For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

Return of Organization Exempt From Income Tax

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

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

bo not enter social security humbers on this form as it may be made public.

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

OMB No. 1545-0047

DLN: 93493133020451

2019

Open to Public Inspection

		nue Service									
A F	or the	e 2019 c	alendar year, or tax year begin	ning 07-01-2019 , and e	nding 06-3	0-2020	1				
		pplicable:	C Name of organization TRUSTEES OF THE UNIVERSITY OF I	PENNSYLVANIA			D Employe	er identifi	ication number		
		change	% MEDHA NARVEKAR SECRETARY				23-1352	2685			
	ime cha itial ret	-	Doing business as								
		n/terminated					E Talankan				
		d return	Number and street (or P.O. box if m 3451 WALNUT STREET Suite ROOM		ss) Room/si	uite	E Telephon	e number			
⊔ Ар	plicatio	on pending					(215) 89	98-8967			
			City or town, state or province, cour PHILADELPHIA, PA 191046284	itry, and ZIP or foreign postal cod	e						
			F. Nama and address of contractor	1 - <i>CC</i> :		T			3,384,644,640		
			F Name and address of principa DR AMY GUTMANN PRESIDENT	l officer:		H(a) Is this	•	urn for			
			3451 WALNUT STREET			subor H(b) Are al	dinates? Lsubordinate	es	☐Yes ☑No		
T Ta	v=even	npt status:	PHILADLEPHIA, PA 19104			includ		-	☐ Yes ☐No		
			№ 501(c)(3) □ 501(c)() • (insert no.)	L 527			•	instructions)		
J W	ebsit	:e:▶ WW	/W.UPENN.EDU			H(c) Group	exemption	number	>		
				🗆		L Year of forma	ation: 1740	M State	of legal domicile: PA		
K Fori	n of or	rganization:	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation ☐ Other ►					or regar derimener		
Pa	art I	Sum	mary								
			scribe the organization's mission o								
e	1	THE PROV	ISION OF EDUCATION, RESEARCH	I, AND CHARITABLE PATIENT	CARE SERV	VICES.					
ĕ	-										
em	-										
Governance			is box $\blacktriangleright \Box$ if the organization dis				of its net as		l =-		
	1		of voting members of the governing	• • • • • • • • • • • • • • • • • • • •				3	56		
Se S	1		of independent voting members of		=		•	4	56		
Ĕ	1		nber of individuals employed in ca	, , ,	•		•	5	55,450		
Activities &	1		nber of volunteers (estimate if ned	* *				6	34,747		
٠.	1		elated business revenue from Part					7a	2,374,982		
	B	Net unrei	lated business taxable income fron	1 Form 990-1, line 39		Dei	or Year	7b	Current Year		
	R	Contribut	tions and grants (Part VIII, line 1h)				1,705,237,0	100	1,720,501,000		
₫	1		· · · · · · · · · · · · · · · · · · ·				5,334,589,1	_	5,296,302,040		
Ravenue	1	-	ogram service revenue (Part VIII, line 2g)								
œ	1		venue (Part VIII, column (A), lines		•		91,415,8		518,611,000 89,124,960		
	1		enue—add lines 8 through 11 (mu		. line 12)		7,942,744,0		7,624,539,000		
	+		nd similar amounts paid (Part IX, c		•		478,642,9	62	503,759,404		
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)				0	0		
ç	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), li	nes 5-10)		3,891,110,0	000	4,049,842,999		
Expenses	16a	Professio	onal fundraising fees (Part IX, colur	nn (A), line 11e)			708,1	.82	1,569,916		
e d	Ь	Total fundr	raising expenses (Part IX, column (D),	ine 25) ▶103,583,118							
Ð	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)	•		2,608,533,8	356	2,657,874,681		
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 2	5)		6,978,995,0	000	7,213,047,000		
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			963,749,0	000	411,492,000		
Net Assets or Fund Balances						Beginning	of Current Ye	ear	End of Year		
sets	20	Total acc	ets (Part X, line 16)			-	2,754,777,0	200	24,607,104,000		
A B	1		ilities (Part X, line 26)		• •		6,635,778,0	-	8,280,756,000		
žš.	1		s or fund balances. Subtract line 2				6,118,999,0	-	16,326,348,000		
	rt II	_	ature Block		<u> </u>				10,020,010,000		
Unde	r pena	alties of p	erjury, I declare that I have exam								
	ledge :nowle		f, it is true, correct, and complete	. Declaration of preparer (oth	er than offi	cer) is based o	n all informa	ation of v	vhich preparer has		
<u> </u>		1.									
		Signatu	ure of officer			202 Date	1-04-30				
Sign		, "				Dati	-				
Here	=		RANCES MCCOURT ASSOCIATE COMPT r print name and title	ROLLER							
		17	rint/Type preparer's name	Preparer's signature	l r	Date		TIN			
Paid	4		17pe preparer a name	opar or o signature	['	Che	ck 🗀 if p	00858539)		
	_u pare	ar	irm's name PricewaterhouseCoope	rs LLP			-employed n's EIN ►				
	On	<u> </u>	irmic address • 2004 MARKET CT CUTT	= 1000				220 222			
JJ6	. JII	-'ا و	irm's address ► 2001 MARKET ST SUIT			Pho	ne no. (267) 3	30-3000			
			PHILADELPHIA, PA 19								
Mav t	he IR	S discuss	this return with the preparer show	vn above? (see instructions)				 √ ∨	'es 🗌 No		

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	dule O contains a res	ponse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's missior	:			
REGA THAT	ARD, THE UNIVERSITY	AIMS TO PROVIDE A ARIES OF CURRENT H	RICH AND DIVER	RSE EDUCATIONAL ENV	LF AS HAVING A PUBLIC SERVION ITS STUDENTS THE MOST CURRENT AND HIGH	; TO PIONEER RESEARCH
2	Did the organization	undertake any signif	cant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on S	chedule O.			
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					. ☐ Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	lule O.			
4		d 501(c)(4) organiza	tions are required	I to report the amount o	largest program services, as m of grants and allocations to othe	
4a	(Code:) (Expenses \$	3,396,147,639	including grants of \$	503,759,404) (Revenue \$	2,185,821,040)
	See Additional Data					
4b	(Code:) (Expenses \$	3,041,519,473	including grants of \$	0) (Revenue \$	3,111,105,000)
	See Additional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	ces (Describe in Sche	dule O.)			
	(Expenses \$	•	cluding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	6,437,667,1	.12		

Par	t 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 2	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? <i>If "Yes," complete Schedule C, Part I</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	-		No 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	5	Yes	
7	Schedule D, Part 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? <i>If "Yes,"</i> 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, VIII, VIII, IX, or X as applicable.			
	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	
	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 2	11b	Yes	
	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	11 c		No
	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 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	
	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
	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	2 (2010)

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	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	
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L. Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	
Par				
	Check 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 8,304			

1b

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1c

Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
	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)? If "Yes," enter the name of the foreign country: BD , BC , CA , CJ , CH , UC , FR , HK , EI , JA	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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
С	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
u	The standard the number of Forms 6262 filed during the year			
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с 14а	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	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?	15	Yes	
16	If "Yes," see instructions and file Form 4720, Schedule N. 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

rorm	990 (2019)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to	lines ✓
Se	ction A. Governing Body and Management			I
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56		Yes	No
	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 56			
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?			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		No
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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			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	
С	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?			
а	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	
Se	ction 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 , NU , ND , OU , OR , DA , CC , UT , W.		IA,MI,	MN,
18	NH , ND , OH , OK , OR , PA , SC , UT , WAS 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.	4 , WV		
	\square Own website \square Another's website $ ot ot ot ot 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:			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (B) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		for related o = 1				Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

CLEMENS CONSTRUCTION CO INC,

compensation from the organization ▶ 741

1435 WALNUT ST 2ND FL PHILADELPHIA, PA 19102

(A)

