNOUNCED. RANKED NO. 6 AMONG ALL NATIONAL UNIVERSITIES BY U.S. NEWS & WORLD REPORT, PENN IS CONSISTENTLY RECOGNIZED FOR HAVING SOME OF THE TOP ACADEMIC PROGRAMS IN THE COUNTRY. PENNS UNDERGRADUATE BUSINESS PROGRAM IS RANKED NO. 1 NATIONALLY, WHILE PENNS MEDICAL SCHOOL AND GRADUATE PROGRAMS IN BUSINESS AND NURSING ARE CONSISTENTLY RANKED IN THE TOP SIX NATIONWIDE. THE PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA HAS BEEN RANKED AMONG THE TOP MEDICAL SCHOOLS IN THE UNITED STATES FOR THE PAST 20 YEARS, ACCORDING TO U.S. NEWS & WORLD REPORTS SURVEY OF RESEARCH-ORIENTED MEDICAL SCHOOLS. IN FY 2019, PENN RECEIVED \$582 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH (NIH). OF THE \$582 MILLION, THE PERELMAN SCHOOL OF MEDICINE RECEIVED \$494 MILLION. THE SCHOOL IS CONSISTENTLY AMONG THE NATIONS TOP RECIPIENTS OF FUNDING FROM NIH. II. RESEARCH WITH MORE THAN \$1 BILLION IN ANNUAL R&D EXPENDITURES, PENN IS ONE OF THE NATIONS TOP RESEARCH UNIVERSITIES, NOT ONLY GENERATING IMPORTANT NEW KNOWLEDGE IN THE FIELDS OF MEDICINE, TECHNOLOGY, BUSINESS, SCIENCE, AND BEYOND, BUT APPLYING THIS KNOWLEDGE TO IMPROVE THE LIVES OF INDIVIDUALS AND COMMUNITIES AT HOME AND AROUND THE WORLD. REUTERS EVEN NAMED PENN AMONG THE TOP FOUR "WORLD'S MOST INNOVATIVE UNIVERSITIES." PENN HAS LONG BEEN A CRADLE OF INGENUITY DEDICATED TO SERVING THE PUBLIC GOOD. THE PENNOVATION CENTER, THE FLAGSHIP FACILITY OF THE PENNOVATION WORKS, LEVERAGES THIS LEGACY BY CREATING AN ENVIRONMENT THAT NURTURES NOVEL IDEAS AND ACCELERATES THEIR EVOLUTION INTO NEW TECHNOLOGIES, THERAPIES, PRODUCTS, AND, ULTIMATELY, COMPANIES THAT WILL CHANGE THE WORLD. IT WAS AUGUST 30, 2017, WHEN PENN SECURED FDA APPROVAL FOR THE FIRST-EVER GENE THERAPY TREATMENT FOR CANCER. JUST MONTHS LATER, THE FDA WOULD ALSO APPROVE THE FIRST GENE THERAPY FOR CONGENITAL BLINDNESS, A NOVEL TREATMENT FOR INHERITED BRCA BREAST CANCER, AND, MOST RECENTLY, A CAR T-CELL THERAPY TO TREAT LARGE B-CELL LYMPHOMA - ALL FOUR APPROVALS BASED ON RESEARCH BY PENN SCIENTISTS AND PHYSICIANS MAKING A MAJOR MILESTONE IN THE HISTORY OF CANCER RESEARCH. MOREOVER, IN NOVEMBER 2019, BENJAMIN GOBRECHT ARRIVED AS THE SECOND BABY IN THE NATION TO BE BORN FOLLOWING TRANSPLANTATION OF A UTERUS FROM A DECEASED DONOR. HE WAS THE FIRST BABY BORN AS PART OF A PENN TRIAL LAUNCHED IN 2017 TO HELP WOMEN WITH UTERINE FACTOR INFERTILITY. ONE MEASURE OF EXCELLENCE FOR THE RESEARCH AND ACADEMIC STUDIES CONDUCTED AT PENN IS THE NUMEROUS PRESTIGIOUS AWARDS THAT HAVE BEEN CONFERRED ON PENN FACULTY. THE FACULTY, ACTIVE AND EMERITI, INCLUDES 91 MEMBERS OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES, 110 MEMBERS OF THE NATIONAL ACADEMY OF MEDICINE, 43 MEMBERS OF THE NATIONAL ACADEMY OF SCIENCES, 31 MEMBERS OF THE AMERICAN PHILOSOPHICAL SOCIETY, 177 GUGGENHEIM FELLOWS, AND 16 MEMBERS OF THE NATIONAL ACADEMY OF ENGINEERING. TEN MACAR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4A | <p>THUR AWARD RECIPIENTS, ONE NATIONAL MEDAL OF SCIENCE RECIPIENT, ONE NOBEL PRIZE RECIPIENT, AND FOUR PULITZER PRIZE RECIPIENTS CALL PENN HOME. PENNS RENOWNED RESEARCH COMMUNITY COMP RISES 190 RESEARCH CENTERS AND INSTITUTES, 4,316 FACULTY, MORE THAN 1,333 POSTDOCTORAL FELLOWS, 6,899 ACADEMIC SUPPORT STAFF AND GRADUATE STUDENT TRAINEES, AND A RESEARCH BUDGET OF \$1.05 BILLION. RESEARCH GRANTS WON BY PENN FACULTY MAKE IT ONE OF THE HIGHEST RANKED RESEARCH UNIVERSITIES IN THE COUNTRY. THE OCTOBER 2016 OPENING OF THE PENNOVATION CENTER AT THE PENNOVATION WORKS SITE STANDS AS A TESTAMENT TO THE VALUE PENN PLACES ON BIG IDEAS. IT IS A PLACE WHERE UNIVERSITY SCHOLARS, DOERS, AND PROBLEM-SOLVERS, INCLUDING THOSE FROM THE PENN ENGINEERING RESEARCH AND COLLABORATIVE HUB, ARE WORKING SIDE BY SIDE WITH IT, BIOTECHNOLOGY, AND ROBOTICS STARTUPS, FORTUNE 500 COMPANIES, AND A HOST OF TECHNOLOGISTS, RESEARCHERS, AND VENTURE CAPITALISTS TO EXPLORE AND PUSH NEW IDEAS INTO REALITY AND EXPAND THE FRONTIERS OF KNOWLEDGE.</p> <p>HTTPS://WWW.PENNOVATION.UPENN.EDU/ III. PUBLIC SERVICE MISSION COMMUNITY INFRASTRUCTURE PENN HAS CALLED WEST PHILADELPHIA HOME SINCE 1871, AND MAKES SERVING THE COMMUNITY A TOP INSTITUTIONAL PRIORITY. THE UNIVERSITY REMAINS STRONGLY COMMITTED TO MAKING WEST PHILADELPHIA AN EVER MORE VIBRANT PLACE TO LIVE AND WORK. 2019 MARKED THE 12TH YEAR OF ACHIEVEMENT FOR THE PENN CONNECTS and PENN CONNECTS 2.0 CAMPUS PLANS TO CREATE AN INNOVATIVE, SUSTAINABLE, AND BEAUTIFUL URBAN CAMPUS THAT REINVIGORATES THE ENTIRE COMMUNITY OF WEST PHILADELPHIA.</p> <p>HTTP://WWW.PENNCONNECTS.UPENN.EDU/ SINCE 2006, PENN HAS ADDED 27.25 ACRES OF NEW OPEN SPACE, 6 MILLION SQUARE FEET OF NEW CONSTRUCTION, AND 2.7 MILLION SQUARE FEET OF RENOVATION, REPRESENTING A TOTAL COMMITMENT OF PUBLIC AND PRIVATE INVESTMENT OF \$3.8 BILLION. THE EASTERN SIDE OF UNIVERSITY CITY, ONCE DOMINATED BY THE UNITED STATES POST OFFICE'S SOUTHEASTERN PENNSYLVANIA HEADQUARTERS - A 24 ACRE MIX OF MAIL PROCESSING AND TRANSPORTATION FACILITIES HAS BEEN REVITALIZED BY PENNS STRATEGIC APPLICATION OF PUBLIC PRIVATE PARTNERSHIPS. MODERNIZING THIS LAND USE UNLOCKS ITS POTENTIAL FOR GENERATING ECONOMIC DEVELOPMENT; WHILE CONNECTING UNIVERSITY CITY TO PHILADELPHIA'S CENTER CITY (CENTRAL BUSINESS DISTRICT) AND AROUND ITS TRANSPORTATION HUB AT 30TH AND MARKET STREETS (AMTRAKS STATION, SEPTAS COMBINATION OF PUBLIC RAIL AND BUS TRANSIT, AND INTERSTATE 76). THE ELEMENTS OF THE PLAN INCLUDED REPLACING THE POST OFFICES SURFACE PARKING LOT AND TRUCK DEPOT WITH THE UNIVERSITY'S PENN PARK, A 14-ACRE OPEN SPACE AND MIX OF ATHLETIC FACILITIES THAT INTRODUCED BOTH A NEW GATEWAY TO UNIVERSITY CITY AND A NEW GREENWAY WITH ENVIRONMENTAL BENEFITS SUCH AS ADDING MORE THAN 500 NEW INDIGENOUS TREES AND PLANT LIFE AND CAPTURING AND REUSING STORM WATER TO MITIGATE RUNOFF INTO THE SCHUYLKILL RIVER.</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>NORTH OF PENN PARK, IS CIRA CENTRE SOUTH. ONCE THE POST OFFICES TRUCK TERMINAL ANNEX, THE UNIVERSITY LEASED THE LAND TO BRANDYWINE REALTY TRUST WHO PRIVATELY DEVELOPED IT INTO A THREE STRUCTURE COMPLEX INCLUDING: EVO, AN 850-BED GRADUATE STUDENT AND YOUNG PROFESSIONAL APARTMENT BUILDING; CIRA GREEN, A MIXED-USE BUILDING INCLUDING A 1,662 SPACE PARKING GARAGE, 9,000 SQUARE FEET OF STREET LEVEL RETAIL BUSINESSES, AND A ONE-ACRE ROOFTOP GREEN AND OPEN SPACE; AND FMC TOWER, A 49-STORY, 730-FOOT SKYSCRAPER AND GLOBAL HEADQUARTERS OF THE SPECIALTY CHEMICAL COMPANY, FMC CORPORATION. THE UNIVERSITY IS LEASING back from Brandywine 125,000 SQUARE FEET FOR Penn ADMINISTRATIVE OFFICES. THE TOWERS UPPER MOST FLOORS CONTAIN 260 LUXURY HOTEL SUITES AND A CONFERENCE CENTER TARGETED TO PROFESSIONALS AND OPERATED BY A THIRD PARTY HOUSING SPECIALIST. THE STREET LEVEL LOBBY HOSTS A RESTAURANT. LEARN MORE ABOUT PENN CONNECTS INCLUDING PROJECT DETAILS AT HTTP://WWW.PENNCONNECTS.UPENN.EDU/ SOUTH OF PENN PARK, IS THE 23-ACRE PENNOVATION WORKS PROPERTY, ADJACENT TO PENNS CAMPUS; WHICH IS ANCHORED BY THE PENNOVATION CENTER, A 52,000 SQUARE FOOT BUSINESS INCUBATOR THAT PROVIDES LAB SPACE AND IS A HUB FOR COLLABORATION AND THE EXCHANGE OF IDEAS FOR INNOVATORS FROM ALL DISCIPLINES. PENN RESEARCHERS AND ENTREPRENEURS WORK WITH INDUSTRY PARTNERS IN STATE-OF-THE-ART FACILITIES TO SOLVE REAL WORLD PROBLEMS AND TRANSLATE INVENTIVENESS INTO VIABLE VENTURES. BY GROUPING FACILITIES FOR INNOVATION AND TECHNOLOGICAL DEVELOPMENT, PENN ENVISIONS A MULTIFACETED WORKSHOP FOR HARNESSING AND COMMERCIALIZING THE TREMENDOUS CREATIVE POTENTIAL IN THE REGION. HTTPS://WWW.PENNOVATION.UPENN.EDU/ PENN FURTHER ADVANCES ITS COMMITMENT TO THE PROSPERITY OF THE COMMUNITY VIA ITS NEIGHBORHOOD INITIATIVES, A FIVE PART STRATEGY INCLUDING: 1) PURCHASING GOODS AND SERVICES FROM LOCAL BUSINESSES AND HIRING LOCAL RESIDENTS; 2) INCENTIVIZING FACULTY AND STAFF TO RELOCATE TO THE AREA VIA HOMEOWNERSHIP; 3) RETAIL DEVELOPMENT; 4) ENHANCED SAFETY AND SECURITY; AND 5) IMPROVED PUBLIC SCHOOLS. HTTP://WWW.W.EVP.UPENN.EDU/STRATEGIC-INITIATIVES/COMMUNITY-AND-ECONOMIC-DEVELOPMENT.HTML ON THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEMS (UPHS) CAMPUS, CONSTRUCTION IS CURRENTLY UNDERWAY ON THE PAVILION A 1.5 MILLION SQUARE FOOT BUILDING HOUSING 500 PRIVATE PATIENT ROOMS AND 47 OPERATING ROOMS. THIS 17-STORY FACILITY IS LOCATED ACROSS THE STREET FROM THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AND ADJACENT TO THE PERELMAN CENTER FOR ADVANCED MEDICINE, WHICH WAS ONCE THE PHILADELPHIA CIVIC CENTER. THIS STATE-OF-THE-ART BUILDING INCLUDES ADAPTABLE PATIENT ROOMS THAT CAN FLEX BETWEEN INTENSIVE CARE AND A STANDARD ROOM AS PATIENTS RECOVER. THE PAVILION WILL ALSO BENEFIT FROM ENHANCED TECHNOLOGY AND RESEARCH THAT WILL FACILITATE AND IMPROVE CARE TEAM COLLABORATION. ADDITIONALLY, THE BUILDING EMBODIES PENNS COMMITMENT TO THE ENVIRONMENT. THE PAVILION WAS DESIGNED TO BE ECO-FRIENDLY AND IS BEING CONSTRUCTED WITH INNOVATIONS LIKE</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>THE RE-USE OF WATER, 100 PERCENT OUTSIDE AIR, AND PARK-LIKE, OUTDOOR GREEN SPACE FOR PATIENTS, FAMILIES, AND STAFF. THE STATE-OF-THE-ART PAVILION WILL BETTER ENABLE UPHS TO CONTINUE ITS LONG-STANDING TRADITION OF PROVIDING HIGH QUALITY HEALTH CARE TO ITS COMMUNITY. HTTP://WWW.PENNmedicine.ORG/for-patients-and-visitors/penn-medicine-locations/hospital-of-the-university-of-pennsylvania/new-hospital-pavilion ECONOMIC IMPACT: EACH DAY PENN IS STRENGTHENING THE LOCAL ECONOMY BY CONTRIBUTING \$10.8 BILLION, OR \$30 MILLION PER DAY, TO THE CITY OF PHILADELPHIA ACCORDING TO THE 2015 UNIVERSITY OF PENNSYLVANIA ECONOMIC IMPACT REPORT. HTTP://WWW.EVP.UPENN.EDU/PDF/PENN_ECONOMIC_IMPACT_POWERING_PHL_PA.PDF IN FY 2019, PENN CONTINUED ITS FINANCIAL SUPPORT FOR THE UNIVERSITY CITY DISTRICT, WHICH WAS CREATED IN 1997 BY A COALITION OF 11 KEY INSTITUTIONS IN UNIVERSITY CITY. THIS INDEPENDENT NONPROFIT SPECIAL SERVICES DISTRICT PROVIDES SUPPLEMENTAL MUNICIPAL SERVICES FOR A 2.2 SQUARE-MILE AREA IN UNIVERSITY CITY THAT INCLUDES MORE THAN 50,000 RESIDENTS, 75,000 EMPLOYEES, AND 40,000 STUDENTS. THE ORGANIZATION FOCUSES ON CLEAN AND SAFE PROGRAMS WITH UNIFORMED AMBASSADORS PROVIDING PUBLIC SPACE MAINTENANCE AND SECURITY; ECONOMIC DEVELOPMENT AND NEIGHBORHOOD PLANNING; AND MARKETING. HTTP://WWW.EVP.UPENN.EDU/STRATEGIC-INITIATIVES/NEIGHBORHOOD-SERVICES.HTML SEE SCHEDULE H, PART VI FOR ADDITIONAL DETAILS REGARDING SOME OF THE VARIOUS COMMUNITY BUILDING ACTIVITIES CONDUCTED BY THE UNIVERSITY. ECONOMIC INCLUSION: PENN IS USING ITS CONSIDERABLE PURCHASING AND CONSTRUCTION CAPACITY, AS WELL AS ITS ACADEMIC EXPERTISE, TO ENCOURAGE LOCAL BUSINESS GROWTH AND TO EMPOWER DIVERSITY AND WOMEN BUSINESS OWNERS. IN PURCHASING SERVICES, THE FY 2019 RESULTS HAVE BEEN DRIVEN BY A NUMBER OF TARGETED PURCHASING SERVICES INITIATIVES DESIGNED TO EXPAND BUSINESS AND ECONOMIC OPPORTUNITIES AVAILABLE TO THOSE WHO LIVE, WORK, AND OWN BUSINESSES IN THE LOCAL COMMUNITY. IN FY 2019, PENN PURCHASED \$111.8 MILLION IN PRODUCTS AND SERVICES FROM THE WEST PHILADELPHIA COMMUNITY BUSINESSES, WHILE SPENDING \$138.7 MILLION FROM DIVERSITY AND WOMEN OWNED SUPPLIERS. HTTPS://CMS.BUSINESS-SERVICES.UPENN.EDU/PURCHASING/ECONOMIC-INCLUSION/BY-THE-NUMBERS.HTML SUSTAINABILITY: IN 2007, PENN PRESIDENT AMY GUTMANN SIGNED THE AMERICAN COLLEGE AND UNIVERSITY PRESIDENTS CLIMATE COMMITMENT (ACUPCC). THIS PLEDGE COMMITTED PENN TO DEVELOPING PLANS FOR SIGNIFICANT REDUCTIONS OF EMISSIONS OF CLIMATE-ALTERING GREENHOUSE GASSES. HTTPS://WWW.SUSTAINABILITY.UPENN.EDU/ PENNS INITIAL CLIMATE ACTION PLAN, LAUNCHED IN 2009 AND IS REISSUED EVERY FIVE YEARS. IN OCTOBER OF 2019 PENN SUSTAINABILITY ISSUED THE THIRD ITERATION OF THE PLAN TITLED THE CLIMATE AND SUSTAINABILITY ACTION PLAN 3.0 (CSAP 3.0). THE CSAP 3.0 DESCRIBES THE PROGRESS MADE TOWARDS THE CSAP 2.0 GOALS AND SETS NEW, CHALLENGING GOALS FROM MITIGATING CLIMATE IMPACTS, ADAPTING TO EMERGING ENVIRONMENTAL CONDITIONS, AND PREPARING OUR UNIVERSITY AND STUDENTS TO LEAD IN A RAP</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>IDLY EVOLVING WORLD. BUILDING ON THE ACCOMPLISHMENTS OF GOALS OUTLINED IN THE 2009 TO 2014 PLANS, THE GOALS SET FORTH IN THE CSAP 3.0 WILL TEST THE INGENUITY OF THE CAMPUS COMMUNITY AS WE CONTINUE TO PRIORITIZE ENVIRONMENTAL HEALTH AND RESILIENCY. THE CSAP 3.0 IS ORGANIZED AROUND SEVEN INITIATIVES, EACH DEVELOPED BY AN ENVIRONMENTAL SUSTAINABILITY ADVISORY COMMITTEE (ESAC) SUBCOMMITTEE. BELOW ARE CAMPUS SUSTAINABILITY ACHIEVEMENTS AND CSAP 3.0 HIGHLIGHTS. ACADEMICS: ACHIEVEMENTS: 400 SUSTAINABILITY RELATED COURSES ARE CURRENTLY OFFERED ACROSS VARIOUS SCHOOLS SINCE 2014, 14 NEW ACADEMIC PROGRAMS HAVE BEEN INTRODUCED ACROSS SIX SCHOOLS SINCE 2009, AND THERE ARE EIGHT NEW CENTERS THAT FOCUS ON SUSTAINABILITY THAT HAVE BEEN ESTABLISHED ACROSS FIVE SCHOOLS SINCE 2014. GOALS: SUPPORT CROSS-DISCIPLINARY RESEARCH AND COORDINATION OF WORK BETWEEN SCHOOLS AND ACADEMIC CENTERS, IMPROVE CLIMATE LITERACY OF PENN STUDENTS, SUPPORT THE CITY'S REGIONAL SUSTAINABILITY OBJECTIVES, PROVIDE PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO STUDENTS, AND IMPROVE OPPORTUNITIES FOR A COHESIVE SUSTAINABILITY EDUCATION AT PENN. UTILITIES AND OPERATIONS: ACHIEVEMENTS: 30% NET REDUCTION OF BUILDING-RELATED EMISSIONS IN FY 2019 WHEN COMPARED TO FY 2014 AND 22% REDUCTION IN NET TOTAL CAMPUS EMISSIONS IN FY 2019 WHEN COMPARED TO FY 2014. GOALS: REDUCE PENNS BUILDING-RELATED CARBON EMISSIONS BY 40% BY 2024, USING 2009 AS THE BASELINE YEAR. PHYSICAL ENVIRONMENT: ACHIEVEMENTS: 34 GREEN ROOFS ON CAMPUS; 25+ LEED DESIGNED BUILDINGS; AND 28% OF CAMPUS IS UNPAVED AREA, COMPRISED OF GARDENS, LAWNS, AND PERVIOUS PAVING. GOALS: UPDATE CAMPUS DESIGN AND MANAGEMENT STANDARDS AND INTEGRATE OCCUPANT HEALTH AND WELLNESS INTO PENNS BUILDING STANDARDS; IMPROVE PENNS LANDSCAPE ECOLOGY PRACTICES AS WELL AS WATER USE AND MANAGEMENT ON CAMPUS; AND IMPROVE EDUCATION AROUND PENNS PLANNING AND PREPAREDNESS, RESILIENCY, AND ADAPTATION TO CLIMATE CHANGE. WASTE MINIMIZATION AND RECYCLING: ACHIEVEMENTS: 80% REDUCTION IN LANDFILL WASTE DUE TO USE OF WASTE-TO-ENERGY INCINERATION, 28% TOTAL WASTE DIVERSION RATE, 65 TONS OF MATERIAL COLLECTED AS PART OF PENNMOVES FY 2019, AND 15 TONS OF ELECTRONIC WASTE COLLECTED ACROSS CAMPUS DURING PENNS RETHINK YOUR FOOTPRINT AND POWER DOWN CAMPAIGNS. GOALS: INCREASE PENNS OVERALL WASTE DIVERSION, MINIMIZE WASTE SENT TO LANDFILL, AND SUPPORT REGIONAL WASTE GOALS. PURCHASING: ACHIEVEMENTS: 500+ ITEMS, SINCE 2014, HAVE BEEN REPURPOSED THROUGH THE ONLINE EXCHANGE PROGRAM, BENS ATTIC; 6.9 MILLION SHEETS OF PAPER HAVE BEEN MOVED TO A MORE SUSTAINABLE SOURCE SAVING 828 TREES; AND 3,912 TONER CARTRIDGES HAVE BEEN DIVERTED FROM THE LANDFILL, SAVING 2,934 GALLONS OF OIL AND AVERTING 10,953.6 KG OF CO2. GOALS: INCREASE PROCUREMENT OF SUSTAINABLE FOOD PRODUCTS; ENCOURAGE PURCHASING OF LOW- OR ZERO-EMISSION VEHICLES; EVALUATE MECHANISMS TO EFFECT PENNS EMISSIONS FROM AIR TRAVEL; AND EXPAND SUSTAINABLE OFFICE EQUIPMENT PURCHASES, OPTIONS, STANDARDS, AND TECHNOLOGY.</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>TRANSPORTATION: ACHIEVEMENTS: 316 STAFF HAVE PARTICIPATED IN THE BIKE COMMUTER EXPENSE REIMBURSEMENT PROGRAM SINCE INCEPTION, 1,000 NEW AND UPDATED BIKE PARKING SPACES ADDED TO CAM PUS BIKE CORRALS SINCE FY 2014, AND 3,707 PARTICIPANTS IN THE SUSTAINABLE TRANSPORTATION INITIATIVE IN FY 2018, THE HIGHEST YEAR ON RECORD. GOALS: CREATE A CAMPUS SUPPORTED BY AN EFFICIENT, EASY-TO-ACCESS, INTEGRATED MULTI-MODAL TRANSPORTATION SYSTEM; ENABLE AN ACCESSIBLE AND SAFE CAMPUS FOR BICYCLISTS AND PEDESTRIANS; AND IMPROVE ENERGY EFFICIENCY OF PARKING AND TRANSPORTATION EQUIPMENT AND FACILITIES. OUTREACH AND ENGAGEMENT: ACHIEVEMENTS: 16 NEW GREEN FUND PROJECTS FROM DIVERSE PENN STAKEHOLDERS FUNDED SINCE 2014, 130 PARTICIPANTS IN THE STAFF AND FACULTY ECO-REPS PEER EDUCATION PROGRAM, 2,042 TREES GIVEN AWAY SINCE 2011, AND \$1.24 MILLION DISTRIBUTED FROM THE GREEN FUND HAVE SUPPORTED IDEAS SINCE 2009. GOALS: EXPAND AND STRENGTHEN EXISTING OUTREACH PROGRAMS AND ENGAGE PENNS LEADERSHIP TO SERVE AS SUSTAINABILITY CHANGE AGENTS. THIS PROGRESS MADE SINCE THE INITIAL 2009 ACTION PLAN IS A TESTAMENT TO THE COMMITMENT OF STAKEHOLDERS ACROSS CAMPUS TO LIVE UP TO THE STANDARDS FOR ENVIRONMENTAL EXCELLENCE. A DOWNLOADABLE AND PRINTABLE COPY OF THE PENN CLIMATE AND SUSTAINABILITY ACTION PLAN 3.0 IS AVAILABLE ON THE PENN SUSTAINABILITY WEBSITE. HTTPS://WWW.SUSTAINABILITY.UPENN.EDU/ NEIGHBORHOOD AND CIVIC ENGAGEMENT THE UNIVERSITY ENCOURAGES ITS STUDENTS, FACULTY, STAFF, AND ALUMNI TO PARTICIPATE IN THE EXTENSIVE OUTREACH THAT HELPS COMMUNITY MEMBERS LEAD HEALTHY, GAINFUL LIVES. IN FY 2019, PENNS NETTER CENTER FOR COMMUNITY PARTNERSHIPS INVOLVED APPROXIMATELY 1,700 PENN STUDENTS THROUGH 74 ACADEMICALLY-BASED COMMUNITY SERVICE COURSES, MORE THAN 300 STUDENTS THROUGH FEDERAL WORK-STUDY POSITIONS AND INTERNSHIPS, AND OVER 500 STUDENT VOLUNTEERS, ALL IN SERVICE TO THE COMMUNITY. THE NETTER CENTERS UNIVERSITY-ASSISTED COMMUNITY SCHOOL PROGRAMS, WHICH FOCUS ON STUDENTS AND THEIR FAMILIES IN NINE PUBLIC SCHOOLS IN WEST PHILADELPHIA, AND HAVE BEEN CREDITED WITH VISIBLE IMPROVEMENTS IN ACADEMIC PERFORMANCE, ATTENDANCE, AND STUDENT AND PARENTAL INVOLVEMENT. IN TOTAL, AN ESTIMATED 13,000 UNIVERSITY STUDENTS, FACULTY AND STAFF PARTICIPATE IN MORE THAN 300 PENN VOLUNTEER AND COMMUNITY SERVICE PROGRAMS. HTTPS://WWW.NETTERCENTER.UPENN.EDU/ ONE CRITICAL INITIATIVE THAT THE NETTER CENTER HELPS SUPPORT IS THE DR. BERNETT L. JOHNSON, JR. SAYRE HEALTH CENTER, A FEDERALLY QUALIFIED PROGRAM OFFERING COMPREHENSIVE HEALTH-CARE SERVICES TO THE WEST PHILADELPHIA COMMUNITY AND HEALTH SERVICES EDUCATION. ESTABLISHED IN 2006, THE HEALTH CENTER GREW OUT OF A SAYRE-PENN PARTNERSHIP THAT BEGAN IN 1996 AT SAYRE HIGH SCHOOL, A PUBLIC SCHOOL IN WEST PHILADELPHIA THAT ENROLLS PREDOMINATELY LOW-INCOME AFRICAN-AMERICAN STUDENTS. PENN MEDICINE PHYSICIANS AND PENN STUDENTS FROM THE SCHOOLS OF MEDICINE, NURSING, SOCIAL POLICY AND PRACTICE, AND DENTISTRY, SUPPORT THE CLINICAL MISSION OF THE HEALTH CENTER. ALONG WITH STU</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>DENTS FROM THE SCHOOL OF ARTS AND SCIENCES, THEY WORK WITH THE HEALTH CENTER STAFF AS EDUCATIONAL MENTORS, TEACHING SAYRE STUDENTS SCIENCE AND HEALTH TOPICS WITH A GOAL OF RECRUITING MORE MINORITIES TO THE MEDICAL FIELD. AS A UNIVERSITY-ASSISTED COMMUNITY SCHOOL, SAYRE ALSO OFFERS AFTER-SCHOOL PROGRAMS, PEER HEALTH EDUCATION, AND HEALTH EDUCATION AND FITNESS ACTIVITIES TO ALL MEMBERS OF THE COMMUNITY. THE AGATSTON URBAN NUTRITION INITIATIVE (AUNI), A KEY COMPONENT OF THE NETTER CENTERS UNIVERSITY-ASSISTED COMMUNITY SCHOOLS PROGRAM WORKS TO IMPROVE COMMUNITY NUTRITION AND HEALTH BY DEVELOPING AND IMPLEMENTING A COMPREHENSIVE SET OF ACTIVITIES IN TARGETED NEIGHBORHOODS. AUNI SPECIFICALLY TARGETS OBESITY, POOR NUTRITION, AND RELATED DISEASES SUCH AS DIABETES. IN FY 2019, AUNI DELIVERED NUTRITION EDUCATION TO CHILDREN AND YOUTH IN 16 SCHOOLS, AS WELL AS PROVIDED NUTRITION LESSONS, PHYSICAL ACTIVITY, AND HANDS-ON COOKING WORKSHOPS IN 22 COMMUNITY SITES FOR ADULT COMMUNITY MEMBERS. YOUNG QUAKERS COMMUNITY ATHLETICS (YQCA), A COLLABORATION BETWEEN THE NETTER CENTER AND PENN ATHLETICS, CREATES MUTUALLY BENEFICIAL PARTNERSHIPS BETWEEN PENN INTERCOLLEGIATE ATHLETIC TEAMS AND WEST PHILADELPHIA PUBLIC SCHOOLS. IN FY 2019, YQCA ENGAGED APPROXIMATELY 122 BIG QUAKERS FROM PENN MENS AND WOMENS LACROSSE AND TRACK AND FIELD AND APPROXIMATELY 196 YOUNG QUAKERS IN GRADES 4-8 FROM FOUR WEST PHILADELPHIA UNIVERSITY-ASSISTED COMMUNITY SCHOOLS. ANOTHER ONE OF THE NETTER CENTERS OUTREACH INITIATIVES IS PENN VIPS (VOLUNTEERS IN PUBLIC SERVICE). WORK UNDERTAKEN BY THIS STAFF AND FACULTY VOLUNTEER GROUP RESULTS EACH YEAR IN: SIX NON-TUITION COLLEGE SCHOLARSHIPS AWARDED TO WEST PHILADELPHIA STUDENTS; THE ADOPTION OF 55-60 LOCAL FAMILIES FOR CHRISTMAS; DONATION OF OVER 1,200 GIFTS AND TOYS, 100 WINTER COATS, AND 600 NON-PERISHABLE FOOD ITEMS DURING THE HOLIDAYS, AS WELL AS SCHOOL SUPPLIES FOR APPROXIMATELY A DOZEN LOCAL SCHOOLS AND ORGANIZATIONS. THROUGH PENN VIPS, PENN VOLUNTEERS ALSO MENTOR LOCAL MIDDLE SCHOOL CHILDREN TO PROVIDE EXPOSURE TO COLLEGE CAMPUSES, EXPLORE THE IMPORTANCE OF AN EDUCATION, AND TO HELP STUDENTS GAIN EXPOSURE TO A VARIETY OF CAREERS. PENN VIPS WORKS UNIVERSITY-WIDE TO SHARE UNIVERSITY EXCESS LIKE OFFICE SUPPLIES, FURNITURE, COMPUTERS, WITH NEIGHBORHOOD GROUPS AND LOCAL AGENCIES. PENN VIPS ALSO WORKS IN PARTNERSHIP WITH PENNS AFRICAN AMERICAN RESOURCE CENTER AND THE PHILADELPHIA HIGHER EDUCATION NETWORK FOR NEIGHBORHOOD DEVELOPMENT (PHENND, HOUSED AT THE NETTER CENTER) TO EXAMINE THE ROLE COLLEGES AND UNIVERSITIES PLAY IN ADDRESSING REAL WORLD ISSUES LIKE EDUCATION AND POVERTY.</p> <p>HTTPS://WWW.NETTERCENTER.UPENN.EDU/PENN-VIPS HTTPS://WWW.PHENND.ORG ANOTHER PENN HUB FOR COMMUNITY SERVICE AND SOCIAL ADVOCACY WORK, THE CIVIC HOUSE OVERSEES A VARIETY OF PROGRAMS. THE PENNCORP PRE-ORIENTATION PROGRAM INTRODUCES 40 INCOMING STUDENTS TO CIVIC ENGAGEMENT OPPORTUNITIES IN LOCAL COMMUNITIES. THE WEST PHILADELPHIA TUTORING PROJECT, SOME 300 PENN STUDENTS MENTOR LOCAL</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>L K-12 SCHOOL YOUTH ON AN INDIVIDUAL BASIS, AND THROUGH ITS COMMUNITY ENGAGEMENT INTERNSHIP PROGRAM, STUDENTS WORK YEAR-ROUND WITH COMMUNITY PARTNER ORGANIZATIONS ON A VARIETY OF INITIATIVES. IN ADDITION TO VOLUNTEERING LOCALLY, 18 OF THE 50 STUDENTS INVOLVED IN CIVIC HOUSE'S CIVIC SCHOLARS PROGRAM PARTICIPATED IN PUBLIC INTEREST INTERNSHIPS OVER THE SUMMER. THE PENN ALTERNATIVE BREAKS PROGRAM SENT 60 STUDENTS TO LEARN ABOUT AND ASSIST COMMUNITY PARTNERS ACROSS THE COUNTRY. ALSO THROUGH SEVERAL DOZEN OTHER STUDENT-LED ORGANIZATIONS COMPRISED OF SOME 1,500 VOLUNTEERS, PENN STUDENTS WORK ON A RANGE OF OTHER ISSUES IN PHILADELPHIA AND THROUGHOUT THE REGION. HTTP://WWW.VPUL.UPENN.EDU/CIVICHOUSE/PENNCORP HTTP://UPENN WPTP.WEEBLY.COM/ HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/ALTERNATESPRINGBREAK.PHP HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/CIVICSCHOLARS/INDEX HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/PEN NALTERNATIVEBREAKS ESTABLISHED BY PENN, THE SCHOOL DISTRICT OF PHILADELPHIA, AND THE PHILADELPHIA FEDERATION OF TEACHERS IN 1998, THE PENN ALEXANDER SCHOOL IS ONE OF NEARLY 250 SCHOOLS IN THE SCHOOL DISTRICT OF PHILADELPHIA WHERE STUDENTS AT PENNS GRADUATE SCHOOL OF EDUCATION (GSE) ARE TEACHING, COUNSELING, AND LEADING. THIS PREK-8 NEIGHBORHOOD PUBLIC SCHOOL IS LOCATED IN THE MIDDLE OF A RESIDENTIAL/COMMERCIAL NEIGHBORHOOD AT THE WESTERN EDGE OF PENN'S CAMPUS, ON A SITE THAT ALSO HOUSES A PRIVATE DAYCARE AND A HEAD START CENTER. IN FY 2019 PENN CONTINUED TO SUBSIDIZE PENN ALEXANDER WITH AN OPERATING CONTRIBUTION OF \$1,330 PER STUDENT PER YEAR AMOUNTING TO OVER \$840,000 TO REDUCE CLASS SIZE AND ENHANCE THE EDUCATIONAL PROGRAM, PROVIDE CUSTOMIZED PROFESSIONAL DEVELOPMENT, MAINTAIN THE SCHOOL GROUNDS, AND PARTNER WITH THE SCHOOL IN COMMUNITY OUTREACH PROGRAMS. A NUMBER OF SCHOOLS AND DEPARTMENTS ACROSS THE UNIVERSITY ARE WORKING WITH PENN ALEXANDER TO ENRICH THE STUDENTS' EDUCATIONAL EXPERIENCES. HTTPS://WWW.GSE.UPENN.EDU/INPHILLY/PAS/ HTTPS://WWW.GSE.UPENN.EDU/IN-PHILLY/AFFILIATED-SCHOOLS PENNS EMPHASIS ON SERVICE AS ESSENTIAL TO ITS EDUCATIONAL MISSION IS EXEMPLIFIED BY A HOST OF SCHOOL-BASED PROGRAMS ACROSS THE UNIVERSITY, AS WELL. SELECT HIGHLIGHTS INCLUDE:</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>- COMMUNITY SERVICE LEARNING IS AN INTEGRAL PART OF THE PENN DENTAL MEDICINES (PDM) CURRICULUM. THROUGH PHILANTHROPY AND INSTITUTIONAL RESOURCES, PDM PLANS TO INCREASE CAPACITY AT SEVERAL OF ITS EXISTING COMMUNITY PARTNER LOCATIONS DURING THE COMING YEAR. CURRENTLY, THREE LOCATIONS PROVIDE 42 PATIENT VISITS PER WEEK. WITH AN INCREASE IN OPERATORIES, FACULTY COVERAGE, AND EXPANDED HOURS, PDM PLANS TO GROW PATIENT VISITS TO OVER 300 PER WEEK A NEARLY 10-FOLD INCREASE IN CAPACITY. EXPANSION WILL OCCUR AT THE MERCY LIFE CENTER FOR THE ELDERLY, AT PUENTES DE SALUD, AND AT SAYRE HEALTH CENTER. THE PENNSMILES MOBILE DENTAL PROGRAM SERVES 5,000 PHILADELPHIA SCHOOL CHILDREN A YEAR. STUDENTS AND FACULTY ALSO PROVIDE CARE AT PHILADELPHIA FIGHT, AND WORK AS PART OF THE INTERDISCIPLINARY HEALTH CARE TEAMS AT HOMELESS HEALTH INITIATIVE, UNITED COMMUNITY CLINIC, AND UNIVERSITY CITY HOSPITALITY COALITION. PDM PROVIDES MORE THAN \$3.6 MILLION IN UNDER AND UNCOMPENSATED CARE TO THE COMMUNITY. - PENNS SCHOOL OF ARTS AND SCIENCES (SAS) CONTINUES TO DEVELOP AND SUPPORT A VARIETY OF PIPELINE PROGRAMS. FOR HIGH SCHOOL STUDENTS, LIBERAL AND PROFESSIONAL STUDIES (LPS) SUMMER ACADEMIES OFFER SIGNIFICANT SCHOLARSHIP SUPPORT TO PROMOTE PARTICIPATION FROM DIVERSE POPULATIONS. LOCAL AND GLOBAL ENGAGEMENT CONTINUES TO BE A FOCUS OF MANY SAS RESEARCH EFFORTS AND EDUCATIONAL PROGRAMS. THE SCHOOL FUNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITIES GRANTS TO SUPPORT TEAMS OF FACULTY AND STUDENTS FOR MULTIDISCIPLINARY PROJECTS COMBINING COURSEWORK, RESEARCH, AND SERVICE TO ADDRESS ISSUES OF DIVERSITY AND INEQUALITY AT THE LOCAL, NATIONAL, AND INTERNATIONAL LEVEL. SAS REMAINS THE DRIVING FORCE BEHIND PENNS ACADEMICALLY-BASED COMMUNITY SERVICE (ABCS) PROGRAM RUN BY THE NETTER CENTER, WITH THE LARGEST PERCENTAGE OF ABCS COURSES TAUGHT BY ARTS AND SCIENCES FACULTY. - THREE WORKGROUPS (RESEARCH, SCHOLARSHIP & INNOVATION; EDUCATION; AND EVIDENCE-BASED PRACTICE-EBP) ENGAGE PENN NURSING FACULTY AND PENN MEDICINE EXECUTIVE NURSE LEADERS AND CLINICIANS IN COLLABORATIVE STRATEGIC INITIATIVES TO BUILD RESEARCH CAPACITY IN PRACTICE, TRAINING IN PRIMARY CARE, AND APPLICATION OF EBP MODELS IN CURRICULUM AND HEALTHCARE SETTINGS. PENN NURSING HAS ALSO SUBSTANTIALLY EXPANDED PRIMARY CARE CLINICAL PLACEMENT SITES THROUGHOUT PENN MEDICINE, THE CORPORAL MICHAEL J. CRESCENZ VA MEDICAL CENTER (CMCVAMC), AND REGIONAL HEALTH SYSTEMS AND INDEPENDENT PRACTICES WITH A NEW MODEL THAT ENGAGES EXECUTIVE LEADERS IN IDENTIFYING AND SUPPORTING QUALIFIED PRECEPTORS. PENN NURSING IS A STRATEGIC PARTNER WITH PENN MEDICINE AND WITH CMCVAMC TO IMPROVE THE HEALTH OF VETERANS THROUGH AWARENESS CAMPAIGNS AND EDUCATIONAL PROGRAMS FOCUSING ON THE SPECIALIZED NEEDS OF VETERANS, AND PROVISIONS FOR BETTER ACCESS TO CARE AND EXPANDED HEALTHCARE SERVICES. PENN NURSING CONTINUES TO COLLABORATE WITH TRINITY HEALTH LEADERS IN THE STRATEGIC OVERSIGHT OF MERCY LIFE WEST PHILADELPHIA (MLWP), DELIVERY OF CARE TO VULNERABLE O</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>LDER ADULT POPULATIONS, EDUCATION OF MLWP CLINICIANS, AND PRACTICE-BASED RESEARCH. THIS AC ADEMIC PARTNERSHIP SERVES AS A NATIONAL MODEL FOR PROGRAMS OF ALL-INCLUSIVE CARE FOR THE E LDERLY (PACE). STRONG COMMUNITY ENGAGEMENT WITH OVER 50 BSN STUDENTS AS COMMUNITY CHAMPION S EMBEDDED IN LOCAL COMMUNITY SITES PROVIDES MEANINGFUL EXPERIENCES IN SOCIAL DETERMINANTS OF HEALTH AND INFLUENCES THE HEALTH AND WELL-BEING OF PHILADELPHIA RESIDENTS.</p> <p>HTTPS://WWW .NURSING.UPENN.EDU/COMMUNITY/STUDENT-INITIATIVES/ - TRANSPORTATION, ENERGY AND CULTURAL HE RITAGE WERE AMONG THE PILLARS OF THE STUART WEITZMAN SCHOOL OF DESIGNS RESEARCH AND INNOVA TION AGENDA IN FY 2019. FACULTY ARE CO-LEADING TWO PROJECTS FUNDED BY THE US DEPARTMENT OF TRANSPORTATION: COOPERATIVE MOBILITY FOR COMPETITIVE MEGAREGIONS, A FIVE-YEAR EFFORT TO B UILD LEGAL, TECHNICAL, AND ANALYTICAL FRAMEWORKS FOR MEGAREGION TRANSPORTATION PLANNING; A ND MOBILITY21, A FIVE-YEAR INITIATIVE TO MAKE TRANSPORTATION SAFER AND MORE EFFICIENT THRO UGH COLLABORATIONS AMONG THOSE INVOLVED IN AUTONOMOUS VEHICLES, DRONES, AND ROBOTS. THE GR ADUATE PROGRAM IN HISTORIC PRESERVATION COMPLETED TWO MAJOR DIGITAL SCHOLARSHIP PROJECTS O N PENNSYLVANIAS SLATELANDS AND PHILADELPHIAS SOCIETY HILL NEIGHBORHOOD; THE FACULTY IS DEV ELOPING NEW APPLICATIONS FOR DRONES AND SENSORS IN CONSERVATION WORK FOR THE NATIONAL PARK SERVICE, AND BEGAN A PARTNERSHIP WITH THE FRANK LLOYD WRIGHT FOUNDATION THAT TESTS PREVAL ING NOTIONS OF WHETHER BUILDINGS OF THE RECENT PAST REQUIRE DIFFERENT APPROACHES TO THEIR INTERPRETATION AND TECHNICAL INTERVENTIONS. - PENN'S GRADUATE SCHOOL OF EDUCATION'S (GSE) IMPACT IN THE PHILADELPHIA REGION IS LARGE AND GROWING. THE SCHOOL'S INTERACTIVE AND EVOL VING "HEAT MAP" CONTINUES TO EXPAND, REFLECTING NEARLY 1,000 ACTIVITIES IN 319 SCHOOLS IN PHILADELPHIA OVER THE PAST FIVE YEARS. GSES MASTERS AND DOCTORAL STUDENTS PARTICIPATE IN T RAINING PARTNERSHIPS IN MORE THAN 90 CITY SCHOOLS, AND PROGRAMS LIKE THE PENN LITERACY NET WORK PROVIDE PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCATORS ACROSS THE REGION AND COUN TRY. GSES PROFESSIONAL NETWORKS EXPAND THE SCHOOLS IMPACT NATIONALLY AND GLOBALLY. THE MID CAREER DOCTORAL PROGRAM PREPARES SUPERINTENDENTS AND EDUCATION LEADERS AROUND THE COUNTRY , AND THE HIGHER EDUCATION EXECUTIVE DOCTORATE HAS PRODUCED MORE THAN 50 COLLEGE PRESIDENT S. GSE ALSO OFFERS THE INDEPENDENT SCHOOL TEACHING RESIDENCY MASTER'S DEGREE, AN ONLINE AN D "ON LOCATION" DEGREE PROGRAM AT SOME OF THE NATION'S MOST PRESTIGIOUS BOARDING SCHOOLS. BEYOND PHILADELPHIA AND THE NATION, GLOBAL WORK CONTINUES IN A VARIETY OF AREAS RANGING FR OM EDUCATIONAL DEVELOPMENT TO TEACHING ENGLISH TO ASSISTING IN THE DEVELOPMENT OF HIGHER E DUCATION INFRASTRUCTURE IN OTHER NATIONS. - PENN ENGINEERINGS ADVANCING WOMEN IN ENGINEERI NG (AWE) PROGRAM IS DEDICATED TO RECRUITING, RETAINING, AND PROMOTING WOMEN IN PENN ENGINE ERING. AWE AIMS TO DEVELOP AND SUPPORT INITIATIVES TO INCREASE THE NUMBER OF WOMEN INTERES TED IN STUDYING ENGINEERING, E</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>ENHANCE THE OVERALL ACADEMIC EXPERIENCE OF FEMALE STUDENTS, AND CREATE AND SUPPORT SOCIAL AND NETWORKING OPPORTUNITIES. THIS YEAR, SEAS AGAIN HOSTED FEMMEHACKS, A HACKATHON WITH THE INTENT TO INSPIRE, TEACH, AND EMPOWER WOMEN IN THE PHILADELPHIA TECH COMMUNITY AND TO CREATE AN ECOSYSTEM OF WOMEN IN TECHNOLOGY FIELDS. ACCESS ENGINEERING, A STUDENT-RUN ENGINEERING ENRICHMENT PROGRAM FOR TALENTED PHILADELPHIA HIGH SCHOOL STUDENTS, COLLABORATES WITH THE PENN LIBRARIES TO EXPOSE PROGRAM STUDENTS TO IMMERSIVE VIRTUAL AND AUGMENTED REALITY. - WHARTONS SUMMER MATH AND SCIENCE HONORS (SMASH) PROGRAM, A FREE, THREE-YEAR RESIDENTIAL COLLEGE PREPARATORY PROGRAM TEACHING CORE STEM SKILLS AND FOUNDATIONAL BUSINESS CONCEPTS TO HIGH SCHOOL STUDENTS FROM UNDERREPRESENTED COMMUNITIES, SUCCESSFULLY LAUNCHED IN THE SUMMER 2018 WITH A COHORT OF 35 SOPHOMORES AND WILL GROW TO TWO COHORTS THIS SUMMER WITH THE ORIGINAL COHORT RETURNING AS JUNIORS AND A NEW COHORT OF SOPHOMORES JOINING THE PROGRAM. THE UNDERGRADUATE DIVISION ALSO CONTINUES TO OFFER STEP (SUCCESSFUL TRANSITION AND EMPOWERMENT PROGRAM) TO SUPPORT STUDENTS FROM UNDERREPRESENTED AND UNDER-RESOURCED BACKGROUNDS AS THEY ACCLIMATE TO THE WHARTON ENVIRONMENT AND COLLEGE LIFE. - THE SCHOOL OF SOCIAL POLICY AND PRACTICE (SSPP) CONTRIBUTES TO THE ADVANCEMENT OF MORE EFFECTIVE, EFFICIENT, AND HUMANE SOCIAL SERVICES THROUGH EDUCATION, RESEARCH, AND CIVIC ENGAGEMENT. IN PURSUIT OF THIS MISSION, THE SCHOOLS THEORY-BASED MASTERS AND DOCTORAL PROGRAMS IN SOCIAL WORK, SOCIAL WELFARE, NONPROFIT LEADERSHIP, AND SOCIAL POLICY ENCOURAGE STUDENTS TO THINK AND WORK ACROSS DISCIPLINARY LINES AS WELL AS ACROSS NATIONAL AND INTERNATIONAL BOUNDARIES AND CULTURES. THE PURSUIT OF SOCIAL JUSTICE IS AT THE HEART OF THE SCHOOLS KNOWLEDGE-BUILDING ACTIVITIES. SSPPS INNOVATIVE EDUCATIONAL AND RESEARCH PROGRAMS REINFORCE ITS VISION OF ACTIVE STUDENT ENGAGEMENT IN THEIR OWN LEARNING AS WELL AS THAT OF SOCIAL AGENCIES AND LARGER SOCIAL COLLECTIVITIES ORGANIZED AT THE LOCAL, NATIONAL, AND GLOBAL LEVELS. - STUDENT OUTREACH AT PENNS SCHOOL OF VETERINARY MEDICINE TRANSLATES TO OVER 4,000 SURGICAL CARE CASES, OVER 500 VACCINATION CASES, AND OVER 100 MEDICAL CARE CASES FOR SHELTER ANIMALS AND ANIMALS IN UNDERSERVED COMMUNITIES IN ONE YEAR. THE SHELTER DOG SPECIALITY MEDICAL TREATMENT PROJECT ALONE SAVED OVER 100 SHELTER DOGS IN NEED, AND THE SCHOOLS PET VISITATION PROGRAM BRINGS CERTIFIED PET THERAPY DOGS TO VISIT FAMILIES STAYING AT THE PHILADELPHIA RONALD MCDONALD HOUSE THROUGHOUT THE YEAR. HTTP://WWW.VET.UPENN.EDU/VETERINARY-HOSPITALS/RYAN-VETERINARY-HOSPITAL/SERVICES/GRIEF-SUPPORT-SOCIAL-SERVICES/COMMUNITY-OUTREACH</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>- IN FY 2019, PENN LAWS QUATTTRONE CENTER FOR THE FAIR ADMINISTRATION OF JUSTICE JOINED THE NATIONAL PARTNERSHIP FOR PRETRIAL JUSTICE, TO ADVANCE PRETRIAL JUSTICE NATIONALLY AND IN MORE THAN 35 STATES ACROSS THE COUNTRY. ARNOLD VENTURES IS GENEROUSLY FUNDING TWO QUATTTRONE CENTER PROJECTS: A STUDY ON INDIGENT DEFENSE, WHICH INVOLVES GIVING BETTER INFORMATION T O PUBLIC DEFENDERS ON LIKELY SENTENCES TO FACILITATE PLEA NEGOTIATIONS; AND A STUDY THAT W ILL MEASURE HOW DIFFERENT STRUCTURES FOR STAFFING INDIGENT CLIENTS CASES AFFECT CASE OUTCOMES. SINCE THE INCEPTION OF PENN LAW SCHOOLS TOLL PUBLIC INTEREST CENTER, MORE THAN 6,000 PENN LAW STUDENTS HAVE PROVIDED OVER 500,000 HOURS OF PRO BONO SERVICE TO THE LOCAL COMMUNITY. ADDITIONALLY, PENN LAWS ENTREPRENEURSHIP CLINIC REPRESENTS LOCAL ENTREPRENEURS AND OFFERS EDUCATIONAL PROGRAMS FOR COMMUNITY MEMBERS. HTTPS://WWW.LAW.UPENN.EDU/PUBLICSERVICE/ HTTPS://WWW.LAW.UPENN.EDU/PUBLICSERVICE/TOLL-PUBLIC-INTEREST-CENTER.PHP HTTPS://WWW.LAW.UPENN.EDU/CLINIC/ENTREPRENEURSHIP/ PENN LIBRARIES BUILD AND CONNECT COMMUNITIES. THE LIBRARIES SPARK SYNERGIES AMONG ITS VARIOUS USERS IN AND AROUND PENN AND CREATE IMPROVED CHANNELS FOR COLLABORATION. THE LIBRARIES WILL CONTINUALLY ASSESS AND ENHANCE PROGRAMMING TO DRAW COMMUNITY MEMBERS INTO LIBRARY SPACES FOR PARTNERSHIPS, NETWORKING, AND LEARNING OPPORTUNITIES. THIS PAST YEAR, THE LIBRARIES CREATED PEER NETWORKS AND SERVICES TAILORED TOWARD PENN FIRST PLUS STUDENTS, AND ALSO MAINTAINED OUTREACH EFFORTS WITH LOCAL PUBLIC SCHOOLS, SUPPORTING 20 SCHOOL LIBRARIES AND MORE THAN 10,000 PHILADELPHIA STUDENTS. THE LIBRARIES CONTINUED TO CONNECT COLLECTIONS AND EXPERTISE TO THE GREATER PHILADELPHIA COMMUNITY, CELEBRATING THE LIFE AND LEGACY OF MARIAN ANDERSON BY HOSTING PHILADELPHIA ELEMENTARY SCHOOL STUDENTS TO INTERACT AND LEARN ABOUT THE WORLD-RENOWNED SINGER THROUGH HER COLLECTION. THE LIBRARIES ALSO PARTNERED WITH THE FREE LIBRARY OF PHILADELPHIA ON THE HEALTHY LIBRARY INITIATIVE. FOR THE LAST FOUR YEARS, THE HEALTHY LIBRARY INITIATIVE HAS CONDUCTED RESEARCH ON THE ROLE OF LIBRARIES IN PUBLIC HEALTH AND TRAINED STAFF TO BETTER RESPOND TO THE COMMUNITY'S EVOLVING NEEDS. THE LIBRARIES STAND AT THE VANGUARD OF INNOVATION AND PRACTICAL IMPLEMENTATION OF CREATIVE IDEAS. FOR THE FIRST TIME IN 20 YEARS, COPYRIGHTS ON PUBLISHED WORKS EXPIRED AT THE END OF DECEMBER 2018, BRINGING INTO THE PUBLIC DOMAIN WORKS FIRST PUBLISHED IN THE UNITED STATES IN 1923. THE LIBRARIES, WHICH HOLD MORE THAN 9,000 WORKS FROM 1923, HAVE EMBARKED ON A YEAR-LONG PROJECT TO DIGITIZE AND SHARE SELECTED BOOKS THROUGH A PARTNERSHIP WITH THE HATHITRUST, AN ONLINE COLLECTION OF MILLIONS OF TITLES FROM LIBRARIES AROUND THE WORLD, FREELY AVAILABLE TO THE PUBLIC. THE LIBRARIES COLLECTIONS AND PROGRAMS ALSO SERVE AS CULTURAL GATEWAYS. NONE STANDS OUT AS MORE ICONIC THAN WHITMAN AT 200: ART AND DEMOCRACY, A REGION-WIDE INITIATIVE ORGANIZED BY THE PENN LIBRARIES WITH MAJOR SUPPORT FROM THE PEW CENTER FOR ARTS & HERITAGE,</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>WHICH CARRIED OUT A YEAR OF ACTIVITIES CELEBRATING THE POET, ESSAYIST, JOURNALIST, AND HUM ANISTS 200TH BIRTHDAY. CROWDSOURCING CROSS- AND MULTI-INSTITUTIONAL PARTNERSHIPS HAVE BECO ME EMBEDDED INTO THE LIBRARIES OPERATIONS. THREE INNOVATIVE PROJECTS HAVE ALLOWED THE LIBR ARIES TO UTILIZE THE GREATER PUBLICS INTEREST IN COLLECTIVELY DOCUMENTING HISTORY. THE ED BACON PHOTO PROJECT, A NEW ONLINE CATALOGING PROJECT BY THE ANNE AND JEROME FISHER FINE AR TS LIBRARY, OFFERS AN INTIMATE VIEW INTO THE FORMER EXECUTIVE DIRECTOR OF THE PHILADELPHIA CITY PLANNING COMMISSIONS INSPIRATION WITH A COLLECTION OF OVER 5,000 RESEARCH AND LECTUR E SLIDES THAT ASKS THE PUBLIC TO HELP IDENTIFY THE LOCATION FOR EACH IMAGE. AT THE SCHOENB ERG CENTER FOR ELECTRONIC TEXT AND IMAGE, DIGITIZED 19TH CENTURY PHILADELPHIA PLAYBILLS FR OM THE LIBRARIES COLLECTION ARE BEING TRANSCRIBED BY THE PUBLIC. THROUGH AN INNOVATIVE NEW WEBSITE BUILT BY THE LIBRARIES IN COLLABORATION WITH ZOONIVERSE, CITIZEN SCHOLARS CAN HEL P ANALYZE THE CAIRO GENIZA, DIGITIZED TEXTS WRITTEN IN FIVE HEBREW AND THREE ARABIC SCRIPT S, SOME OF WHICH ARE EXCEEDINGLY RARE. PENNS CULTURAL INSTITUTIONS ALSO SERVE THE COMMUNIT Y THROUGH THEIR WIDE-RANGING ENRICHMENT AND EDUCATION INITIATIVES. HIGHLIGHTS INCLUDE PROG RAMS OFFERED THROUGH THE UNIVERSITY OF PENNSYLVANIA MUSEUM OF ARCHAEOLOGY AND ANTHROPOLOGY . IN PARTNERSHIP WITH THE SCHOOL DISTRICT OF PHILADELPHIA, THE MUSEUM IS ENTERING ITS SEVE NTH YEAR OF UNPACKING THE PAST, A GROUNDBREAKING PROGRAM THAT OFFERS FREE LESSONS TO MIDL E SCHOOL STUDENTS IN PHILADELPHIAS PUBLIC AND TITLE I CHARTER SCHOOLS. THE PROGRAM CENTERS ON MIDDLE SCHOOL ANCIENT CULTURES CURRICULUM AND HIGHLIGHTS THE MUSEUMS IMPRESSIVE EGYPTI AN, ROMAN, MIDDLE EASTERN, AND CHINESE COLLECTIONS. THIS YEARS ESTIMATED ATTENDANCE OF OVE R 6,000 CHILDREN, INCLUDING MANY WITH SPECIAL NEEDS. THE PROGRAM INCLUDES TEACHER PROFESSI ONAL DEVELOPMENT SO THE MUSEUM CAN "TRAIN THE TRAINER" AS WELL AS BETTER IDENTIFY TEACHERS ' CLASSROOM NEED. THE INTERNATIONAL CLASSROOM PROGRAM, PROVIDING INTERCULTURAL SKILLS TO K -12 AUDIENCES, SAW A 60% INCREASE IN PROGRAMS LAST YEAR AND WILL CONTINUE TO OFFER INCREAS ED FREE SERVICE FOR TITLE I ELEMENTARY AND HIGH SCHOOLS THROUGH SPECIAL GRANTS. WITH THE A DDION OF THE NEW TEEN AND UNDERGRADUATE ENGAGEMENT COORDINATOR POSITION, THE MUSEUM SUPP ORTS COLLEGE-READY, RESEARCH, AND PUBLIC SPEAKING SKILLS FOR DIVERSE PHILADELPHIA HIGH SCH OOL STUDENTS THROUGH TEEN AMBASSADORS AND TEEN INTERNSHIPS. THIS POSITION BOLSTERS ENGAGEM ENT WITH PENN UNDERGRADUATES THROUGH FREE WORKSHOPS AND EVENTS HOSTED BY THE CLIO SOCIETY. THE MUSEUMS VIRTUAL PROGRAMS NOW SERVE OVER 6,000 STUDENTS AND TEACHERS REGIONALLY, NATIO NALLY, AND INTERNATIONALLY, AS FAR AWAY AS AUSTRALIA, MEXICO, CANADA, AND IRAQ. VIRTUAL PR OGRAMS PROVIDE MUSEUM-THEMED LESSONS IN CLASSROOMS THROUGH VIDEO CONFERENCING AND PROMOTE GREATER UNDERSTANDING OF WORLD CULTURES. IN ADDITION, VIRTUAL PROGRAMS OFFER ACCESS TO PEO PLE AND ORGANIZATIONS WHO CANN</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>OT PHYSICALLY VISIT THE PENN MUSEUM. PENNS ANNENBERG CENTER FOR THE PERFORMING ARTS SERVES PENN AND THE WEST PHILADELPHIA COMMUNITY THROUGH SPECIAL CAMPUS-BASED AND COMMUNITY-FOCUS ED TICKETING PROGRAMS, ALLOWING PENN FIRST PLUS STUDENTS AND LOWER-INCOME RESIDENTS TO ATT END WORLD-CLASS PERFORMANCES AT A FRACTION OF THEIR COST. THE CENTER HAS CONTINUED ITS LON G TRADITION OF HOSTING STUDENT AND COMMUNITY-ORIENTED EVENTS, CONVOCATIONS, COMMENCEMENTS, PERFORMANCES, AND LECTURES. IT ALSO DELIVERS HIGH QUALITY CHILDRENS PROGRAMMING WITH THE OLDEST CONTINUALLY RUNNING CHILDRENS FESTIVAL IN THE NATION AND THROUGH THE CRITICALLY ACC LAIMED STUDENT DISCOVERY SERIES. IN TOTAL, ACPA SERVES OVER 10,000 CHILDREN IN THE PHILADE LPHIA METROPOLITAN AREA PER SEASON, OFTEN PROVIDING THEIR ONLY ACCESS TO THE PERFORMING AR TS. UNDERSCORING THE PRIORITY PENN PLACES ON PUBLIC SERVICE, PENN PRESIDENT AMY GUTMANN ES TABLISHED THE PRESIDENT'S ENGAGEMENT PRIZES IN 2015 TO SUPPORT PENN SENIORS AS THEY DESIGN AND UNDERTAKE PUBLIC SERVICE PROJECTS DURING THEIR FIRST POST-GRADUATION YEAR. AWARD WINN ERS HAVE ALREADY BEGUN WORKING TO MAKE POSITIVE CHANGE IN PHILADELPHIA. HTTP://WWW.PENNNEP .UPENN.EDU/ THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS BUILDS AND STRENGTHENS RELATI ONSHIPS WITH GOVERNMENT AND CIVIC PARTNERS TO ACHIEVE MEANINGFUL QUALITY-OF-LIFE IMPROVEME NTS IN PHILADELPHIA NEIGHBORHOODS; THE OFFICE OF AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY PROGRAMS CO-SPONSORS THE PHILADELPHIA MINORITY ENTERPRISE DEVELOPMENT WEEK CONFERENCE, WHI CH PROVIDES CRITICAL INFORMATION TO FOSTER THE GROWTH AND COMPETITIVENESS OF THE MINORITY BUSINESS COMMUNITY; AND WXPXN PRODUCES CHOIR CONCERTS IN LOCAL CHURCHES THROUGHOUT PHILADEL PHIA. IN ADDITION TO THE UNIVERSITYS NUMEROUS INITIATIVES, PENN MEDICINE IS STRONGLY COMMI TTED TO IMPROVING LIVES AND HEALTH THROUGH A NUMBER OF COMMUNITY-BASED PROGRAMS AND ACTIVI TIES. THESE INCLUDE: THE PENN MEDICINE CARES PROGRAM AWARDS GRANTS UP TO \$2,000 PER PROJEC T TO COMMUNITY-BASED PROGRAMS ON BEHALF OF EMPLOYEES AND STUDENTS WHO VOLUNTEER THEIR TIME AND EFFORT AT THE INITIATIVES. BY FUNDING THESE PROGRAMS OUR EMPLOYEES AND STUDENTS CARE ABOUT DEEPLY, PENN MEDICINE CARES DOLLARS HELPED SUPPLY HEALTH SERVICES, FOOD, MEDICINE, C LOTHING, EMPLOYMENT SERVICES, AND PLACES TO LIVE FOR THOUSANDS OF UNDERSERVED PHILADELPHIA NS EVERY YEAR. SINCE THE FIRST ROUND OF RECIPIENTS WAS ANNOUNCED IN JANUARY 2012, PENN MED ICINE PROVIDED NEARLY \$550,000 THROUGH PENN MEDICINE CARES TO SUPPORT OVER 500 WORTHY ORGA NIZATIONS. HTTP://WWW.PENNMEDICINE.ORG/HEALTH-SYSTEM/ABOUT/COMMUNITY/ PENN MEDICINE HAS TW O PIPELINE PROGRAMS FOCUSED ON AT-RISK YOUTH AND DESIGNED TO FACILITATE CAREERS AND EDUCAT IONAL OPPORTUNITIES IN HEALTH CARE. THEY ARE:</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>- PENN MEDICINES TWO-YEAR HIGH SCHOOL PIPELINE PROGRAM ENABLES JUNIORS AND SENIORS FROM WE ST PHILADELPHIA HIGH SCHOOLS TO ENROLL IN FOR-CREDIT COLLEGE COURSES AT THE COMMUNITY COLL EGE OF PHILADELPHIA WHILE INTERNING (PAID) AT CLINICAL AND NON-CLINICAL UNITS THROUGHOUT O UR HEALTH SYSTEM. STUDENTS LEARN PROFESSIONALISM, INTERPERSONAL AND INTERVIEW SKILLS, AND RESUME WRITING, WHICH HELPS THEM WHEREVER THEIR CAREER PATHS LEAD. BY THE TIME THEY GRADUA TE HIGH SCHOOL, PIPELINE STUDENTS TYPICALLY HAVE FOUR OR FIVE COLLEGE COURSES UNDER THEIR BELTS AND HAVE THE OPPORTUNITY TO BECOME CERTIFIED NURSING ASSISTANTS, IF SO DESIRED. STUD ENTS WHO SUCCESSFULLY COMPLETE THE HIGH SCHOOL PORTION OF THE PROGRAM BECOME PENN MEDICINE ACADEMY INTERNS WHERE THEY WORK 20 HOURS WEEKLY BUT ARE PAID FOR 40 HOURS. (THE 40-HOUR T HRESHOLD ALLOWS THEM TO TAKE ADVANTAGE OF PENN MEDICINES \$8,000-TUITION BENEFIT.) PMA INTE RNS ALSO RECEIVE ADDITIONAL TRAINING AND CAREER COACHING. - THE PERELMAN SCHOOL OF MEDICIN ES EDUCATION PIPELINE PROGRAM AIMS TO PROVIDE MENTORSHIP AND EDUCATION AT ALL LEVELS: HIGH SCHOOL STUDENTS ARE TAUGHT BY UNDERGRADUATES AND GRADUATE STUDENTS; UNDERGRADUATES LEARN FROM GRADUATE STUDENTS; AND GRADUATE STUDENTS ARE GUIDED BY PHYSICIANS. THE PROGRAM EXPOSE S HIGH SCHOOL STUDENTS TO THE IMPORTANCE OF POST-SECONDARY EDUCATION ALONG WITH AN INTRODU CTION TO THE VARIETY OF CAREERS IN MEDICINE AND HEALTH CARE. FURTHER, THE PIPELINE PROGRAM PROVIDES A VALUABLE MEANS FOR COLLEGE STUDENTS, MEDICAL TRAINEES, PHYSICIANS-IN-TRAINING AND FACULTY AT THE UNIVERSITY OF PENNSYLVANIA TO CONTRIBUTE MEANINGFULLY TO THEIR SURROUND ING COMMUNITY. PENN MENTAL HEALTH AIDS RESEARCH CENTER FOCUSES ON THE COMBINATION OF MENTA L ILLNESS AND HIV/AIDS AND RELATED COMORBIDITIES. THE CENTER STRIVES TO TRANSFORM HOW INDI VIDUALS WITH COMORBID MENTAL ILLNESS AND HIV/AIDS ARE TREATED AND MANAGED BY DEVELOPING IN NOVATIVE, INTERDISCIPLINARY, AND INTEGRATIVE APPROACHES TO OPTIMIZE PSYCHIATRIC, BEHAVIORA L, AND MEDICAL OUTCOMES AND ACHIEVING A BETTER UNDERSTANDING OF THE BIOLOGICAL, PSYCHOLOGI CAL, AND BEHAVIORAL MECHANISMS UNDERLYING THESE ILLNESSES AND TREATMENTS. HTTP://WWW.MED.U PENN.EDU/PMHARC/ PENN MEDICINE PROGRAM FOR LGBT HEALTH HAS CONTINUED TO FULFILL ITS GOALS OF IMPROVING CARE FOR LGBT PATIENTS AND FAMILIES, EDUCATING OUR PROVIDERS IN BEST PRACTICE S FOR LGBT PATIENT CARE, ENHANCING THE CLIMATE FOR LGBT FACULTY AND STAFF, AND MAKING PENN MEDICINE A NATIONAL LEADER IN LGBT HEALTH. TO IMPROVE CLINICAL CARE, THE PROGRAM CONTINUE S TO PROVIDE EDUCATION AND TRAINING THROUGH 40 TRAINING SESSIONS ACROSS THE HEALTH SYSTEM. PENN MEDICINE ALSO BECAME FIRST IN THE REGION TO IMPLEMENT THE COLLECTION OF SEXUAL ORIENTATION AND GENDER IDENTITY FIELDS INTO OUR ELECTRONIC MEDICAL RECORD. TO DATE, OVER 300 TR ANSGENDER OR GENDER NON-CONFORMING PATIENTS HAVE BEEN IDENTIFIED IN OUR MEDICAL RECORD, WH ICH HAS TRANSLATED TO INCREASED CONTINUITY OF CARE AND PATIENT SATISFACTION. OUR RESEARCH MISSION WAS ENHANCED BY HOSTIN</p> |