	(A) Name and title	Average hours per week (list any hours	Average hours per week (list any hours for rolated							operable compensation method from related anization configurations 2/1099-			Estim Estim amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	9-	(W-2/1099- MISC)		relat organiz	:ed
See	Additional Data Table													
	Sub-Total						>							
	Total (add lines 1b and 1c)						•		45,228,8	12	(0		6,370,944
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more th	an \$10	00,000			
_											. [Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .											3	Yes	
4	For any individual listed on line 1a, is										the		1	
	organization and related organization individual		150,00		"Yes	," c	omple: •	te Sc	chedule J for s	uch • .		4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization											_	163	
	ection B. Independent Contract											5		No
1	Complete this table for your five high from the organization. Report compe	est compensate										npens	sation	
	Name a	(A) and business addre	ess							Descr	(B) iption of services		(C Compe	
401 C	ISCOLL COMPANY LLC, ITY AVE STE 500 CYNWYD, PA 19004								CONS	TRUCT	ION MGMT		34	,158,637
3001	CH CONSTRUCTION INC, MARKET ST STE 140 1ST FL E JOELPHIA, PA 19104								CONS	TRUCT	ION MGMT		32	,517,261
DRISC 401 C	COLL BALFOUR BEATTY, ITY AVE STE 500 CYNWYD, PA 19004								CONS	TRUCT	ION MGMT		29	,677,047
HUNT 1717	ER ROBERTS CONSTRUCTION GROUP, ARCH ST SUITE 3410								CONS	TRUCT	ION MGMT		25	,079,088
LUILA	DELPHIA, PA 19103													

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

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

(C)

(D)

(E)

(B)

22,017,103

CONSTRUCTION MGMT

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
		Check if Scheo	dule	O contains a	respo	onse or note to any	line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campa	aigns	s	1a			revenue		512 - 514
ints ints	1	b Membership due:	s.	.	1 b					
Contributions, Gifts, Grants and Other Similar Amounts	(c Fundraising even	nts .		1c	600,312				
fts, ir A	(d Related organiza	tions	s [1 d					
, Gi nila	•	e Government grants	(con	tributions)	1e	871,731,000				
Contributions, Gifts, Grants and Other Similar Amounts	1	F All other contribution and similar amounts				949 160 699				
buti ther	١.	above n Noncash contribution	ons in	L ncluded in	1f	848,169,688				
n di	'	lines 1a - 1f:\$,,,,,	loidada iii	1 g	20,595,363				
a Co		h Total. Add lines	1a-1	f		•	1,720,501,000			
						Business Code				
4:	2a	TUITION & FEES				900099	1,504,479,000	1,504,479,000		
Program Service Revenue	b	NET PATIENT SERVICE	CE HE	ALTHCARE		621110	3,111,105,000	3,111,105,000		
Rev		REVENUES				021110	220,645,000	220,645,000		
йсе	С	AUXILIARY ENTERPR	1SES			611710	220,043,000	220,043,000		
Ser	d	OTHER PROGRAM SE	RVIC	E REVENUES		611710	460,073,040	457,698,058	2,374,982	
ramı						-				
Yog	е									
_	f	All other program	serv	/ice revenue.						
	g	Total. Add lines 2	2a-2	2f	. •	5,296,302,040				
		Investment income imilar amounts)		luding divide		nterest, and other	103,425,00	o		103,425,000
		Income from invest				•	2.015.00	0		3,915,000
	5 I	Royalties				•	70,002,00	0		70,002,000
				(i) Rea	al	(ii) Personal	4			
	6a	Gross rents	6a	18,5	546,000	5,00	o			
	b	Less: rental expenses	6b							
	С	Rental income	6c	10.0	46.000	5.00				
	d	or (loss) Net rental income		· '	• • •	1	18,551,00	o		18,551,000
				(i) Securi		(ii) Other				, ,
	7a	Gross amount from sales of assets other than inventory	7a	16,168,7	730,000	-788,00	0			
	b	Less: cost or other basis and sales expenses	7b	15,756,6	571,000)				
	С	Gain or (loss)	7c	412,0	059,000	-788,00	О			
		Net gain or (loss)					411,271,00	0		
Other Revenue	Ва	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	600,312 of	8a	231,600	1			
Re	b	Less: direct expen	ises		8b	283,640				
thei	c	Net income or (los	ss) fr	rom fundrais	ing ev	ents 🕨	-52,04	0		-52,040
	9a	Gross income from See Part IV, line 19			9a	0	_			
		Less: direct expen Net income or (los			9b	ies .		0		
		. Net meane or (103	33) 11	om gaming	COVIC	les •	1	<u> </u>		
	10a	Gross sales of inve returns and allowa			10a	3,775,000	,			
	b	Less: cost of good			10a					
		Net income or (los			invent	cory ►	624,00	0 624,000		
		Miscellaneo	us R	levenue		Business Code				
	11	a								
	b	,				•				
	c									
	d	All other revenue	•							
	е	Total. Add lines 1	1a-:	11d		•		o		
	12	Total revenue. S	ee ir	nstructions			7,624,539,00	0 5,294,551,058	2,374,982	195,840,960
							,,,,	,,,		Form 990 (2019)

For	m 990 (2019)				Page 10
P	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c		_		mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 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	4,971,681	4,971,681		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	496,753,934	496,753,934		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,033,789	2,033,789		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	48,206,974	45,796,625	2,410,349	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	20,937,147	19,890,290	1,046,857	0
7	Other salaries and wages	3,154,293,769	2,753,741,263	346,972,315	53,580,191
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	220,412,000	192,423,000	24,245,000	3,744,000
9	Other employee benefits	394,371,109	344,291,330	43,380,822	6,698,957
10	Payroll taxes	211,622,000	184,749,000	23,278,000	3,595,000
11	Fees for services (non-employees):				
;	a Management	7,307,000	4,530,000	366,000	2,411,000
ı	b Legal	16,941,000	14,061,000	2,871,000	9,000
	c Accounting	2,831,000	2,463,000	368,000	0
	d Lobbying	251,000	208,000	43,000	0
	e Professional fundraising services. See Part IV, line 17	1,569,916			1,569,916
1	f Investment management fees	53,416,000	0	53,416,000	0
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	431,940,000	365,266,000	60,471,000	6,203,000
12	Advertising and promotion	25,721,000	21,236,000	4,115,000	370,000
13	Office expenses	238,807,000	213,623,000	16,717,000	8,467,000
	Information technology	14,491,000	12,028,000	1,252,000	1,211,000
15	Royalties	1,805,000	1,805,000	0	0
16	Occupancy	198,303,000	178,472,000	15,261,000	4,570,000
17	Travel	63,258,000	55,195,000	5,060,000	3,003,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19	Conferences, conventions, and meetings	32,506,000	25,477,000	2,600,000	4,429,000
20	Interest	63,834,000	57,451,000	6,383,000	0
21	Payments to affiliates	-1,782,000	-1,782,000	0	0
22	Depreciation, depletion, and amortization	343,592,000	309,233,000	34,359,000	0
23	Insurance	74,538,000	64,848,000	9,681,000	9,000
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	806,958,000	806,958,000	0	0
	b OTHER TAXES	118,706,000	115,145,000	3,549,000	12,000
	c SUBSCRIPTIONS/DUES	13,622,000	11,851,000	1,584,000	187,000
	d ACADEMIC BAD DEBTS	9,939,000	8,647,000	1,292,000	0
	e All other expenses	140,890,681	126,301,200	11,075,427	3,514,054
25	Total functional expenses. Add lines 1 through 24e	7,213,047,000	6,437,667,112	671,796,770	103,583,118
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

11

12

13

14

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16

17

18

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20

21

23

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25

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

End of year

Page 11

597.946.000

637,381

62.743.619

40.043.000

88,490,000

6,402,185,000

5,200,547,595 9,526,822,405

532,162,000

24,607,104,000

2,849,963,000

115,434,000

182,382,000

2,270,415,000

8.280.756.000

8,656,902,000

7,669,446,000

16,326,348,000

24,607,104,000

Form 990 (2019)

2.862.562.000

0

0

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

1	Cash-non-interest-bearing	0	1	0
2	Savings and temporary cash investments	1,169,301,000	2	1,681,542,000
3	Pledges and grants receivable, net	483,068,000	3	473,985,000

3 595.916.000 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, 250,000 5

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities .

10a 10b

Investments—other securities. See Part IV, line 11 .

11,362,493,000

4,960,308,000 Investments—program-related. See Part IV, line 11

5,549,045,680 8,861,362,320 22,754,777,000

Beginning of year

700,238

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10c

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12 0 13

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24

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32

33

0 21

0

71.357.762

38.694.000

65,302,000

5,739,883,000

179,897,000

2,261,886,000

135,025,000

12,774,000

2,070,565,000

6.635.778.000

8,619,742,000

7,499,257,000

16,118,999,000

22,754,777,000

2.155.528.000

Consolidated basis ☐ Separate basis ☐ Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes 2c

3a

3b

Yes

Yes Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

SEE SCHEDULE O

Software Version:

EIN: 23-1352685

Software ID:

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990 (2019) Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: SEE SCHEDULE O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nouns	and a director, trastee,						(iv a // aga	(14/ 2/4 200	· ··
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RALPH MULLER	0.0						х	5,971,412	0	7,503
FORMER CEO, UPHS	0.0						^	3,3/1,412	0	7,303
PETER AMMON	55.0				x			3,483,137	0	1,716,887
CHIEF INVESTMENT OFFICER	0.0							5,105,157	,	2,7 20,007
LARRY JAMESON	54.0			.,				2 424 572		0.55 50.6
EXEC. VP UPHS & DEAN OF PSOM	1.0			X				3,694,570	0	965,596
DR AMY GUTMANN	55.0									

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2,228,320

2,140,229

2,105,404

2,057,731

1,770,889

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864,879

762,573

69,781

49,123

52,625

44,049

207,844

	0.0
LARRY JAMESON	54.0
EXEC. VP UPHS & DEAN OF PSOM	1.0
DR AMY GUTMANN	55.0
PRESIDENT, EX-OFFICIO TRUSTEE	0.0
CRAIG CARNAROLI	54.0

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EXECUTIVE VICE PRESIDENT

WILLIAM C WELCH MD

CPUP - NEUROSURGERY

......

MICHAEL SEAN GRADY MD

SURGEON - NEUROSURGERY

CEO, UPHS (AS OF 7/1/2019)

CHOP - NEUROSURGERY

PHILLIP B STORM MD

N SCOTT ADZICK MD

CHOP - SURGERY

KEVIN MAHONEY

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	arry riours	and	a un	ecco		usice)	′	(14 2 (4 0 0 0	(IV D/4000	mom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JONATHAN CHEN CHOP - SURGEON	55.0					х		1,907,014	0	49,259
PHILLIP OKALA COO PHILADELPHIA OPERATIONS	47.0 8.0				х			1,588,534	0	193,693
KEITH KASPER CFO, UPHS	41.0 14.0				х			1,451,035	0	188,855
PETER D QUINN MD DMD VICE DEAN, PROF SRVCS	47.0 8.0				х			1,427,717	0	44,191
ELIZABETH B JOHNSTON	53.0						/			

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939,020

1,135,936

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156,420

163,692

333,543

26,561

53,064

44,398

CFO, UPHS
PETER D QUINN MD DMD
VICE DEAN, PROF SRVCS
ELIZABETH B JOHNSTON
EXEC. DIR. CPUP (THRU 10/2019)

REGINA CUNNINGHAM

WENDELL PRITCHETT

DEBORAH A DRISCOLL MD

SVP CPUP (AS OF 10/2019)

SVP DEVELOPMENT & ALUMNI RLTNS

CEO HUP

PROVOST

JOHN ZELLER

JON EPSTEIN

VICE DEAN, PSOM

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from the from related any hours and a director/trustee) organization organizations from the

616,883

632,702

616,632

624,319

574,039

568,478

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69,095

36,609

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THOMAS E BEEMAN PHD FMR COO REGIONAL OPS UPHS	0.0						x	1,046,872	0	17,109
WENDY WHITE SVP & GENERAL COUNSEL	54.0			х				989,521	0	48,716
GREGORY ROST SVP & CHIEF OF STAFF	54.0			х				907,514	0	123,488
MARYFRANCES MCCOURT	53.0			х				692,540	0	87,693

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SVP & CHIEF OF STAFF
MARYFRANCES MCCOURT
VP FIN. & TREASURER
THOMAS MURPHY
VP INFO SYSTEMS AND COMPUTING

......

ANNE PAPAGEORGE

MEDHA NARVEKAR

........ **VP & SECRETARY**

JOANN MITCHELL

JACK HEUER

DAWN BONNELL

VP FACILITIES AND REAL ESTATE

SVP INSTITUTIONAL AFFAIRS

SR VICE PROVOST FOR RESEARCH

VP HUMAN RESOURCES

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHRISTOPHER MASOTTI VICE DEAN ADMIN PSOM	55.0				х			549,598	0	45,829
VICE DEAN ADMIN F30M	0.0									
STEPHEN J MACCARTHY VP COMMUNICATIONS	55.0			х				527,420	0	59,197
JEFFREY COOPER VP GOVT & COMMUNITY RELATIONS	55.0			х				486,604	0	51,058
MARIE WITT	55.0			х				481,213	0	52,619

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451,157

461,523

466,989

400,313

443,034

365,258

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44,117

37,734

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VP GOVT & COMMUNITY RELATIONS
MARIE WITT
VP BUSINESS SERVICES
TREVOR LEWIS
VP BUDGET AND MGMT ANALYSIS

MAUREEN RUSH

LESLIE KRUHLY

VP PUBLIC SAFETY

......

VP, AUDIT, COMPLIANCE & PRIV'Y

COMPTROLLER (THRU 12/31/19)

FMR VP AND SECRETARY

GREGORY PELLICANO

BETH A WINKELSTEIN

VICE PROVOST

JOHN HORN

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN SESTITO	55.0									
EVECUTA IS DIRECTOR COUR					Χ			339,767	0	17,725
EXECUTIVE DIRECTOR CPUP	0.0									
RUSSELL DILEO	55.0									
COMPTROLLER (AC OF AA/AA/AA)				X				193,473	0	64,997
COMPTROLLER (AS OF 04/01/20)	0.0									
VINCENT PRICE	0.0									
							Х	124,740	0	0
FORMER PROVOST	0.0									
LAURA J ALBER	3.0									
		Х						0	0	0

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VINCENT PRICE
FORMER PROVOST
LAURA J ALBER
TRUSTEE
BONNIE MIAO BANDEEN

TRUSTEE

TRUSTEE

TRUSTEE

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TRUSTEE

BRETT H BARTH

ADAM K BERNSTEIN

DAVID S BLITZER

SCOTT L BOK ESQ

MICHAEL LLEWELLYN BARRETT

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from related from the

and Independent Contractors

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CHRISTOPHER H FRANKLIN

MICHAEL F GERBER

PERRY GOLKIN ESQ

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

DAVID ERTEL

ALBERTO IVAN DURAN

	any hours	and	a dir	recto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WILLIAM POLK CAREY II TRUSTEE	0.0	Х						0	0	0	
ALBERTO J CHAMORRO TRUSTEE	0.0	Х						0	0	0	
JAMES G DINAN TRUSTEE	3.0	Х						0	0	0	

ALBERTO J CHAMORRO	3.0	v			0	
TRUSTEE	0.0	^			0	
JAMES G DINAN	3.0	Y			0	
TRUSTEE	0.0	^			0	
LEE SPELMAN DOTY	3.0	.,				
TRUSTEE	0.0	X			0	

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JAMES G DINAN	3.0				0	0	
TRUSTEE	0.0	^			9	ŭ	
LEE SPELMAN DOTY	3.0	v			0	0	
TRUSTEE	0.0	^				ŭ	
CONNIE K DUCKWORTH	3.0						

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!	any hours		. a dir	recto		rustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES H GREENE JR TRUSTEE	3.0	Х						o	0	0	
JANET F HAAS MD TRUSTEE	3.0	Х						0	0	0	
ANDREW R HEYER TRUSTEE	3.0	Х						0	0	0	
GEORGE KWOK LUNG HUNGCHOY	3.0	Х						0	0	0	

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TRUSTEE
GEORGE KWOK LUNG HUNGCHOY
TRUSTEE
LLOYD W HOWELL JR
TRUSTEE

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OSAGIE O IMASOGIE ESO

JAMES C JOHNSON ESO

SUSANNA E LACHS ESQ

WILLIAM P LAUDER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

LYNN J JERATH

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

and Independent Contractors

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TRUSTEE

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TRUSTEE

OFER NEMIROVSKY

DHANANJAY M PAI

SIMON D PALLEY

CHERYL PEISACH

TRUSTEE (THRU 12/31/19)

CATHERINE M O'HERN LYONS

	any hours	and	a dir	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHARLES B LEITNER III TRUSTEE	3.0	Х						0	0	0
CLAIRE LOMAX ESQ TRUSTEE	3.0	Х						0	0	0
PATRICIA MARTIN MD	3.0	Х						0	0	0

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TRUSTEE	0.0	~			, and the second	
PATRICIA MARTIN MD	3.0	~				
TRUSTEE	0.0	Χ			J	
MARC F MCMORRIS	3.0	~			0	
TRUSTEE	0.0	Χ			0	
KENNETH D MOELIS	3.0	·		·		