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| FORM 990, PART III, LINE 4A (CONT.) | <p>G THE DIRECTOR OF THE NIH SEXUAL AND GENDER MINORITY RESEARCH OFFICE THIS PAST YEAR, AND W E CONTINUE TO WORK TOWARD BUILDING A LGBT-FOCUSED CLINICAL PRACTICE. THE MENTORING PROGRAM FOR MEDICAL STUDENTS AND TRAINEES ENTERS ITS SECOND YEAR. ADDITIONALLY, THE PROGRAM WAS H APPY TO WORK IN PARTNERSHIP WITH HUMAN RESOURCES TO CELEBRATE THE FIRST LGBT-FOCUSED RECOG NITION WEEK AT PENN MEDICINE. HTTP://WWW.PENNMEDICINE.ORG/LGBT/ PENN MEDICINES PORTABLE HI V/AIDS RESEARCH UNIT CALLED THE PENN MOBILE TRIALS UNIT IS A CUSTOM-BUILT MEDICAL VEHICLE, FULLY EQUIPPED WITH EXAM ROOMS AND A WAITING AREA. THE VEHICLE TRANSPORTS HEALTH CARE TEA MS TO AREAS OF WEST PHILADELPHIA WITH HIGH INCIDENCE OF HIV. THE MOBILE ASPECT ENABLES PEN N CLINICIANS TO TRULY CONNECT WITH PATIENTS BY PROVIDING PERSONALIZED CARE ON A COMMUNITY BASED LEVEL.COMMUNITY BASED LEVEL. -----</p> <p>-----</p> |