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other

and Independent Contractors

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TRUSTEE

ANN REESE

MARC J ROWAN

THEODORE E SCHLEIN

ALAN DAVID SCHNITZER

RAMANAN RAGHAVENDRAN

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	week (list any hours					office ustee)		from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KEVIN S PENN	3.0										
TRUSTEE	0.0	X						0	0	0	
RICHARD C PERRY	3.0							_		_	
TRUSTEE	0.0	Х						0	0	0	
JULIE BEREN PLATT	3.0										
TRUSTEE	0.0	Х						0	0	0	
MICHAEL J PRICE	3.0								0		
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TRUSTEE	0.0					
JULIE BEREN PLATT	3.0	x			0	
TRUSTEE	0.0					
MICHAEL J PRICE	3.0	_			0	
TRUSTEE	0.0	^				
ANDREW S RACHLEFF	3.0					

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JULIE BREIER SEAMAN	3.0	Х						0	0	0	
TRUSTEE	0.0										
JOHN P SHOEMAKER	3.0	Х						0	0	0	
TRUSTEE	0.0										
AMB MARTIN J SILVERSTEIN TRUSTEE	3.0	Х						0	0	0	
STACEY G SNIDER	1.0 3.0	Y						0	0	0	

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1100122
AMB MARTIN J SILVERSTEIN
TRUSTEE
STACEY G SNIDER
TRUSTEE

ROBERT M STAVIS

RICHARD W VAGUE

JILL TOPKIS WEISS

MARK B WERNER

HON THOMAS W WOLF

EX-OFFICIO TRUSTEE

DAVID L COHEN ESQ

CHAIRPERSON

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

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and Independent Contractors (A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

	any hours for related					ustee)		organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT M LEVY	3.0	x		X					0	0	
VICE-CHAIRPERSON				^				١	0		

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JUDITH L BOLLINGER

TRUSTEE EMERITUS AS OF 1/1/20

efil	e GR/	<u>APHIC pri</u> i	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493133020451				
SCI	HED	ULE A	- Dublic #	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019				
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nue Service he organiza THE UNIVERS	tion EITY OF PENNSYLVANIA				Employer identific					
111051							23-1352685					
	rt I		for Public Charity State a private foundation because				See instructions.					
1 1	rganiz		onvention of churches, or as	•	-		(A)(i)					
2		•	ŕ									
	✓		school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3		·	·	-			-					
4	Ш	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			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(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 331/3% 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 331/3% 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 organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a					
а		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar								
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-		<u> </u>					
g	Provi	de the follow	ing information about the su	pported organization(r '							
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	tion in your governing document? monetary support other su on lines (see instructions) instru e (see							
					Yes	No	No					
			<u> </u>									
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9					

	(or fiscal year beginning in) ▶	(a) 2019	(8) 2010	(0) 2017	(4) 2010	(6) 2019	(1) 1000
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	1,299,928,000	1,427,606,000	1,492,937,000	1,705,237,000	1,637,849,000	7,563,557,000
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	1,299,928,000	1,427,606,000	1,492,937,000	1,705,237,000	1,637,849,000	7,563,557,000
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						0

0 amount shown on line 11, column (f). Public support. Subtract line 5 7,563,557,000

from line 4. Section B. Total Support Calendar year (a) 2015 (c) 2017 **(b)** 2016 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ 1,299,928,000 1,427,606,000 1,492,937,000 1,705,237,000 1,637,849,000 Amounts from line 4. .

Gross income from interest,

dividends, payments received on securities loans, rents, royalties 132,420,636 171,477,149 224,332,000 228,333,000 195,893,000 and income from similar sources

Net income from unrelated business activities, whether or not the business is regularly carried

7,563,557,000 952,455,785 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7

8,516,012,785 through 10 12 24,709,653,301 check this box and stop here $\dots\dots\dots\dots$

10 11

Section C. Computation of Public Support Percentage

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, 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14

88.816 % 15 89.112 %

b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

15 Public support percentage for 2018 Schedule A, Part II, line 14 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 17a 10%-facts-and-circumstances test-2019. 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 10%-facts-and-circumstances test—2018. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15						15	
16		-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?			
		11a		
	A family member of a person described in (a) above?	11b		
	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 .	11c		
S	ection 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	-		
2	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	2		
	organization.			
S	ection 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? 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		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	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? <i>Provide details in Part VI.</i>	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

	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 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2019		(iii) Distributable Amount for 2019	
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to who details in Part VI). See instructions				
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019	
1 Distributable amount for 2019 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

DLN: 93493133020451

ZUIS

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

f the	Section 527 organizations: Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under so t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, lin ection 501(h)): Co der section 501(h	e 47 (Lobbying Activitie mplete Part II-A. Do not co)): Complete Part II-B. Do	s), then omplete Part II-B. not complete Part II-A.
Nar	ne of the organization STEES OF THE UNIVERSITY OF PENNSYL	·		Employer ide 23-1352685	ntification number
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 organi	zation.
1	"political campaign activities")	ization's direct and indirect political cam		`	
2	· -	litures (see instructions)			\$
3		paign activities (see instructions)			
		nization is exempt under section			
1	•	ax incurred by the organization under se			\$
2		ax incurred by organization managers ur			\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	nis year?		🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	pt section 501(c)(3)).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2		anization's funds contributed to other or			\$
3	·	es. Add lines 1 and 2. Enter here and on			\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate pe	filing organization's funds olitical organization, such	. Also enter the amount
	(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					
1					
5					
<u>. </u>					

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO Form 5768 (election under section 501(h)).	T filed				
		(a)		(b)	
ror ea activit	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	4	lmoui	nt
	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	:				
а	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			9	95,115
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
_	Total. Add lines 1c through 1i				9	95,115
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
	If "Yes," enter the amount of any tax incurred under section 4912					
	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	t III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	L(c)(5), o	r secti	on		
	301(c)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	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	tIII-B Complete if the organization is exempt under section 501(c)(4), section 50	L(c)(5), o	r secti	on 5	01(0	:)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) I answered "Yes."	art III-A	, line 3	, is		
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).					
а	Current year	2a 2b				
	Total	2c				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?	4				
	Taxable amount of lobbying and political expenditures (see instructions)	5				
	Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	iot). Dart II	A lines	1 20	4 2 /64	
	ructions), and Part II-B, line 1. Also, complete this part for any additional information.	ist), Pait II-	A, illies	1 411	u 2 (St	
	Return Reference Explanation					
SCHE	DETAIL OF LOBBYING ACTIVITIES THE TRUSTEES OF THE UNIVERSITY ("UNIVERSITY") ALUMNI AND TRUSTEES OCCASIONALLY ENGAGE IN AD STATE APPROPRIATIONS FOR PROGRAMS OF IMPORTANCE TO THE UNIVERSITY (COMMUNITY APPRISED OF FEDERAL RELATIONS, WHOSE MAIN FUNCTION COMMUNITY APPRISED OF FEDERAL DEVELOPMENTS WHICH MAY HAVE INCLUDING, AMONG OTHERS, PENDING CHANGES TO THE INTERNAL REAND ISSUES OF STUDENT AID. THE UNIVERSITY, A PRIVATE NON-PROF RECEIVES DIRECT ANNUAL NON-PREFERRED APPROPRIATIONS FROM THE PENNSYLVANIA. THE AMOUNT AND CONTINUATION OF THESE APPROPRITHEREFORE, THE UNIVERSITY MAINTAINS AN OFFICE OF COMMONWEAL SUPPORT, JUSTIFY, AND COORDINATE THESE APPROPRIATION REQUEST DEPARTMENT OF AGRICULTURE, OTHER APPROPRIATE AGENCIES OF THE GENERAL ASSEMBLY. THE MAJORITY OF THIS OFFICE'S EFFORTS ARE RESUPPORTING THESE APPROPRIATION REQUESTS. ADDITIONALLY, THIS MINIMAL LOBBYING ACTIVITIES RELATED TO OTHER ISSUES, SUCH AS PROGRAMS RELATED TO HIGHER EDUCATION. IN CONJUNCTION WITH ACTIVITIES, THE UNIVERSITY HAS CONTRACTED WITH PROFESSIONAL LEGISLATORS IN CONNECTION WITH THE UNIVERSITY'S ANNUAL APPROPENNSYLVANIA HEALTH SYSTEM, THROUGH ITS OFFICE OF GOVERNME! LOBBYING ACTIVITIES WITH RESPECT TO HEALTH CARE RELATED ISSU	COCACY REL VERSITY. TH IN IS TO KE IN IS TO KE IN IN IS TO KE IT EDUCATION IN I	ATED TC E UNIVE EP THE L ON THE SE, RESE ONAL IN WEALTHE E NOT G ONS IN C THE PEN ACTIVITI ALSO C OD AND (S OF LOI THE UI S, CONI	RSIT JNIVI UNIV UNIV STIT I OF UUARA BRDE ECOND THE ECOND THE TACT TO TO TO TO TO TO TO TO TO TO TO TO TO	Y ERSIT /ERSI H FUNI UTION ANTEE R TO VANIA ND TH UCT R NG RSITY	Y TY DING I, :D. A HE