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| FORM 990, PART III, LINE 4B | <p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS- HEALTHCARE COMPONENT IV. PATIENT CARE THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA ("HUP"), THE FLAGSHIP OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM'S SIX HOSPITALS, WAS ESTABLISHED IN 1874 AS A TEACHING HOSPITAL TO COMPLEMENT THE MEDICAL EDUCATION RECEIVED BY STUDENTS AT THE UNIVERSITY OF PENNSYLVANIA'S MEDICAL SCHOOL, THE PERELMAN SCHOOL OF MEDICINE. IT HAS 18 CLINICAL DEPARTMENTS AND PROVIDES TRAINING IN MORE THAN 40 CLINICAL SPECIALTIES. MAJOR AREAS OF INVESTIGATION INCLUDE HEART DISEASE, CANCER, AND DISEASES OF AGING INCLUDING ALZHEIMER'S DISEASE, WOMEN'S HEALTH, DIABETES AND OBESITY. THE HEALTH SYSTEM, WITH 3,095 LICENSED HOSPITAL BEDS, IS A VALUED HEALTH-CARE RESOURCE, ESPECIALLY TO PEOPLE RESIDING IN THE GREATER PHILADELPHIA AREA, LANCASTER COUNTY, PENNSYLVANIA, AND CENTRAL AND SOUTHERN NEW JERSEY. DURING THE COURSE OF A YEAR, IT ADMITS APPROXIMATELY 135,000 PATIENTS AND ACCOUNTS FOR OVER 5.9 MILLION OUTPATIENT VISITS, MORE THAN 359,000 EMERGENCY ROOM VISITS AND MORE THAN 18,000 BIRTHS. HUP IS THE ONLY HOSPITAL IN THIS AREA THAT PERFORMS TRANSPLANTS OF ALL MAJOR ORGANS. PENN MEDICINES LEVEL 1 TRAUMA CENTER, WHICH OPERATES AROUND THE CLOCK TO CARE FOR PATIENTS WHOVE BEEN CRITICALLY INJURED IN CAR ACCIDENTS, FALLS, AND THROUGH BLUNT AND PENETRATING TRAUMAS, IS NOW LOCATED AT PENN PRESBYTERIAN MEDICAL CENTER. THE CENTER CARES FOR MORE THAN 2,100 PATIENTS ANNUALLY, SEVERAL HUNDRED OF WHOM ARE TRANSFERRED FROM OTHER HOSPITALS VIA THE FLEET OF PENNSTAR MEDICAL HELICOPTERS AND GROUND AMBULANCES. BOTH HUP AND PENN PRESBYTERIAN MEDICAL CENTER ALSO CARE FOR A LARGE NUMBER OF PATIENTS WHO ARE TRANSFERRED HERE WITH TIME-SENSITIVE CARDIAC AND SURGICAL EMERGENCIES. IN KEEPING WITH ITS CHARITABLE PURPOSE, THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (UPHS) (WHICH INCLUDES THE HUP AND CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA (CPUP) DIVISIONS OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA), AS WELL AS CERTAIN AFFILIATES, ACCEPTS PATIENTS IN SERIOUS NEED OF MEDICAL CARE REGARDLESS OF THEIR FINANCIAL STATUS. THIS DEFINITION INCLUDES THOSE PATIENTS SUFFERING FROM A MEDICAL CONDITION MANIFESTING ITSELF BY ACUTE SYMPTOMS OF SUFFICIENT SEVERITY (INCLUDING SEVERE PAIN) SUCH THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD REASONABLY BE EXPECTED TO RESULT IN (1) PLACING THE HEALTH OF THE INDIVIDUAL (OR, WITH RESPECT TO A PREGNANT WOMAN, THE HEALTH OF THE WOMAN OR HER UNBORN CHILD) IN SERIOUS JEOPARDY, OR (2) SERIOUS IMPAIRMENT TO BODILY FUNCTIONS. UPHS ALSO PROVIDES CARE TO PATIENTS WHO DO NOT HAVE HEALTH INSURANCE OR MEET THE CRITERIA TO QUALIFY FOR ITS CHARITY CARE POLICY, AND CERTAIN AMOUNTS CHARGED FOR SUCH SERVICES ARE DEEMED TO BE UNCOLLECTIBLE. UPHS MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE THEY PROVIDE. THESE RECORDS INCLUDE THE AMOUNT OF PAYMENT FORGONE, BASED ON ESTABLISHED RATES, FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY. HTTP://WWW.P</p> |

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| FORM 990, PART III, LINE 4B | <p>ENNMEDICINE.ORG/HEALTH-SYSTEM/ABOUT/ORGANIZATION/POLICIES/FINANCIAL-ASSISTANCE.HTML UPHS IS A VITAL SAFETY-NET PROVIDER CARING FOR SOME OF OUR COMMUNITY'S MOST VULNERABLE PATIENTS. IN FY 2019, UPHS PROVIDED \$25 MILLION IN CARE TO CHARITY PATIENTS. THE ESTIMATED COSTS OF PROVIDING CHARITY SERVICES ARE BASED ON DATA DERIVED FROM A COMBINATION OF UPHS COST ACCOUNTING SYSTEM AND THE RATIO OF COSTS TO CHARGES. ADDITIONALLY, THE COST OF PROVIDING CARE TO ELIGIBLE RECIPIENTS WHO PARTICIPATE IN MEDICAID AND MEDICAID EXCEEDED \$277 MILLION IN 2019. IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE, IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM, IN COLLABORATION WITH OTHER, REGIONAL HEALTH SYSTEMS, RECENTLY COMPLETED ITS THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE MOST PRESSING HEALTH NEEDS IN THE SERVICE AREA AND DETERMINE HOW BEST TO ADDRESS THOSE NEEDS. IN 2019, PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER, AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA CONDUCTED A JOINT CHNA DUE TO THEIR SIMILAR SERVICE AREAS. CHESTER COUNTY HOSPITAL AND LANCASTER GENERAL HOSPITAL CONDUCTED CHNAs FOR THEIR RESPECTIVE COMMUNITIES. PRINCETON MEDICAL CENTERS CHNA WAS COMPLETED IN 2018. THROUGH QUANTITATIVE AND QUALITATIVE RESEARCH, ALONG WITH FEEDBACK FROM THE COMMUNITY AND KEY STAKEHOLDERS INCLUDING CLINICAL LEADERSHIP, HOSPITAL PATIENT ADVISORY GROUPS, EMPLOYEES, AND OTHERS, THE HEALTH NEEDS OF THE RESPECTIVE HOSPITALS COMMUNITIES WERE ASSESSED AND STRATEGIC IMPLEMENTATION PLANS WERE DEVELOPED. CHESTER COUNTY HOSPITAL CHNA AND IMPLEMENTATION PLAN LINK: HTTPS://WWW.CHESTERCOUNTYHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT. LANCASTER GENERAL HOSPITAL CHNA AND IMPLEMENTATION PLAN LINK: HTTPS://WWW.LANCASTERGENERALHEALTH.ORG/ABOUT-LANCASTER-GENERAL-HEALTH/CARING-FOR-OUR-COMMUNITY/NEEDS-ASSESSMENT-AND-IMPROVEMENT-PLAN. HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PENNSYLVANIA HOSPITAL, AND PENN PRESBYTERIAN MEDICAL CENTER CHNA AND IMPLEMENTATION PLAN LINK: HTTPS://WWW.PENNMEDICINE.ORG/ABOUT/SERVING-OUR-COMMUNITY/REPORTS. THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM OPERATES EMERGENCY ROOMS OPEN TO THE PUBLIC 24 HOURS A DAY, 7 DAYS A WEEK; MAINTAINS RESEARCH FACILITIES FOR THE STUDY OF DISEASE AND INJURIES; PROVIDES FACILITIES FOR TEACHING AND TRAINING VARIOUS STUDENTS AND MEDICAL PERSONNEL; FACILITATES THE ADVANCEMENT OF MEDICAL AND SURGICAL EDUCATION; AND PROVIDES VARIOUS COMMUNITY SERVICES SUCH AS PROVIDING BASIC MEDICAL CARE FOR THE HOMELESS, TREATING OF CHRONIC DISEASE FOR LOW-INCOME RESIDENTS, AND PROVIDING WOMEN'S HEALTH SERVICES TO UNINSURED AND LOW-INCOME WOMEN OF ALL AGES; SCREENINGS FOR THE DETECTION OF BREAST, COLORECTAL, AND SKIN CANCER, CANCER SUPPORT GROUPS, A TOLL FREE NUMBER FOR CANCER INFORMATION, FREE IMMUNIZATION SHOTS, TRAINING PROGRAMS FOR THE CITY FIRE AND POLICE DEPARTMENTS, HEALTH EDUCATION CLASSES AND SPEECHES. HTTP S://WWW.PENNMEDICINE.ORG/ABOUT</p> |