ACTIVITIES INCLUDED MEETING WITH LEGISLATORS, THEIR STAFF, GOVERNMENTAL OFFICIALS, AS WELL

AS CONDUCTING SEMINARS.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493133020451

OMB No. 1545-0047

Supplemental Financial Statements

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	ne of the organization STEES OF THE UNIVERSITY OF PENNSYLVANIA			Employer id	entification number
				23-1352685	
Pa	rt I Organizations Maintaining Donor Adv			Accounts.	
	Complete if the organization answered "Ye			<i>.</i>	
	Tabal acceptance at and of cons	(a) Donor ad		(b) Fund	ds and other accounts
1	Total number at end of year		5		
	Aggregate value of contributions to (during year)		2,625,396		
	Aggregate value of grants from (during year)		1,693,632		
	Aggregate value at end of year		2,755,071		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				the Yes No
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or fo	or any other purpose co		
Pai	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990 Par	+ IV line 7		
1	Purpose(s) of conservation easements held by the orga				
-		` _	Preservation of an	historiaally imm	ortant land avea
	Preservation of land for public use (e.g., recreatio	on or education)	1	, ,	
	☐ Protection of natural habitat	L	Preservation of a co	ertified historic	structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation	contribution in the form		ation at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements . $% \left(1\right) =\left(1\right) \left(1\right) $		L	2b	
c	Number of conservation easements on a certified histor	ric structure included in	(a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and	not on a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguish	ed, or terminated by t	he organizatior	n during the
4	Number of states where property subject to conservation	on easement is located	-		
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold			f violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violat	ions, and enforcing co	nservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \bigset\$, handling of violations,	and enforcing conserv	ation easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organi:			
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar As	ssets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, educ	ation, or research in fu		
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1			▶\$	
(i	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other	similar assets for finan		
а	Revenue included on Form 990, Part VIII, line 1	, , ,		> \$	
b	Assets included in Form 990, Part X			▶\$	
or F	Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat. No.	52283D Sch	edule D (Form 990) 20

 ${f d}$ Equipment .

	edule D (10111 990) 2019							rage Z
Par	t III Organizations Maintaining Col							
3	Using the organization's acquisition, accession items (check all that apply):	n, and other recor		any of	the follo	wing that are a	significant use of it	s collection
а	✓ Public exhibition		d	✓	Loan or	exchange prog	rams	
b	Scholarly research		e		Other			
c	✓ Preservation for future generations							
4	Provide a description of the organization's coll Part XIII.	ections and expla	in how the	y furtl	her the o	rganization's ex	empt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						_	es 🗹 No
Pa	rt IV Escrow and Custodial Arrange	ments.						
	Complete if the organization answ X, line 21.							Form 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							es 🗌 No
b	If "Yes," explain the arrangement in Part XIII		_				Amount	<u> </u>
С.	Beginning balance					1c		
d	Additions during the year							
e	Distributions during the year					46		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, lii	ne 21, for	escrow	or custo	dial account lia	bility? 🗌 Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	e explanati	on has	s been pr	ovided in Part)	ш 🗆	
Pa	art V Endowment Funds.							
	Complete if the organization answ	ered "Yes" on I (a) Current year	-	<i>, Part</i> rior yea			(d) Three years back	(e) Four years back
1a	Beginning of year balance	12,847,660,05	_	052,014		10,823,057,735	9,489,318,954	
	Contributions	494,200,8:		355,655		386,383,842	488,726,023	
	Net investment earnings, gains, and losses	392,268,88		726,174		1,345,636,475	1,319,478,609	
	Grants or scholarships		0		0	0	0	0
	Other expenditures for facilities							
	and programs	590,222,79	99	286,184	1,555	503,063,366	474,465,852	358,308,998
f	Administrative expenses		0		0	0	0	0
g	End of year balance	13,143,906,96	56 12,	847,660	0,057	12,052,014,686	10,823,057,734	9,489,318,954
2	Provide the estimated percentage of the curre	•	nce (line 1	g, colu	mn (a)) l	neld as:		
а	Board designated or quasi-endowment	46.330 %						
b	Permanent endowment ► 53.670 %							
c	Temporarily restricted endowment ► 0	%						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3a	Are there endowment funds not in the posses organization by:	sion of the organi	zation that	t are h	eld and a	idministered foi	the	Yes No
	(i) unrelated organizations						3	Ba(i) Yes
	(ii) related organizations						3	a(ii) No
b		·			.?			3b
4	Describe in Part XIII the intended uses of the		dowment f	unds.				
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization answ		Form 990	. Part	IV. line	11a. See For	m 990. Part X. li	ne 10.
	Description of property (a) Cost or oth (investme	er basis (b) C	ost or other			c) Accumulated d		(d) Book value
1 ~	Land			280.7	16,000			280,716,000
	Land		_	280,7.		າ ,	512 309 000	3,739,520,000
D	Buildings			,3,1,6,	23,000	3,0	512,309,000	3,739,320,000

1,769,908,000

1,960,040,000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

421,909,000

1,960,040,000

6,402,185,000

1,347,999,000

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	Form 990, Part IV, line 1	l1b.See Form 990, P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: year market value
(1) Financial			203t of eliu-01-	year market value
	held equity interests			
(A) VENTURE	E CAPITAL & OTHER INVEST	8,711,748,232		<u>F</u>
(B) REAL ES	TATE	753,297,173		<u>F</u>
(C) INVESTM	MENT IN SUBSIDIARIES	61,777,000		F
(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	9,526,822,405		
Part VIII	Investments—Program Related.	•	1 - C - F 000 F	Sout William 42
	Complete if the organization answered 'Yes' on F (a) Description of investment	-orm 990, Part IV, line I	(b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•	
	Complete if the organization answered 'Yes' on Fe		1d. See Form 990, Part	
(1)	(a) Description	1		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fe			
1. (1) Federal i	(a) Description of li	ability		(b) Book value
(1) Federal I (2) DEPOSIT	income taxes TS			218,012,000
(3) FEDERAL	STUDENT LOAN ADVANCES			51,822,000
(4) ACCRUE	D RETIREMENT BENEFITS D DUE TO/(FROM) AFFILIATES			1,621,010,000 -196,247,000
(5) INTERCO	E BOND LIABILITY			575,818,000
(6) TAXABLE				
(6) TAXABLE				
(6) TAXABLE				
(6) TAXABLE (7) (8)				
(6) TAXABLE (7) (8) (9) (10) Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text o			2,270,415,000

Schedule D (Form 990) 2019

	Complete if the organi	ization answered 'Yes' on Form 990, Part	IV, li	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	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 ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d 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 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	·	zation answered 'Yes' on Form 990, Part			T .	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		I		
a	Donated services and use of facili		2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F			1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines 4a and 4b				4c	
5		1c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	ride the descriptions required for P ines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide	4; Pari any a	t IV, lines 1b and 2b; Par Idditional information.	t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 23-1352685

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Supplemental Information

applemental 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					

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	USE OF ENDOWMENT FUNDS DURING THE YEAR ENDED JUNE 30, 2020, THE UNIVERSITY'S ENDOWMENT CON SISTED OF 6,909 DONOR-RESTRICTED ENDOWMENT FUNDS AND 928 QUASI-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
	OTHER LIABILITIES DETAIL THE INTERCOMPANY DUE TO/(FROM) AFFILIATES BALANCE INCLUDES AMOUNT S 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
, ,	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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133020451 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 23-1352685 Part I YES NO 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 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? Yes 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," Yes 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	, , , ,						
Part II Supplemental Information. Provide the e any other additional information. See instruction	xplanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide as.						
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: https://www.upenn.edu/affirm-action/policies-handbooks.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 AISO RECEIVES						

COMMONWEALTH OF PENNSYLVANIA. THE UNIVERSITY AISO RECEIVES VARIOUS GOVERNMENTAL FUNDING WHICH SUPPORTS ITS EDUCATIONAL, PATIENT CARE, AND RESEARCH MISSIONS.