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| FORM 990, PART III, LINE 4B | /SERVING-OUR-COMMUNITY/REPORTS BELOW ARE SOME EXPANDED PROGRAM DESCRIPTIONS FOR JUST A SMALL NUMBER OF THE MANY COMMUNITY CARE INITIATIVES UNDERWAY AT PENN MEDICINE: |

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| FORM 990, PART III, LINE 4B (CONT.) | <p>- COMMUNITY MEDICINE ROTATION: DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTHS (DFMCH) COMMUNITY MEDICINE ROTATION FOR FAMILY MEDICINE (FM) RESIDENTS: THE DFMCH TRAINING PROGRAM STRESSES COMMUNITY SERVICE AND COMMUNITY ENGAGEMENT. DFMCH BELIEVES THAT COMMUNITY-BASED EXPERIENCES ARE CRITICAL IN THE DEVELOPMENT OF FUTURE PHYSICIANS WHO RECOGNIZE THE POWERFUL EFFECTS THAT ENVIRONMENT AND SOCIOECONOMIC STATUS HAVE ON HEALTH QUALITY. THE DFMCHS TRAINING PROGRAM IS A MODEL FOR DEVELOPING THE NEXT GENERATION OF PRIMARY CARE PROVIDERS TRAINED TO MITIGATE HEALTH DISPARITIES AND TO SERVE AS ADVOCATES FOR OUR COMMUNITY. RESIDENTS ROTATE THROUGH A SERIES OF COMMUNITY PARTNERSHIPS PROVIDING CONTINUITY IN SERVICE PROVISION FOR THREE COMMUNITY-BASED SERVICE AGENCIES (UNITED COMMUNITY CLINICS, UNITY HEALTH CLINIC, AND PREVENTION POINT PHILADELPHIA). FOR UNITED COMMUNITY CLINICS (UCC), FM RESIDENTS PARTICIPATE EVERY WEEK, SUPERVISING MEDICAL STUDENTS AT THIS FREE HEALTH CLINIC COORDINATED BY UNIVERSITY OF PENNSYLVANIA STUDENTS FROM THE SCHOOLS OF MEDICINE, NURSING, AND SOCIAL WORK. DFMCH FM RESIDENTS ARE THE ONLY PEDIATRIC (AND ADULT) PROVIDERS WHO SUPERVISE THE MEDICAL STUDENTS AT UCC. DFMCH FM RESIDENTS ALSO HAVE LEADERSHIP ROLES LONGITUDINALLY IN UCC'S HYPERTENSION CLINIC PROVIDING CONTINUITY CARE FOR A COHORT OF UCC PATIENTS WITH HYPERTENSION. THE UNITY HEALTH CLINIC IS A FREE CLINIC THAT PRIMARILY SERVES UNINSURED INDONESIAN IMMIGRANTS OF CHINESE DESCENT. THIS UNDERSERVED, POPULATION STRUGGLES WITH HEALTH DISPARITIES INCLUDING INCREASED RATES OF WORK-RELATED INJURIES, SMOKING, DIABETES, AND GASTRO-INTESTINAL CANCERS. UNITY PARTNERS WITH THE UNIVERSITY OF PENNSYLVANIA'S DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH TO PROVIDE FREE ACUTE, CHRONIC, AND PREVENTIVE MEDICAL CARE TO THIS HIGH-RISK AND UNDERSERVED POPULATION. UNITY IS STAFFED BY PENN MEDICINE FACULTY, FAMILY MEDICINE RESIDENTS, AND MEDICAL STUDENTS FROM THE ASIAN AND PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION. LEARNERS HAVE THE OPPORTUNITY TO EXPERIENCE A ONE-OF-A-KIND OPPORTUNITY TO WORK HAND IN HAND WITH MEDICAL TRANSLATORS; DISCOVER HOW DIFFERENT CULTURAL BACKGROUNDS AFFECT PATIENT PERCEPTIONS OF HEALTH AND MEDICINE; AND SERVE A MOTIVATED AND UNDER-SERVED COMMUNITY OFTEN OVERLOOKED IN PUBLIC HEALTH INITIATIVES. IN 2018 UNITY PROVIDED 971 RECORDED VISITS AND 91 IMMUNIZATIONS THROUGHOUT THE YEAR WHICH INCLUDES THE FLU, TDAP AND THE TWINRIX. DFMCH FM RESIDENTS ALSO PROVIDE CONTINUITY SUPPORT FOR PREVENTION POINT PHILADELPHIA (PPP). THE MISSION OF PPP IS TO REDUCE THE HARM ASSOCIATED WITH SUBSTANCE USE AND SEX INDUSTRY WORK BY PROMOTING HEALTH, EMPOWERMENT AND SAFETY WHILE ADVOCATING FOR HUMANE PUBLIC POLICIES AND PROGRAMS. DFMCH FM FACULTY CONTRIBUTE TO THE SUPERVISION PROVIDING CLINICAL SUPPORT FOR PPP HARM REDUCTION PROGRAMS THROUGH THEIR NEEDLE-EXCHANGE PROGRAM AND THE STREETSIDE HEALTH PROJECT (SHP). THE SHP PARTNERS WITH THE UNIVERSITY OF PENNSYLVANIA'S DFMCH TO PROVIDE FREE</p> |