Schedule F (Form 990 or 990-F7) (2019)

CHEDULE F	State	ement of /	Activities (Outside the Un	ited States	OMB No. 1545-0047
Form 990)	► Comp	lete if the organiz	ine 14b, 15, or 16.	2019		
epartment of the Treasury ternal Revenue Service	•	► Go to <i>www.irs.g</i>	gov/Form990 for i	nstructions and the latest i	nformation.	Open to Public Inspection
ame of the organizatior RUSTEES OF THE UNIV		NSYLVANIA			Employer ide 23-1352685	ntification number
	Information , Part IV, line		Outside the U	Jnited States. Comple		answered "Yes" on
other assistance,	the grantees'	eligibility for th	e grants or assis	substantiate the amoun stance, and the selection	criteria used	☑ Yes ☐ No
For grantmaker outside the Unite		Part V the orga	anization's proce	dures for monitoring the	use of its grants and o	ther assistance
Activites per Regio	n. (The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
				<u> </u>		
See Add'l Data		<u> </u>				
See Add'l Data						
See Add'I Data 3a Sub-total b Total from continua		1	50			11,011,22

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation	

organization	section and EIN (if applicable)	., .	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 24

Schedule F (Form 990) 2019

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							
		+					
		+					
		+ +					

Sche	dule F (Form 990) 2019		Page 4
Pai	rt 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

Schedule F (F	chedule F (Form 990) 2019 Page !					
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me 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 pro any additional information. See instructions. 990 Schedule F, Supplemental Information						
Return Referenc	Explanation e					
SCHEDULE PART I, LINE						

990 Schedule F, Supplemental Information

990. SCHEDULE F. PARTS II AND III.

Return

Reference	Explanation
SCHEDULE F,	DETAIL OF SUB-CONTRACTS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE TRUSTEES OF THE UNIVERSITY OF
PART II	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

Evolunation

Additional Data

Central America and the

Caribbean

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	338,763				

1 Send agents to seminar

50,890

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the Conduct board meetings 469 Caribbean Central America and the 0 | Fundraising 1.721 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 7 Program Services Education & Training 72,473 Caribbean Central America and the 3 |Program Services Field Research 63,653 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the Program Services Recruitina 21.782 Caribbean Central America and the 1 |Program Services Social Research 8.797 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the Program Services Study Abroad/Education 118,720 Caribbean Central America and the Study Abroad/Research Program Services 9.817 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 5 Send agents to seminar 839,569 East Asia and the Pacific 1 Conduct board meetings 106,287

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Fundraising 4.971.729 East Asia and the Pacific Grantmaking 144,299

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Clinical Trials 55,466 IProgram Services East Asia and the Pacific 22 Program Services Education & Training 2,394,443

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 10 Program Services Field Research 1.812.342 East Asia and the Pacific Program Services Recruiting 115,981

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific 3 Program Services Social Research 126,132 East Asia and the Pacific 1 Program Services Study Abroad/Education 1,960,753

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific Program Services Study Abroad/Research 132,713 Europe (Including Iceland and 20 Send agents to seminar 1,998,960 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 2 Conduct board meetings 55,250 Greenland) Europe (Including Iceland and Fundraising 841,894 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Grantmaking 1,036,218 Greenland) Europe (Including Iceland and Program Services Clinical Trials 9,020 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 2 | Program Services Education & Training 1,802,790 Greenland) Europe (Including Iceland and 41 | Program Services Field Research 5.050.179 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services Recruitina 98,059 Greenland) Europe (Including Iceland and 6 | Program Services Social Research 740,707 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 33 Program Services Study Abroad/Education 3,566,798 Greenland) Europe (Including Iceland and Study Abroad/Research 183,109 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 3 Send agents to seminar 99,299 Middle East and North Africa 1 Conduct board meetings 15,625

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Fundraising 70,549 Middle East and North Africa Grantmaking 56,208

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Education & Training 627,849 IProgram Services Middle East and North Africa 4 Program Services Field Research 1,203,103

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Recruiting 2,302 IProgram Services Middle East and North Africa Program Services Social Research 5,145

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Study Abroad/Education 395,848 IProgram Services Middle East and North Africa Program Services Study Abroad/Research 38,564

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 10 Send agents to seminar 412,745 North America Fundraising 79,119

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 57,054 Grantmaking North America Program Services Clinical Trials 28,787

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Education & Training 232,574 IProgram Services North America 7 Program Services Field Research 864,086

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Recruiting 22,320 IProgram Services North America Program Services Social Research 46,365

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Study Abroad/Education 34,946 IProgram Services North America Program Services Study Abroad/Research 15,818

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly 1 Send agents to seminar 16,248 Independent States Russia and the Newly Grantmaking 12,800 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly Program Services Clinical Trials 20,006 Independent States Russia and the Newly Education & Training 15.243 Program Services Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly 8 Program Services Field Research 127,132 Independent States Russia and the Newly Recruiting 348 Program Services Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly 1 |Program Services Social Research 286,828 Independent States Russia and the Newly Study Abroad/Education 19,011 Program Services Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Program Services Study Abroad/Research 31.424 Russia and the Newly Independent States 72,432 South America Send agents to seminar

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 3 Conduct board meetings 7,744 South America Fundraising 37,637

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 28,400 Grantmaking South America 3 Program Services Education & Training 769,959

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 5 Program Services Field Research 572,093 South America Program Services Recruiting 34,523

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 3 Program Services Social Research 352,286 South America Program Services Study Abroad/Education 546,391

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Study Abroad/Research 64,834 IProgram Services South Asia 1 Send agents to seminar 72,026

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Fundraising 112,344 South Asia Grantmaking 338,010

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Education & Training 191,197 IProgram Services South Asia 17 Program Services Field Research 1,634,484

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Recruiting 43,153 IProgram Services South Asia 1 Program Services Social Research 325,813

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Study Abroad/Education 270,533 IProgram Services South Asia Program Services Study Abroad/Research 21,467

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Send agents to seminar 88,824 Sub-Saharan Africa 3 Conduct board meetings 4,506

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Fundraising 1.830 Sub-Saharan Africa Grantmaking 360,800

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Program Services Clinical Trials 172,728 Sub-Saharan Africa 24 Program Services Education & Training 533,655

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 139 Program Services Field Research 3,864,538 Sub-Saharan Africa 3 Program Services Social Research 327,517

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Study Abroad/Education 455,706 IProgram Services Sub-Saharan Africa Program Services Study Abroad/Research 53,791

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 3,965,011,898 0 IInvestments Caribbean 97,317,234 East Asia and the Pacific 0 IInvestments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 1,013,868,470 0 IInvestments Greenland) North America 107,490,326 0 IInvestments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 1.792.850 0 lInvestments Sub-Saharan Africa 0 linvestments 179,537,774

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Middle Fast and North Africa 11,213 0 linvestments

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia GENENRAL 192,160 WIRE ISUPPORT

East Asia and 41,801 CHECK Research

Ithe Pacific

Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Research 25,794 CHECK Ithe Pacific Support

East Asia and IRESEARCH 28.981 CHECK

Ithe Pacific

ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America IRESEARCH 46.254 CHECK ISUPPORT Middle East RESEARCH 46.296 CHECK land North ISUPPORT

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East and RESEARCH 5,912 CHECK North Africa ISUPPORT IRESEARCH 65.930 CHECK Europe (Includina ISUPPORT Iceland and

Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 22,603 CHECK Europe (Includina SUPPORT Iceland and Greenland) IRESEARCH 34.916 CHECK Europe (Includina SUPPORT lIceland and

(Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 30,343 CHECK RESEARCH Europe (Includina SUPPORT Iceland and Greenland) IRESEARCH 13.522 CHECK Europe (Includina SUPPORT

lIceland and

(Greenland

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IRESEARCH** 44,024 CHECK Europe (Includina ISUPPORT Iceland and Greenland)

62.991 CHECK



East Asia and

the Pacific

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

RESEARCH

ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 62,282 CHECK Europe (Includina SUPPORT Iceland and Greenland) IRESEARCH 30.633 CHECK Europe (Includina SUPPORT lIceland and

(Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 22,050 CHECK Europe (Includina SUPPORT Iceland and Greenland) IRESEARCH 33.883 CHECK Europe (Includina SUPPORT lIceland and

(Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) RESEARCH 51,020 CHECK Europe (Includina SUPPORT Iceland and Greenland) IRESEARCH 82.877 CHECK Europe (Includina SUPPORT lIceland and

(Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Lipman Family 50,000 CHECK Europe (Includina lPrize Iceland and Greenland)

100.000 CHECK

South Asia

Lipman Family

Prize

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Lipman Family 250,000 CHECK Africa lPrize Sub-Saharan Lipman Family 100,000 CHECK Africa Prize

(i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of i (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other)

Europe Gift to UAV 40,000 CHECK
(Including Iceland and

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

Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) FOX LEADERSHIP 23,375 EFT/WIRE/CHK IN/A IN/A East Asia and INTERNATIONAL the Pacific ALUMNI FELLOWSHIPS INTERNSHIP AWARD 5,500 EFT IN/A North America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SOCIAL IMPACT LOAN South Asia 32,500 CHECK IN/A FORGIVENESS AWARD SOCIAL IMPACT 8.000 CHECK N/A N/A Sub-Saharan SUMMER IMPACT Africa AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SOCIAL IMPACT LOAN Europe 40,000 CHECK IN/A FORGIVENESS (Including AWARD Iceland and (Greenland SOCIAL IMPACT 2,093 CHECK N/A N/A Europe SUMMER IMPACT (Including AWARD Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) SOCIAL IMPACT 4.000 CHECK N/A IN/A Middle East SUMMER IMPACT and North AWARD Africa JACOBS LEVY PRIZE 40.000 CHECK N/A IN/A East Asia and FOR QUANTITATIVE the Pacific FIN. INNOVATION

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (q) Description of (h) Method of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) JACOBS LEVY 5,000 CHECK IN/A N/A East Asia and CENTER RESEARCH the Pacific PAPER PRIZE 1.667 CHECK JACOBS LEVY N/A |Europe CENTER RESEARCH l(Including PAPER PRIZE Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (g) Description of (h) Method of (e) Manner of cash (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) JEROME FISHER M&T | North America 5,000 CHECK N/A N/A SUMMER IMPACT AWARD JEROME FISHER M&T South Asia 4.500 CHECK N/A N/A SUMMER IMPACT AWARD

Form 990 Schedu	ile F Part III -	Grants and	l Assistance t	o Individuals Out	tside 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)
JEROME FISHER M&T SUMMER IMPACT AWARD	East Asia and the Pacific	2	6,000	CHECK		N/A	N/A
AWARD	Europe (Including Iceland and Greenland)	1	2,720	CHECK		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (e) Manner of cash (g) Description of (h) Method of (c)Number (d) Amount of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) LAUDER LDERSHIP 12,800 CHECK N/A IN/A Russia and the IMMERSION AWARD Newly Independent States LAUDER LDERSHIP 2,800 CHECK N/A N/A Sub-Saharan IMMERSION AWARD Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) LAUDER LDERSHIP 28,400 CHECK IN/A IN/A South America IMMERSION AWARD THOURON AWARD 25 273.827 WIRE N/A IN/A Europe l(Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) UNDERGRAD GRIP 33,000 CHECK IN/A N/A lEurope AWARDS (Including Iceland and Greenland) WCAI DATAHON 300 ICHECK N/A N/A North America AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (a) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) WCAI DATAHON 850 CHECK IN/A IN/A South Asia AWARD WPA RESEARCH 6.933 CHECK IN/A IN/A East Asia and PAPER COMPETITION lthe Pacific **AWARD**

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (e) Manner of cash (g) Description of (h) Method of (c)Number (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) WPA RESEARCH 8,000 CHECK IN/A IN/A South Asia PAPER COMPETITION AWARD WPA RESEARCH 2,000 CHECK N/A **IEurope** PAPER COMPETITION (Including AWARD Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (c)Number (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) OIDD WUEC PITCH 250 CHECK IN/A IN/A Europe COMPETITION l(Includina Iceland and (Greenland

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

DLN: 93493133020451 OMB No. 1545-0047

2019

Open to Public Inspection

ame of the organization	- DENINGY/LY/ANITA				Employer ider	ntification number
RUSTEES OF THE UNIVERSITY OF	- PENNSYLVANIA				23-1352685	
	rities. Complete if t are not required to	_		answered "Yes" on Fo	rm 990, Part IV, line 1	7.
Indicate whether the organiz	zation raised funds thr	ough any	of the fo	llowing activities. Check a	all that apply.	
a 🗹 Mail solicitations			e	Solicitation of non-	government grants	
b 🗹 Internet and email solicit	cations		f	✓ Solicitation of gove	rnment grants	
c 🗸 Phone solicitations			g	✓ Special fundraising	events	
d 🗸 In-person solicitations						
Did the organization have a or key employees listed in Fo	orm 990, Part VII) or e	entity in o	connectio	n with professional fundra	ising services? V	s □ No
b If "Yes," list the 10 highest p to be compensated at least s			il alsels)	oursuant to agreements t	mider which the fulluraise	15
) Name and address of individua or entity (fundraiser)) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ARIA COMMUNICATIONS	TELE MADICETING	Yes	No			
ARIA COMMUNICATIONS 717 W ST GERMAIN STREET	TELE- MARKETING		No	58,390	18,539	39,85
ST CLOUD, MN 56301	FUNDRATOTAL					
ACD DIRECT INC 520 N MARKETPLACE DR 200	FUNDRAISING DRIVES		No	66,877	10,532	56,34
CENTERVILLE, UT 84014 RUFFALO NOEL LEVITZ	MANAGE CALL					
1025 KIKWOOD PARKWAY SW			No	2,557,767	1,512,379	1,045,38
CEDAR RAPIDS, IA 52404 CHARITABLE AUTO	VEHICLE					
RESOURCES 4669 Murphy Canyon Rd	DONATIONS		No	142,337	28,466	113,87
SAN DIEGO, CA 92123						
				2,825,371	1,569,916	1,255,45

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		GOLDEN GALA (event type)	PENN MED GOLF O (event type)	2 (total number)	col. (c))
	1 Gross receipts	517,150	178,065	136,697	831,9
	2 Less: Contributions	463,615	· •	136,697	·
- 1	Gross income (line 1 minus	53,535	178,065	·	231,6
十.	1 Cash prizes	03,333	3,630		
	5 Noncash prizes	0	94,544		99,1
3	6 Rent/facility costs	0	3,532		3,5
	7 Food and beverages	0	0	0	
; :	8 Entertainment	0	0	0	
} 9	9 Other direct expenses	159,383	0	17,980	177,3
-	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	283,6
	11 Net income summary. Subtract line 10	from line 3, column (d)		>	-52,0
		from line 3, column (d)	s" on Form 990, Part I		-52,0
art	11 Net income summary. Subtract line 10 III Gaming. Complete if the orga	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		-52,0 more than \$15,000 (d) Total gaming (add
art	11 Net income summary. Subtract line 10 III Gaming. Complete if the orga	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-52,0 more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-52,0 more than \$15,000 (d) Total gaming (add
art	11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-52,0 more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-52,0 more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		283,6 -52,0 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-52,0 more than \$15,000 (d) Total gaming (add
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-52,0 more than \$15,000 (d) Total gaming (ad
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-52,0 more than \$15,000 (d) Total gaming (ad
art	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-52,0 more than \$15,000 (d) Total gaming (ad
art	Gaming. Complete if the organization on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-52,0 more than \$15,000 (d) Total gaming (ad col.(a) through col.(c
art	Gaming. Complete if the organization on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-52,0 more than \$15,000 (d) Total gaming (ad col.(a) through col.(c)

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3		
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио			
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes				
13	Indicate the percentage of gam	ning activity conducted in:							
а	The organization's facility .			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:					
	Name •								
	Address >								
15a			m the organization receives gaming		· Yes	Пио			
b	If "Yes," enter the amount of gaming revenue received by the organization \(\brace \) \(\brace \) and the amount of gaming revenue retained by the third party \(\brace \) \(\brace \).								
c	If "Yes," enter name and addre	ss of the third party:							
	Name •								
	Address ▶								
16	Gaming manager information:	Gaming manager information:							
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided	d ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions:								
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио			
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3				
		in the organization's own exempt activities during the tax year ▶ \$							
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.		
	Return Reference		Explanation						

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE H** (Form 990)

As Filed Data -**Hospitals**

DLN: 93493133020451 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ 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