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| FORM 990, PART III, LINE 4B (CONT.) | <p>E ACUTE, CHRONIC, AND PREVENTIVE MEDICAL CARE TO CLIENTS OF ALL BACKGROUNDS. THE SHP HAS A SPECIAL FOCUS ON LINKING PEOPLE TO MEDICAL INSURANCE, PRIMARY CARE, AND SPECIALTY CARE (P ARTICULARLY CARE FOR HIV AND HCV). ADDITIONAL PROGRAMMING FOR DFMCH FM RESIDENTS INCLUDE S UPPORT FOR HEALTH PROMOTION WORK IN THREE WEST-PHILADELPHIA ELEMENTARY SCHOOLS; THE WALK-W ITH-A-DOC PROGRAM AT THE SAYRE HEALTH CENTER; DFMCH HOME VISITATION AND HIGH-COST, HIGH-NE ED PATIENT PROGRAMMING, ROTATION WITH TWO COLLABORATING FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AS WELL AS A COHORT OF RESIDENTS WHO PROVIDE PRENATAL CARE AT A THIRD FQHC; DFMCH S LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) CARE PROGRAMMING. DFMCH FACULTY DIRECT A POPULAR ELECTIVE FOR MEDICAL STUDENTS (FM326) AND RESIDENTS IN OTHER DEPARTMENTS SEEKING ADDITIONAL OPPORTUNITIES TO TRAIN AND DEVELOP COMMUNITY-MEDICINE-RELATED SKILLS WHERE LEARNERS ARE PAIRED WITH DFMCH FM RESIDENTS ROTATING ON THEIR COMMUNITY MEDICINE ROTATION. HTT PS://WWW.PENNMEDICINE.ORG/DEPARTMENTS-AND-CENTERS/FAMILY-MEDICINE-AND-COMMUNITY-HEALTH/COMMUNITY-INITIATIVES/RESIDENCY-COMMUNITY-INITIATIVES - THE LUDMIR CENTER IS A NON-PROFIT AM BULATORY HEALTHCARE FACILITY SPECIALIZING IN THE PROVISION OF OBSTETRICAL, GYNECOLOGIC AND REPRODUCTIVE HEALTH SERVICES. LCWH PROVIDES QUALITY MEDICAL CARE TO ALL PATIENTS, REGARDL ESS OF THEIR ABILITY TO PAY. MOST PATIENTS HAVE LOW TO MODERATE INCOMES. AS A COMMUNITY BA SED PRACTICE, LCWH OFFERS MORE THAN TRADITIONAL MEDICAL SERVICES. LCWH EMPLOYS A FULL-TIME SOCIAL WORKER WHO PROVIDES PSYCHOSOCIAL SUPPORT SERVICES. ADDITIONALLY, LCWH ADDRESSES SO ME OF THE DIVERSE NEEDS OF ITS PATIENTS AND THEIR PARTNERS THROUGH THE FOLLOWING SERVICES AND PROGRAMS: - LATINA COMMUNITY HEALTH SERVICES (LCHS) IS AN INNOVATIVE PROGRAM THAT OFFE RS PRENATAL AND GYNECOLOGIC SERVICES TO WOMEN WHO ARE UNABLE TO OBTAIN MEDICAL INSURANCE. IT IS FUNDED BY GRANTS AND CONTRIBUTIONS AND STAFFED BY PHYSICIANS, A NURSE PRACTITIONER, MEDICAL ASSISTANT AND PATIENT SERVICES COORDINATOR FROM PENN MEDICINE MEDICAL GROUP OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. LCHS ALSO PARTNERS WITH OTHER ENTITIES SUCH AS PENNSYLVANIA HOSPITALS DIABETES EDUCATION CENTER AND WOMENS SERVICES DEPARTMENT AS WELL AS COMMUNITY ORGANIZATIONS INCLUDING CASA DEL CARMEN AND HEALTH PROMOTIONS COUNCIL. THESE SE RVICES INCLUDE INDIVIDUAL DIABETIC TEACHING, INFANT FEEDING CLASSES, FAMILY SERVICES AND H EALTHCARE NAVIGATION ASSISTANCE. - CHILDBIRTH EDUCATION CLASSES ARE TAUGHT BY LCWH REGISTE RED NURSES WHO HAVE ALSO EARNED CHILDBIRTH EDUCATOR CERTIFICATION. THE CLASSES COVER SUCH TOPICS AS: WHAT TO EXPECT FROM AND HOW TO RECOGNIZE LABOR, RELAXATION TECHNIQUES AND MEDIC AL OPTIONS FOR PAIN RELIEF IN LABOR, THE IMPORTANCE OF POST-PARTUM CARE, AND EARLY INFANT CARE/DEVELOPMENT. - MALE PARTNERS SERVICES: THE MALE PARTNERS OF LCWH FEMALE PATIENTS WHO TESTED POSITIVE FOR A SEXUALLY TRANSMITTED INFECTION ARE ABLE TO RECEIVE TREATMENT THROUGH THIS SENSITIVE AND CONFIDENTI</p> |

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| FORM 990, PART III, LINE 4B (CONT.) | <p>AL SERVICE. - BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM IS A PENNSYLVANIA STATE-F UNDED PROGRAM THAT PROVIDES FREE CERVICAL CANCER AND BREAST SCREENINGS (INCLUDING PELVIC E XAMINATIONS, CLINICAL BREAST EXAMINATIONS, AND PAP SMEAR TESTING AND DIAGNOSTIC SERVICES) TO UNINSURED WOMEN BETWEEN THE AGES 21-64. - TOBACCO SMOKING CESSATION IS OFFERED IN THE E FFO RT TO DECREASE TOBACCO SMOKING RATES AMONG PREGNANT WOMEN AND MOTHERS. EACH LCWH NURSE IS CERTIFIED BY THE HEALTH FEDERATION OF PHILADELPHIA IN PARTNERSHIP WITH THE PHILADELPHIA DEPARTMENT OF HEALTH TO PROVIDE COUNSELING ON SMOKING CESSATION AND REDUCTION IN EXPOSURE TO ENVIRONMENTAL SMOKE. - DICKENS CENTER FOR WOMENS HEALTH: THE HELEN O. DICKENS CENTER F OR WOMEN IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY IS COMMITTED TO PROVIDING PERSONAL IZED CARE TO WOMEN OF ALL AGES, FULFILLING PENN MEDICINES PHILOSOPHY OF SERVING THE COMMUN ITY. DR. DICKENS WAS THE FIRST FEMALE AFRICAN AMERICAN DOCTOR TO BECOME BOARD CERTIFIED IN OBSTETRICS AND GYNECOLOGY IN PHILADELPHIA AS WELL AS THE FIRST TO BE NAMED A FELLOW OF TH E AMERICAN COLLEGE OF SURGEONS. SHE WORKED TO EDUCATE YOUNG WOMEN ABOUT THEIR REPRODUCTIVE HEALTH IN ORDER TO REDUCE THE INCIDENCE OF TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEAS ES. THE DICKENS CENTER SERVES MAINLY MEDICARE, MEDICAID AND UNINSURED PATIENTS. PENN MEDIC INE OFFERS UNCOMPENSATED AND UNDERCOMPENSATED CARE FOR THOSE WHO QUALIFY, BASED ON FINANCI AL COUNSELING. THE CENTER OFFERS PRENATAL CARE, GYNECOLOGY AND COLPOSCOPY SERVICES. THE CE NTER HAS ESTABLISHED WORKING RELATIONSHIPS AND PROGRAMS WITH CITY AND COMMUNITY AGENCIES, STATE-FUNDED PROGRAMS AND MANAGED CARE ORGANIZATIONS, TO ENSURE THAT WOMEN HAVE ACCESS TO THE SERVICES THAT FIT THEIR EDUCATIONAL, FINANCIAL AND PSYCHOSOCIAL NEEDS. THE CENTER ALSO PROVIDES CARE AT THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTHS HEALTH CENTER 3 AND OFFERS CONSULTATIONS AND CARE FOR WOMEN WITH COMPLEX MEDICAL AND OBSTETRIC CONDITIONS OR FETAL A NOMALIES. THE CENTERS INTEGRATED HIGH-RISK PROGRAM COMBINES CARE COORDINATORS, PHYSICIANS AND NURSE PRACTITIONERS ALLOWING US TO PROVIDE A UNIQUE LEVEL OF CONTINUITY FOR OUR PATIEN TS. - THE HEART SAFE MOTHERHOOD PROGRAM: FOR WOMEN THAT HAVE BEEN DIAGNOSED WITH PREECLAMP SIA DURING THEIR PREGNANCY, CLINICAL RECOMMENDATIONS ENCOURAGE NEW MOMS TO SCHEDULE A FOLL OW-UP VISIT WITH THEIR DOCTOR WITHIN A WEEK OF DELIVERY TO HAVE THEIR BLOOD PRESSURE CHECK . FOR MANY WOMEN, COMING TO THE OFFICE AFTER HAVING A NEWBORN IS DIFFICULT FOR A VARIETY O F REASONS. THIS PROGRAM IS A FIRST-OF-ITS-KIND TEXT-MESSAGE BASED PROGRAM THAT MAKES POSTP ARTUM BLOOD PRESSURE MONITORING MORE CONVENIENT FOR WOMEN DIAGNOSED WITH PREECLAMPSIA AND OTHER BLOOD PRESSURE DISORDERS DURING PREGNANCY AND PROMOTES COMMUNICATION WITH THEIR CARE TEAM WITHOUT VISITING A DOCTORS OFFICE. VISITING A DOCTORS OFFICE.</p> |

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| FORM 990, PART III, LINE 4B (CONT.) | <p>- PUENTES DE SALUD/BRIDGES OF HEALTH, A NONPROFIT ORGANIZATION VOLUNTARILY STAFFED BY PENN MEDICINE DOCTORS, NURSES, AND MEDICAL STUDENTS, PROVIDES LOW-COST PRIMARY CARE TO UNDOCUMENTED AND UNINSURED LATINO IMMIGRANTS. IT WAS ESTABLISHED IN 2002 BY A PENN EMERGENCY MEDICINE PHYSICIAN WHO OVERSEES THE PROGRAM ON A VOLUNTEER BASIS. PUENTES HAS GROWN TO INCLUDE SERVICES BY STUDENTS FROM PENN'S SCHOOLS OF SOCIAL POLICY & PRACTICE, LAW, AND DENTAL MEDICINE -- AS WELL AS STUDENTS FROM OTHER AREA UNIVERSITIES AND HOSPITALS. TRAINED PROMOTORA S DE SALUD/HEALTH PROMOTERS FROM THE COMMUNITY ESCORT PATIENTS TO THEIR VISITS AND ENSURE COMPLIANCE WITH THEIR HEALTH CARE MANAGEMENT PLANS. MORE RECENTLY, THE ORGANIZATION EXPANDED TO INCLUDE PUENTES HACIA EL FUTURO, AN AFTER-SCHOOL PROGRAM FOR ELEMENTARY SCHOOL STUDENTS, WHICH NOW INCLUDES MORE THAN 100 VOLUNTEER TUTORS FROM PENN AND AREA COLLEGES. HTTP://WWW.PUENTESDESALUD.ORG/ - THE PENN ASIAN HEALTH INITIATIVES (PAHI) IS STAFFED BY PENN MEDICINE FACULTY, FAMILY MEDICINE RESIDENTS, AND MEDICAL STUDENTS FROM THE ASIAN AND PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION. PAHI IS BASED IN THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH. IT PROVIDES PRIMARY HEALTH CARE SERVICES, INCLUDING TESTING, TREATMENT, AND EDUCATION, TO LOW-INCOME ASIAN IMMIGRANTS, MOSTLY NON-ENGLISH SPEAKING INDONESIAN AND VIETNAMESE PATIENTS. THE PROGRAMS ASIAN PHYSICIANS ALSO MENTOR PENN'S ASIAN MEDICAL STUDENTS, UNDERGRADUATES, AND PUBLIC-HEALTH GRADUATE STUDENTS. - PENN MEDICINE CENTER FOR COMMUNITY HEALTH WORKERS IMPACT PROGRAM: IMPACT IS A STANDARDIZED, SCALABLE COMMUNITY HEALTH WORKER (CHW) PROGRAM IN WHICH PENN MEDICINE HIRES, TRAINS AND DEPLOYS TRUSTED LAYPEOPLE FROM LOCAL COMMUNITIES TO HELP PATIENTS ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE ABUSE, CONNECTING TO HEALTHY FOOD, HOUSING, TRANSPORTATION, AND ENGAGING IN CHRONIC DISEASE PREVENTION. THE PROGRAM HAS BEEN DELIVERED TO NEARLY 10,000 HIGH-RISK PATIENTS AND PROVEN IN THREE RANDOMIZED CONTROLLED TRIALS TO IMPROVE CHRONIC DISEASE CONTROL, MENTAL HEALTH AND QUALITY OF CARE WHILE REDUCING TOTAL HOSPITAL DAYS BY 65%. IN ADDITION, CHWS FACILITATE MEET UP GROUPS FOR COMMUNITY MEMBERS WHICH INCLUDE THINGS LIKE COOKING DEMONSTRATIONS, FINANCIAL PLANNING, BEREAVEMENT SUPPORT, ETC. (PATIENTS CHOOSE THE TOPICS, CHWS ARRANGE GUEST SPEAKERS AND FACILITATE). IMPACT ALSO SUPPORTS THE VETERAN COMMUNITY THROUGH CREATING COMMUNITY GARDENS, CONNECTING THEM TO EDISON HIGH SCHOOL TO DO MENTORING, BOWLING EVENTS, ETC.) MORE THAN 1,000 ORGANIZATIONS HAVE ACCESSED OUR CHW TOOLKIT AND WE PROVIDE TECHNICAL ASSISTANCE TO HELP ORGANIZATIONS AROUND THE COUNTRY CREATE, LAUNCH AND SUSTAIN EFFECTIVE CHW PROGRAMS. LINK: HTTP://CHW.UPENN.EDU/IMPACT - CUT HYPERTENSION, FOUNDED IN 2010 AND OPERATED BY PENN MEDICAL STUDENTS, PROVIDES ONSITE BLOOD PRESSURE SCREENINGS AT WEST PHILADELPHIA BARBERSHOPS. THE MEDICAL STUDENTS ENCOURAGE THIS PARTICULAR COMMUNITY</p> |

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| FORM 990, PART III, LINE 4B (CONT.) | <p> NITY TO SEEK SUSTAINED HEALTHCARE AND PROVIDE INFORMATION ON ACCESSING LOCAL PHYSICIANS. T HEY ALSO DISPENSE PROVEN RECOMMENDATIONS FOR LOWERING BLOOD PRESSURE AND SEEK TO INFORM PE OPLE OF MEDICAL MISCONCEPTIONS. A KEY TO THE PROGRAMS SUCCESS IS THAT THE SCREENINGS OCCUR IN FRIENDLY, COMMUNITY ENVIRONMENTS BEARING NO RESEMBLANCE TO A DOCTORS OFFICE, WHERE PAT IENTS OFTEN ARE AFRAID TO SPEAK CANDIDLY OR ASK QUESTIONS. THE PROGRAMS BIGGEST SUPPORTERS ARE THE BARBERSHOP OWNERS AND THEIR EMPLOYEES WHO NOW VIEW CUT HYPERTENSION AS AN INTEGRA L PART OF THEIR SERVICE TO THEIR CUSTOMERS. HTTP://WWW.MED.UPENN.EDU/DIVERSITYUME/STUDENTL EDCLINICS.HTML - UNIVERSITY CITY HOSPITALITY COALITION (UCHC) MEDICAL CLINIC, OPENED IN 19 89, IS ONE OF ELEVEN COMMUNITY-BASED HEALTH CARE INITIATIVES SUPPORTED BY MEDICAL STUDENTS AND FACULTY AT THE PERELMAN SCHOOL OF MEDICINE. AT UCHC, PENN MEDICAL STUDENTS PROVIDE FR EE MEDICAL CARE, EDUCATION, AND REFERRAL SERVICES TO LOW-INCOME INDIVIDUALS AND PEOPLE EXP ERIENCING HOMELESSNESS. VOLUNTEER PENN PHYSICIANS, RESIDENTS, AND PHARMACISTS DELIVER AND HELP OVERSEE CARE IN THE CLINIC. UCHC ALSO WORKS TO PROVIDE THE COMMUNITY WITH SPECIALTY C LINICS RANGING FROM PHYSICAL MEDICINE AND REHABILITATION TO THE AGNEW SURGICAL CLINIC. HTT P://WWW.MED.UPENN.EDU/DIVERSITYUME/STUDENTLEDCLINICS.HTML HTTPS://WWW.UCHCPHILADELPHIA.ORG / - COMMUNITY-ACADEMIC PARTNERSHIPS TO INCREASE PHYSICAL ACTIVITY (CAP-IPA) AND DANCE FOR HEALTH: PENN MEDICINE FACULTY AND STAFF PARTICIPATE IN THE UNIVERSITY OF PENNSYLVANIA SCHO OL OF NURSINGS STUDENT-LED COMMUNITY CHAMPIONS PROGRAM - WHICH COMPRISES 15 INITIATIVES - BRINGS NURSING STUDENTS OUT OF THE CLASSROOM AND INTO THE GREATER PHILADELPHIA COMMUNITY T O SHARE THEIR SKILLS AND LEARN FROM THEIR EXPERIENCES. THE COMMUNITY CHAMPIONS PROGRAM IS THE VEHICLE BY WHICH THE SCHOOL OF NURSING PROMOTES HEALTHY LIFESTYLES AND PROVIDES COMMUN ITY MEMBERS ACROSS THE LIFESPAN WITH HEALTH SCREENING AND INFORMATION ABOUT NUTRITION AND DIET, PHYSICAL ACTIVITY, NEWBORN CARE, BREAST CANCER AWARENESS, AND SEXUAL HEALTH. ONE PRO GRAM, DANCE FOR HEALTH, IS A PROGRAM FOR ALL AGES THAT HAS ENGAGED OVER 1,000 COMMUNITY ME MBERS, FOUR SITES AND OFFERS FREE DANCE FITNESS CLASSES AIMED TO EMPOWER COMMUNITY MEMBERS . CLASSES ARE OFFERED IN CONCERT WITH LOCAL COMMUNITY ORGANIZATIONS. - THROUGH THE HEALTH SCIENCE EXPLORATION PROGRAM (HSE), MEDICAL STUDENTS, IN COLLABORATION WITH THE UNIVERSITYS NETTER CENTER FOR COMMUNITY PARTNERSHIPS, HELP 6TH-8TH GRADERS INTERACTIVELY EXPLORE HEAL TH TOPICS RELEVANT TO THEIR COMMUNITY. THE MISSION OF HSE IS: > TO INCREASE HEALTH KNOWLED GE AND SKILLS OF MIDDLE SCHOOL STUDENTS THROUGH AN ENGAGING, INTERACTIVE CURRICULUM > TO E MPOWER THESE STUDENTS TO SHARE THEIR KNOWLEDGE AND PROMOTE HEALTH WITHIN THEIR COMMUNITY > TO STRENGTHEN A COLLABORATIVE, COMMUNITY-CENTERED PARTNERSHIP BETWEEN SOUTHWEST PHILADELP HIA AND PENN > TO DIMINISH EDUCATION-RELATED DISPARITIES BY CREATING LESSONS THAT ADHERE T O STATE STANDARDS AND ARE DELI </p> |

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| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4B (CONT.) | <p>VERED WITH RESPECT AND EQUITY. - COLORECTAL CANCER SCREENING: THE FREE WEST PHILADELPHIA COLORECTAL CANCER SCREENING PROGRAM WAS STARTED BY TWO PENN PHYSICIANS TO IMPROVE COLORECTAL HEALTH AMONG AFRICAN AMERICAN RESIDENTS OF OUR COMMUNITY. A TRAINED PATIENT-NAVIGATOR HELPS PATIENTS SCHEDULE THE PROCEDURE AND UNDERSTAND THE PREPARATION PROCESS FOR COLORECTAL CANCER SCREENING. THE NAVIGATORS ALSO SUPPLY FREE PREPARATION MATERIALS AND TRANSPORTATION TO AND FROM THE PROCEDURE, AND ENSURE THAT PATIENTS RECEIVE INFORMATION MATCHED TO THEIR LEVEL OF HEALTH LITERACY. PROGRAM STAFF WORK WITH COMMUNITY ORGANIZATIONS ON EDUCATING RESIDENTS ON THE IMPORTANCE OF SCREENING AND ABOUT THE PENN INITIATIVE. SINCE THE PROGRAMS INCEPTION IN 2011, OVER 700 PATIENTS FROM WEST, SOUTH AND SOUTHWEST PHILADELPHIA WHO PREVIOUSLY COULD NOT ACCESS COLONOSCOPY HAVE BEEN SCREENED WITH COLONOSCOPY. 43% OF THESE PATIENTS HAD AT LEAST ONE PRECANCEROUS POLYP WHICH WAS REMOVED AND 5 PATIENTS WERE FOUND TO HAVE COLORECTAL CANCER AND HAVE RECEIVED TREATMENT AT PENN MEDICINE. THESE STATISTICS SUGGEST THAT THIS PROGRAM WILL HAVE A SIGNIFICANT IMPACT IN REDUCING THE NUMBER OF COLORECTAL CANCER CASES IN OUR COMMUNITIES.</p> <p>HTTPS://HEALTHCAREINNOVATION.UPENN.EDU/SOI - PENN MEDICINE BREAST HEALTH INITIATIVE: IN RECOGNITION OF THE BARRIERS TO SCREENING AND TREATMENT FOR BREAST CANCER, 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 THE PROGRAMS INCEPTION IN 2014, IT HAS PROVIDED FREE MAMMOGRAMS TO OVER 3,000 WOMEN. OVER 50% OF THE WOMEN IN THIS PROGRAM ARE LATINA AND 28% ARE AFRICAN AMERICAN; 56% DO NOT SPEAK ENGLISH. TO DATE, 35 CASES OF BREAST CANCER HAVE BEEN IDENTIFIED AND TREATED.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART III, LINE 4B (CONT.) | <p>ITS PUBLIC EDUCATION FUNCTION IS ALSO CONDUCTED BY REGULARLY PROVIDING HEALTH-RELATED INFORMATION TO PRINT, ELECTRONIC, AND INTERNET MEDIA FOR BROAD PUBLIC DISSEMINATION. IN ADDITION, EDUCATIONAL PROGRAMS IN AREA HIGH SCHOOLS FAMILIARIZE AND PREPARE YOUNG PEOPLE FOR CAREERS IN THE HEALTH CARE ARENA. PENN PHYSICIANS, PHARMACISTS, NURSES, RESIDENTS, STAFF, AND MEDICAL STUDENTS SHARE THEIR EXPERTISE AT FREE COMMUNITY EVENTS AND HEALTH FAIRS EVERY YEAR. EXAMPLES INCLUDE: VISION, GLUCOSE, BLOOD PRESSURE, ORAL CANCER, SKIN CANCER, AND KIDNEY DISEASE SCREENINGS; CPR TRAINING; HYPERTENSION SCREENINGS, AWARENESS, AND EDUCATION AT LOW-INCOME HOUSING LOCATIONS; WELLNESS EDUCATION AND ACTIVITY AT LOCAL SENIOR HOMES; MANDARIN, TAIWANESE, AND CHINESE-LANGUAGE PRESENTATIONS AT COMMUNITY EVENTS; HIV/AIDS AWARENESS EDUCATION AND TESTING; AND STOP THE BLEED EDUCATION. PENN MEDICINE ALSO OPERATES THE HEALTH EDUCATION TENT FOR THE AFRICAN AMERICAN-THEMED ODUNDE FESTIVAL, WHICH ATTRACTS 500,000 PEOPLE ANNUALLY. AS A SERVICE TO THE COMMUNITY, UPHS ALSO LINKS ELIGIBLE PATIENTS WITH APPROPRIATE SUBSIDIZED HEALTH CARE AND FINANCIAL AID RESOURCES INCLUDING PATIENTS FROM THE CITY'S DISTRICT HEALTH CENTERS WHO REQUIRE SPECIALIZED CARE NOT AVAILABLE IN THE COMMUNITY SETTING. UPHS FACULTY ALSO VOLUNTEER THEIR EXPERTISE TO NUMEROUS PUBLIC HEALTH COMMITTEES AND AGENCIES AT THE COMMUNITY, STATE, AND NATIONAL LEVEL, AS WELL AS PROFESSIONAL ORGANIZATIONS RESPONSIBLE FOR SETTING BEST-PRACTICE GUIDELINES. PENN FACULTY ALSO PROVIDE PROFESSIONAL GUIDANCE AND COUNSEL TO PATIENT ADVOCACY ORGANIZATIONS THROUGHOUT THE AREA. HTTP://WWW.UPHS.UPENN.EDU/NEWS/ HTTP://WWW.PENNMEDICINE.ORG/HEALTH-SYSTEM/ABOUT/COMMUNITY/COMMUNITY-EVENTS .HTML SEE SCHEDULE H, PART VI FOR ADDITIONAL DETAILS REGARDING SOME OF THE VARIOUS ADDITIONAL COMMUNITY BUILDING ACTIVITIES CONDUCTED BY THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. -----</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART IV, LINE 28 & FORM 990, SCHEDULE L, PART IV | <p>BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DURING THE NORMAL COURSE OF ITS OPERATIONS AND AFTER APPROPRIATE REVIEW, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") MAY OCCASIONALLY TRANSACT BUSINESS WITH PERSONS AND/OR ORGANIZATIONS DESCRIBED ON FORM 990, PART IV, LINE 28. IN THIS REGARD, THE UNIVERSITY ADHERES TO A CONFLICT OF INTEREST POLICY AND ANY SUCH TRANSACTIONS ARE CONDUCTED AT AN ARMS-LENGTH BASIS. FOR THE YEAR ENDED JUNE 30, 2019, NO TRANSACTIONS WERE IDENTIFIED THAT WERE REQUIRED TO BE DISCLOSED ON FORM 990, SCHEDULE L, PART IV. ---</p> <p>-----</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART V, LINE 4(B) | ADDITIONAL FOREIGN COUNTRIES WHERE BANK ACCOUNTS ARE HELD TURKEY UNITED KINGDOM - SEE ATTACHMENT 2 FOR ADDITIONAL FOREIGN COUNTRIES WHERE BANK ACCOUNTS ARE HELD ----- |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 5 | <p>DETAIL REGARDING DIVERSION OF ASSETS THROUGH A ROUTINE AUDIT OF THE UNIVERSITY'S GRANT DISBURSEMENTS PROGRAM, THE UNIVERSITY LEARNED OF A DIVERSION OF ITS ASSETS DURING THE FISCAL YEAR ENDED JUNE 30, 2019. THE NATURE OF THE DIVERSION CONSISTED OF AMOUNTS BEING PAID FROM FEDERAL GRANTS TO FORMER UNIVERSITY EMPLOYEES FOR WORK WHICH WAS NOT PROPERLY SUBSTANTIATED. THE TOTAL AMOUNT OF ASSETS DIVERTED TOTALED \$309,058.51. THE UNIVERSITY HAS TAKEN SEVERAL CORRECTIVE ACTIONS, INCLUDING VOLUNTARY DISCLOSURE AND REPAYMENT TO THE PROGRAM SPONSOR, ENHANCED INTERNAL CONTROLS, PROCEDURES AND TRAINING, AS WELL AS A CHANGE IN PROGRAM SUPERVISION AND HIRING PRACTICES. FURTHER, THE UNIVERSITY HAS TAKEN ALL POSSIBLE ACTIONS TO RECOVER THE AMOUNTS. -----</p> <p>-----</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | FORM 990 REVIEW PROCESS THE FIRST DRAFT OF THE FEDERAL FORM 990 IS RECEIVED FROM OUR TAX CONSULTING FIRM, PRICEWATERHOUSECOOPERS LLP ("PWC"), ON APPROXIMATELY MARCH 15TH OF THE FILING YEAR AND REVIEWED BY THE ASSOCIATE COMPTROLLER. THE FORM 990 IS THEN DISTRIBUTED TO VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS, INCLUDING THE COMPTROLLER, CFO OF THE HEALTH SYSTEM, AND VICE PRESIDENT FOR FINANCE AND TREASURER PRIOR TO MEETING WITH PWC AND THE ASSOCIATE COMPTROLLER TO DISCUSS AND FINALIZE THE FORM. A "FINAL" DRAFT COPY OF THE FEDERAL FORM 990 IS DISTRIBUTED ELECTRONICALLY TO THE AUDIT AND COMPLIANCE COMMITTEE PRIOR TO THE FILING DEADLINE. THE FINAL COPY OF THE FEDERAL FORM 990 IS POSTED TO THE TRUSTEES' WEB SITE FOR DISTRIBUTION AND REVIEW BY ALL TRUSTEES PRIOR TO THE ACTUAL FILING DEADLINE. ----- |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>CONFLICT OF INTEREST POLICY 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; (5) MEMBERS OF THE INVESTMENT BOARD; AND (6) KEY EMPLOYEES. 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 | <p>COMPENSATION PROCESS THE MEMBERSHIP OF THE COMPENSATION COMMITTEE CONSISTS OF AT LEAST 5 DISINTERESTED, VOTING MEMBERS OF THE BOARD OF TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA. THE COMMITTEE HAS THE AUTHORITY AND RESPONSIBILITY BOTH FOR PROVIDING OVERSIGHT AND REVIEW OF THE EXECUTIVE COMPENSATION PROCESS, OVERSIGHT AND REVIEW OF THE ACTUAL COMPENSATION DECISIONS, AND FOR REVIEWING ACTUAL AND PERCEIVED CONFLICT OF INTEREST TRANSACTIONS INVOLVING TRUSTEES AND STATUTORY OFFICERS ACCORDING TO GUIDELINES ESTABLISHED BY THE UNIVERSITY'S CONFLICT-OF-INTEREST POLICY AS ADOPTED BY THE BOARD OF TRUSTEES. THE COMMITTEE ADOPTS AND IMPLEMENTS EXECUTIVE COMPENSATION PRINCIPLES, AND IS ACCOUNTABLE FOR THE COMPENSATION AND BENEFITS ARRANGEMENTS OF THE PRESIDENT AND HER DIRECT REPORTS, THE STATUTORY OFFICERS, SENIOR ACADEMIC OFFICIALS, DEANS, OTHER KEY EMPLOYEES, AND ALL THOSE INDIVIDUALS WHO ARE POTENTIALLY DISQUALIFIED PERSONS WITHIN THE MEANING OF THE INTERMEDIATE SANCTIONS LEGISLATION. THE COMMITTEE MAY PERIODICALLY REVIEW THE COMPENSATION AND BENEFITS OF OTHER HIGHLY COMPENSATED INDIVIDUALS, EVEN IF THEY ARE NOT DEEMED TO EXERCISE "SUBSTANTIAL INFLUENCE" OVER THE UNIVERSITY. THE COMPENSATION SUBCOMMITTEE (CREATED TO CONFORM TO CERTAIN PROCEDURES IN DOCUMENTING REASONABLE SALARIES FOR THE OFFICERS OF THE UNIVERSITY), MEETS AT LEAST TWICE A YEAR TO REVIEW APPROPRIATE DATA, INCLUDING COMPARABLE SALARIES, IN ORDER TO REPORT ITS CONCLUSIONS AND RECOMMENDATIONS ON OFFICERS' SALARIES FOR FINAL APPROVAL. THE COMPENSATION SUBCOMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY TO SERVE AS A CONSULTANT. -----</p> <p>-----</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | <p>DOCUMENTS AVAILABILITY TO THE PUBLIC GOVERNING DOCUMENTS - OFFICIAL RECORDS GENERATED OR RECEIVED BY THE ADMINISTRATIVE AND ACADEMIC OFFICES OF THE UNIVERSITY IN THE CONDUCT OF THEIR BUSINESS ARE THE PROPERTY OF THE UNIVERSITY AND MAY BECOME ARCHIVAL MATERIAL. THE ARCHIVED RECORDS ARE AVAILABLE THROUGH THE UNIVERSITY ARCHIVES AND RECORDS CENTER WEB SITE HTTP://WWW.ARCHIVES.UPENN.EDU UNDER UNIVERSITY RECORDS CENTER. FORM 1023 - SINCE THE UNIVERSITY HAS BEEN IN EXISTENCE SINCE 1740, THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM 1023 APPLICATION. INSTEAD, ITS IRC SECTION 501(C)(3) TAX-EXEMPT STATUS IS GRANDFATHERED BY THE IRS. CONFLICT OF INTEREST POLICIES - POLICIES, STATEMENTS, AND GUIDELINES ARE AVAILABLE TO THE PUBLIC ON THE OFFICE OF THE AUDIT, COMPLIANCE, AND PRIVACY WEB SITE AT HTTP://WWW.UPENN.EDU/OACP/ UNDER PRINCIPLES OF RESPONSIBLE CONDUCT. FINANCIAL STATEMENTS - THE UNIVERSITY'S ANNUAL REPORT IS PRODUCED BY THE OFFICE OF THE VICE PRESIDENT FOR FINANCE AND TREASURER IN CONJUNCTION WITH THE OFFICE OF THE COMPTROLLER AND INCLUDES THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS, SUMMARY OF ENDOWMENT PERFORMANCE, AND MESSAGES FROM EXECUTIVE MANAGEMENT. ANNUAL REPORTS ARE PUBLISHED AFTER THE CLOSE OF EACH FISCAL YEAR (JULY 1 TO JUNE 30) AND ARE AVAILABLE ON THE COMPTROLLER WEB SITE AT HTTP://WWW.FINANCE.UPENN.EDU/COMPTROLLER UNDER FINANCIAL REPORTS. -----</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| FORM 990, PART X | BALANCE SHEET CERTAIN PRIOR YEAR BALANCES HAVE BEEN RESTATED TO CONFORM TO THE CURRENT YEAR PRESENTATION. ----- |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | DETAIL OF OTHER CHANGES IN NET ASSETS PENSION & OTHER POSTRETIREMENT PLAN ADJ. \$(342,137,000) ----- - TOTAL \$(342,137,000) ----- |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Employer identification number
23-1352685

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) UNIV OF PENN (HK) FND LTD ROOM 8 7/F K WAH CENTRE JAVA RD, HONG KONG HK 98-1062727 | CHARITY | HK | 980 | 2,235,097 | TRUSTEES |
| (2) UNIV OF PENN USA FOUNDATION LTD 19 NORCOTT ROAD LONDON, ENGLAND N167EJ UK 98-0387770 | CHARITY | UK | 230,330 | 954,307 | TRUSTEES |
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2018

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE R, PART IV, LINE 4 | DETAIL OF LEGAL DOMICLES FOR CHARITABLE REMAINDER TRUSTS AS OF JUNE 30, 2019, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") HELD INTERESTS IN 1 POOLED INCOME FUND IN PENNSYLVANIA, 1 CHARITABLE REMAINDER TRUST IN DELAWARE, 2 CHARITABLE REMAINDER TRUSTS IN FLORIDA, 1 CHARITABLE REMAINDER TRUST IN NEW YORK AND 57 CHARITABLE REMAINDER TRUSTS IN PENNSYLVANIA WHERE THE UNIVERSITY HAD MORE THAN 50% OF THE BENEFICIAL INTERESTS IN THE TRUSTS. |

Additional Data

Software ID:
Software Version:
EIN: 23-1352685
Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

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 |
| 421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823 | MED RESEARCH | PA | 501(c)(3) | 4 | NA | | No |
| C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355 | SUPPORT TRUST | PA | 4947(A)(1) | N/A | NA | | No |
| 701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321 | MGMT SRVCS | PA | 501(C)(3) | 12, I | TRUSTEES | Yes | |
| 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852 | HEALTHCARE | PA | 501(c)(3) | 10 | TRUSTEES | Yes | |
| 3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-2992715 | SUPPORT ORG | PA | 501(c)(3) | 12, II | PA HOSPITAL | Yes | |
| 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941 | SUPPORT ORG | PA | 501(C)(3) | 12, II | TRUSTEES | Yes | |
| 306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650 | FACILITY MGMT | PA | 501(C)(3) | 3 | LG HOSPITAL | Yes | |
| 555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147 | FUNDRAISING | PA | 501(C)(3) | 7 | NA | Yes | |
| 555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109 | HEALTHCARE | PA | 501(C)(3) | 3 | LG HEALTH | Yes | |
| 555 NORTH DUKE STREET LANCASTER, PA 17604 23-1365353 | HEALTHCARE | PA | 501(C)(3) | 3 | LG HEALTH | Yes | |
| 1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286 | HEALTHCARE | PA | 501(C)(3) | 3 | LG HEALTH | Yes | |
| 1525 W WT HARRIS BLVD CHARLOTTE, NC 28262 23-6210940 | SUPPORT TRUST | PA | 501(C)(3) | 12, III-FI | NA | | No |
| 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782 | NURSING | PA | 501(C)(3) | 12, I | CCH&HS | Yes | |
| 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787 | HEALTH SRVCS | PA | 501(C)(3) | 10 | CCH&HS | Yes | |
| 795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243 | NURSING | PA | 501(C)(3) | 7 | CCH&HS | Yes | |
| 3451 WALNUT STREET ROOM 748 PHILADELPHIA, PA 19104 23-1986931 | SUPPORT ORG | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |
| 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 |
| 210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931 | SUPPORT ORG | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |
| 3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142 | PUBLISHING | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496 | HEALTH EDU | PA | 501(C)(3) | 2 | LG HOSPITAL | Yes | |
| 800 SPRUCE STREET PHILADELPHIA, PA 19107 31-1538725 | HEALTHCARE | PA | 501(C)(3) | 3 | TRUSTEES | Yes | |
| 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 | Yes | |
| 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573 | SUPPORT ORG | PA | 501(c)(3) | 12, I | PMC | Yes | |
| 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852 | HEALTHCARE | PA | 501(c)(3) | 3 | TRUSTEES | Yes | |
| 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154 | HEALTHCARE | PA | 501(c)(3) | 10 | PMC | Yes | |
| 51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713 | HEALTHCARE | PA | 501(c)(3) | 12, I | PMC | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911 | SUPPORT PHCS | NJ | 501(C)(3) | 7 | PHCS HOLDING | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256 | SUPPORT ORG | NJ | 501(C)(3) | 12, I | TRUSTEES | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702 | REAL ESTATE | NJ | 501(C)(2) | N/A | PHCS HOLDING | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773 | HEMOCARE SVCS | NJ | 501(C)(3) | 3 | PHCS HOLDING | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938 | HEALTHCARE | NJ | 501(C)(3) | 10 | PHCS HOLDING | Yes | |
| ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 21-0635009 | HEALTHCARE | NJ | 501(C)(3) | 3 | PHCS HOLDING | Yes | |
| 3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325 | EDU SUPPORT | PA | 501(c)(3) | 12, I | NA | | No |
| 1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464 | BUS. TRUST | PA | 501(c)(3) | 8 | NA | | No |
| 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150 | HEALTHCARE | PA | 501(C)(3) | 3 | CCH&HS | Yes | |
| 217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510 | CARDIOLOGY | PA | 501(C)(3) | 3 | LG HEALTH | Yes | |
| 555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868 | SUPPORT ORG | PA | 501(C)(3) | 10 | NA | | No |
| 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159 | SUPPORT ORG | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508 | FAC. CLUB | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |
| 3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731 | SUPPORT ORG | PA | 501(C)(3) | 12, I | TRUSTEES | Yes | |
| 3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136 | RETIRE TRUST | PA | 501(A) | N/A | TRUSTEES | Yes | |
| 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744 | BENEFITS | PA | 501(c)(3) | 12, I | TRUSTEES | Yes | |
| 150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662 | HOSPICE CARE | PA | 501(c)(3) | 10 | TRUSTEES | Yes | |
| 700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956 | HEALTHCARE | PA | 501(c)(3) | 3 | PA HOSPITAL | Yes | |
| 1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572 | HOME HEALTH | PA | 501(C)(3) | 7 | LG HEALTH | Yes | |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|---|-------------------------|---|--|---|---------------------------------|--|--|----|--|--|----|--------------------------------|
| (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) Disproporionate 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 | |
| (1) ARI 1740 FUND N SETSON AVE STE 5500 CHICAGO, IL 60601 32-0472404 | INVESTMENT | IL | TRUSTEES | EXCLUDED FROM TAX | -8,557,173 | 154,204,564 | | No | 0 | | No | 99.989 % |
| (1) DVG 1740 FUND LP ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539 | INVESTMENT | CT | TRUSTEES | EXCLUDED FROM TAX | 25,593,254 | 239,919,157 | | No | 0 | | No | 9.914 % |
| (2) EAST MARSHALL STREET PARTNERSHIP LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-2902742 | INVESTMENT | PA | NA | N/A | | | | | | | No | |
| (3) FERN HILL PARTNERSHIP III LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 30-0409614 | RENTAL | PA | NA | N/A | | | | | | | No | |
| (4) FERN HILL LLC 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-3005147 | RENTAL | PA | NA | N/A | | | | | | | No | |
| (5) GALLOPAVO LP 2000 McKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967 | INVESTMENT | TX | TRUSTEES | EXCLUDED FROM TAX | -7,510,250 | 125,363,310 | | No | -1,024,025 | | No | 100.000 % |
| (6) JOG V C LIMITED PARTNERSHIP 2300-440 2ND AVE SW CALGARY, AL T2P5E9 CA | INVESTMENT | CA | TRUSTEES | EXCLUDED FROM TAX | 8,366 | 12,717,057 | | No | 0 | | No | 100.000 % |
| (7) LANCASTER PET PARTNERSHIP LLP PO BOX 4216 LANCASTER, PA 17604 23-3102793 | MEDICAL SERVICES | PA | NA | N/A | | | | | | | No | |
| (8) LG HEALTH COMMUNITY CARE COLLABORATIVE 555 NORTH DUKE STREET LANCASTER, PA 17604 45-5542179 | ACO | PA | NA | N/A | | | | | | | No | |
| (9) LIONVILLE MED OFFICE BLDG PARTNERSHIP 929 SOUTH HIGH STREET WEST CHESTER, PA 19383 16-1640799 | INVESTMENT | PA | NA | N/A | | | | | | | No | |
| (10) MRI GROUP LLP PO BOX 4216 LANCASTER, PA 17604 33-1011386 | MEDICAL SERVICES | PA | NA | N/A | | | | | | | No | |
| (11) NEIGHBRHD PRES & DEV FUND LP 240 NEW YORK DR STE 1 FORT WASHINGTON, PA 19034 23-3037919 | RENTAL | PA | NA | N/A | | | | | | | No | |
| (12) OAKLANDS WAY MEDICAL BUILDING ASSOCIATES 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 83-0490251 | RENTAL | PA | NA | N/A | | | | | | | No | |
| (13) SRP INVESTORS FUND A LP 2001 ROSS AVE SUITE 2800 DALLAS, TX 75201 61-1748291 | INVESTMENT | TX | TRUSTEES | EXCLUDED FROM TAX | -4,330,900 | 135,149,355 | | No | 0 | | No | 89.599 % |
| (14) TURK'S HEAD SURGERY CENTER 915 OLD FERN HILL ROAD BLDG B STE WEST CHESTER, PA 19380 20-0184603 | MEDICAL SERVICES | PA | NA | N/A | | | | | | | No | |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
| (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 | |
| (16) JOG VI C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA | INVESTMENT | CA | TRUSTEES | EXCLUDED FROM TAX | 12,862 | 22,371,544 | | No | 0 | | No | 100.000 % |
| (1) CYRUS 1740 MASTER FUND LP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1361754 | INVESTMENT | CJ | TRUSTEES | EXCLUDED FROM TAX | 1,195,689 | 36,918,538 | | No | 41,324 | | No | 98.384 % |
| (2) LIFT REAL ESTATE PARTNERS FUND I LP 180 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94104 83-1339929 | INVESTMENT | CA | TRUSTEES | EXCLUDED FROM TAX | -236,628 | 8,652,140 | | No | 0 | | No | 98.000 % |
| (3) LG HEALTH COMM CARE COLLAB II 555 NORTH DUKE STREET LANCASTER, PA 17604 82-3809581 | ACO | PA | NA | N/A | | | | | | | No | |
| (4) CYRUS 1740 FUND LP 65 E 55TH STREET 35TH FLOOR NEW YORK, NY 10022 82-1211542 | INVESTMENT | NY | TRUSTEES | EXCLUDED FROM TAX | 17,389 | 2,624,399 | | No | 0 | | No | 98.164 % |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (1) BARGE GANSE VENACARE BUS INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017 | HEALTHCARE | PA | LGSBT | C-CORP | | | | Yes | |
| (1) 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 | | | | Yes | |
| (2) DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159 | RENTAL | PA | PA HOSPITAL | C-CORP | | | | Yes | |
| (3) FRANKLIN CASUALTY INSURANCE CO PO BOX 350 BURLINGTON, VT 05402 04-3378984 | INSURANCE | VT | TRUSTEES | C-CORP | -252,961 | 30,562,574 | 100.000 % | Yes | |
| (4) LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN KYI-1102 CJ 98-0176655 | INSURANCE | CJ | LG HEALTH | C-CORP | | | | Yes | |
| (5) LANCASTER GENERAL SERVICES INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128 | PROPERTY SVCS | PA | LG HEALTH | C-CORP | | | | Yes | |
| (6) NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ | INVESTMENT | CJ | TRUSTEES | C-CORP | 12,752,671 | 272,992,296 | 98.000 % | Yes | |
| (7) PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST, BEIJING 100004 CH | BUS. CONSULTING | CH | UPENN INT'L | C-CORP | | | | Yes | |
| (8) PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991 | HEALTHCARE | PA | PMC | C-CORP | | | | Yes | |
| (9) UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589 | HOTEL/RESTAURANT | PA | TRUSTEES | C-CORP | 2,268,671 | 18,074,278 | 100.000 % | Yes | |
| (10) QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST ROOM 329 PHILADELPHIA, PA 19104 30-0708282 | SELF-INSURANCE | BD | TRUSTEES | C-CORP | 13,654,155 | 225,748,839 | 100.000 % | Yes | |
| (11) THE PAM 1740 FUND LTD PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 CJ | INVESTMENT | CJ | TRUSTEES | C-CORP | -23,510,706 | 180,089,070 | 100.000 % | Yes | |
| (12) TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753 | MEDICAL SERVICES | PA | CCH&HS | C-CORP | | | | Yes | |
| (13) LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941 | TRUST | PA | LG HEALTH | TRUST | | | | | No |
| (14) PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093 | MEDICAL | NJ | PHCS HOLDING | C-CORP | | | | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (16) PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899 | INACTIVE | NJ | PHCS HOLDING | C-CORP | | | | Yes | |
| (1) ARCM 1740 LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ | INVESTMENTS | CJ | TRUSTEES | C-CORP | 255,929 | 52,061,055 | 90.000 % | Yes | |
| (2) CIRCLE MEDICAL ASSURANCE CO 2929 WALNUT STREET STE 460 PHILADELPHIA, PA 19104 83-3556286 | INSURANCE | PA | TRUSTEES | C-CORP | 0 | 0 | 100.000 % | Yes | |
| (3) PENN MEDICINE LONDON LIMITED RADIUS COMM SRVCS LTD 11TH FL WHITEFRIARS LEWINS MEAD, BRISTOL BS1 2NT UK | HEALTHCARE | UK | UPENN INT'L | LIMITED COMPANY | | | | Yes | |
| (4) CHARITABLE REMAINDER TRUSTS (62) | N/A | PA | NA | REMAINDER TRUST | | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|--------------------------------------|--|-------------------------------|---|
| (1) | ARCM 1740 FUND LTD | B,C | 60,534,545 | FMV |
| (1) | ARI 1740 FUNDLP | B | 20,000,000 | FMV |
| (2) | CYRUS 1740 FUND LP | B | 2,867,356 | FMV |
| (3) | CYRUS 1740 MASTER FUND LP | B | 30,000,000 | FMV |
| (4) | FRANKLIN CASUALTY INSURANCE CO | R | 47,581,059 | FMV |
| (5) | GALLOPAVO LP | C | 71,808 | FMV |
| (6) | JOG LIMITED PARTNERSHIP V CO-INVEST | B | 4,542,131 | FMV |
| (7) | JOG LIMITED PARTNERSHIP VI CO-INVEST | B | 304,000 | FMV |
| (8) | LANCASTER GENERAL HOSPITAL | Q | 10,736,036 | FMV |
| (9) | LIFT REAL ESTATE PARTNERS FUND 1 LP | B | 9,248,750 | FMV |
| (10) | NAYA 1740 FUND | B | 50,000,000 | FMV |
| (11) | PENN PRAXIS INC | O,R | 953,705 | FMV |
| (12) | PRESBYTERIAN MEDICAL CENTER OF UPHS | K,O,P | 74,281,202 | FMV |
| (13) | SRP INVESTORS FUND A LP | B,C | 37,894,894 | FMV |
| (14) | THE PAM 1740 FUND LTD | B | 39,865,000 | FMV |
| (15) | UPENN HOSPITALITY INC | A | 1,500,000 | FMV |
| (16) | UPENN INTERNATIONAL | B,L | 4,045,798 | FMV |
| (17) | UPENN RETIREE BENEFITS TRUST | B | 30,214,821 | FMV |