Employer identification number

TRUS	TEES OF THE UNIVERSITY OF PENI	NSYLVANIA				,			
			0:1 0		23-13	52685			
Pa	rt I Financial Assist	ance and Certair	1 Other Commu	nity Benefits at (Cost				
4.	Did the organization have a	financial accietance	nolicy during the to	y year? If "No " ckin	to question 65			Yes	No
1a b	If "Yes," was it a written pol			x year: II NO, SKIP	to question oa .		1a	Yes	
2	If the organization had mult assistance policy to its vario	iple hospital facilities	s, indicate which of	the following best de	escribes application	of the financial	1b	Yes	
	☑ Applied uniformly to all	hospital facilities	☐ Ap	plied uniformly to mo	ost hospital facilities				
	Generally tailored to inc	•		,	·				
3	Answer the following based organization's patients during		stance eligibility crit	eria that applied to t	he largest number o	of the			
а	Did the organization use Feder If "Yes," indicate which of the					?	3a	Yes	
	□ 100% □ 150% □	200% 🗸 Other		300 %					
b	Did the organization use FPG	_	mining eligibility fo		ed care? If "Yes," inc	licate			l
	which of the following was t			-			3b	Yes	1
	□ 200% □ 250% ☑ □ 250%	300% 🗍 350% [7 400% ∏ Othe	ar		%		100	
С	If the organization used fact used for determining eligibil used an asset test or other discounted care.	ors other than FPG i	n determining eligib nted care. Include i	oility, describe in Part n the description who	ether the organization				
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"?			tax year	4	Yes			
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?				5a		No		
ь	If "Yes," did the organization	n's financial assistan	ce expenses exceed	I the budgeted amou	nt?		5b		
С	If "Yes" to line 5b, as a resu care to a patient who was el			anization unable to p			5c		
6a	Did the organization prepare	e a community benef	fit report during the	tax year?			6a	Yes	
b	If "Yes," did the organization	n make it available to	o the public? .				6b	Yes	
	Complete the following table with the Schedule H.	e using the workshee	ets provided in the S	Schedule H instructio	ns. Do not submit th	nese worksheets			
7	Financial Assistance and	Certain Other Con	nmunity Benefits a	t Cost					
	nancial Assistance and Means-Tested	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net commun benefit expense		(f) Perc total ex	
	Sovernment Programs Financial Assistance at cost						_		
a	(from Worksheet 1)			7,588,366	0	7,588	,366	0	.110 %
b	Medicaid (from Worksheet 3, column a) .			432,128,711	321,666,563	110,462	.148	1	.530 %
C	Costs of other means-tested government programs (from Worksheet 3, column b)								
	Total Financial Assistance and Means-Tested Government Programs			439,717,077	321,666,563	118,050	514	1	.640 %
-	Other Benefits			733,/17,0//	321,000,363	110,030,	,514	1	.540 7
	Community health improvement services and community benefit operations (from Worksheet 4).								
f	Health professions education (from Worksheet 5) .			121,821,890	59,167,902	62,653	,988	0	.870 %
_	Subsidized health services (from Worksheet 6)								
	Research (from Worksheet 7) .			667,876,754	594,548,880	73,327	,874	1	.020 %
	Cash and in-kind contributions for community benefit (from Worksheet 8)								
j	Total. Other Benefits			789,698,644	653,716,782	135,981,	,862	1	.890 %
k	Total. Add lines 7d and 7j .			1,229,415,721	975,383,345	254,032			.530 %
For P	aperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat. No. 50192T	Schedule H	(Forn	1 990)	2019

Sch	edule H (Form 990) 2019									F	Page 2
Pa	during the tax year communities it ser	r, and describe in									ties
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total comi building exp		d) Direct (rever		(e) Net commu building expens		(f) Pero	
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										
	Workforce development										
	Other										
	Total rt IIII Bad Debt, Medica	are. & Collection	Practices								
	tion A. Bad Debt Expense Did the organization report b	•		althoare Financ	rial Mana	gement /	\seociatic	ın Statement		Yes	No
	No. 15?					 I I		on Statement	1	Yes	
2	Enter the amount of the organization methodology used by the organization.					2		62,365,740			
3	Enter the estimated amount				patients						
	eligible under the organization methodology used by the org				f any, for	.					
	including this portion of bad	•				3		22,513,524			
4	Provide in Part VI the text of page number on which this f					scribes b	ad debt e	xpense or the			
	tion B. Medicare					1 - 1					
5	Enter total revenue received	,	•			5		588,448,619			
6	Enter Medicare allowable cos	-				6 7		680,914,495			
7 8	Subtract line 6 from line 5. T Describe in Part VI the exten Also describe in Part VI the c Check the box that describes	it to which any short costing methodology	fall reported in line	7 should be tr	eated as	commun		-92,465,876 t.			
.	Cost accounting system	✓ Cost	to charge ratio		Other						
9a	tion C. Collection Practices Did the organization have a	writton dobt collectio	n policy during the	tay year?					_		
b	If "Yes," did the organization contain provisions on the col	s collection policy th	nat applied to the la se followed for patie	rgest number ents who are kr	of its pati nown to q	ualify fo	r financia		9a 9b	Yes Yes	
Pā	rt IV Management Com	panies and Joint	t Ventures								
	<mark>୍ଟମ୍ମଧ୍ୟ</mark> ସ୍ପମ୍ମ <u>ିତ</u> ଝା ମୋଡିse ph ott	icers, directors, trus teg s	oblestranspharestrands activity of entity	physicians—seþ,		or stock	tr emp	Officers, directors, ustees, or key oloyees' profit % ock ownership %	pro) Physic fit % or wnershi	stock
1											
2											
3											
4											
5 											
6 7									-		
 8									\vdash		
9											
10							1				
11											
12											
13											
	· · · · · · · · · · · · · · · · · · ·							Schedule I	l (For	m 990	2019

f h $f ec{f V}$ The process for consulting with persons representing the community's interests i 🗹 The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) j D Other (describe in Section C) Indicate the tax year the hospital facility last conducted a CHNA: 20 18 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 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 6a Yes b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other

6b Yes 7 Did the hospital facility make its CHNA report widely available to the public? . . . Yes If "Yes," indicate how the CHNA report was made widely available (check all that apply): Hospital facility's website (list url): SEE SCH H, PART V, SECTION C Other website (list url): c 🗹 Made a paper copy available for public inspection without charge at the hospital facility

d Other (describe in Section C) Did the hospital facility adopt an implementation strategy to meet the significant community health needs R Yes identified through its most recently conducted CHNA? If "No," skip to line 11. Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . 10 Yes If "Yes" (list url): SEE SCH H, PART V, SECTION C

10b b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by 12a Νo 12b b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .

c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its

hospital facilities? \$

Page **5**

Schedule H (Form 990) 2019

P	Part V Facility Information (continued)				
Fi	inancial Assistance Policy (FAP)				
N	THE HOSPITAL OF THE UNIV OF PENN				
	and of hospital facility of fector of facility reporting group			Yes	No
13			13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:				
	a ✓ 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 ✓ Income level other than FPG (describe in Section C) c ✓ Asset level d ✓ Medical indigency e ☐ Insurance status f ✓ Underinsurance discount g ☐ Residency	%			
14	h │ Other (describe in Section C) \$ Explained the basis for calculating amounts charged to patients?		14	Yes	
 L5			15	Yes	
	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):	e			
	 a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C) 				
L6	Was widely publicized within the community served by the hospital facility?		16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):				
	The FAP was widely available on a website (list url): SCH H, PART V, SECT. C	_			
	b The FAP application form was widely available on a website (list url):				

		med for applying for infancial abbievance (effect an anal apply)			
	a 🗸	Described the information the hospital facility may require an individual to provide as part of his or her application			
	b 🗸	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c 🗸	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d 🗸	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	е 🗌	Other (describe in Section C)			
16		s widely publicized within the community served by the hospital facility?	16	Yes	
		res," indicate how the hospital facility publicized the policy (check all that apply):			
	a 🗸	The FAP was widely available on a website (list url):			
		SCH H, PART V, SECT. C			
	ь У	The FAP application form was widely available on a website (list url): SCH H, PART V, SECT. C			
	c 🗸	A plain language summary of the FAP was widely available on a website (list url): SCH H, PART V, SECT. C			
	d 🗸	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e 🗸	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f 🗸	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 🗸	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 🗸	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ✓	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			

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 ☐ Reporting to credit agency(ies)			
	b Selling an individual's debt to another party			
	□ 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 ☐ Actions that require a legal or judicial process			
	e Other similar actions (describe in Section C)			
	f ☑ 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 Reporting to credit agency(ies)			
	b Selling an individual's debt to another party			
				I

	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 ☐ Reporting to credit agency(ies)			
	b Selling an individual's debt to another party			
	C 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 🗌 Actions that require a legal or judicial process			
	e 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 🗹 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
	b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
	c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
	d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
	e Other (describe in Section C)			
	f None of these efforts were made			
P	olicy 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			
l	eligibility under the hospital facility's financial assistance policy?	21	Yes	

_	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		l
	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		
	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?	23	No
		25	110

If "Yes," explain in Section C.

Schedule H (Form 990) 2019	Page 8						
Part V Facility Information (con	tinued)						
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.							
Form and Line Reference	Explanation						
See Add'l Data							
	Schedule H (Form 990) 2019						

Schedule H (Form 990) 2019	Page 9		
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 organ	zation operate during the tax year?		
Name and address	Type of Facility (describe)		
1 See Addition	nal Data Table		
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Schedule H (Form 990) 2019		

of surplus funds, etc.).

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.

State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related org community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation	
COSTING METHODOLOGY USED)	THE BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) WAS \$9,939,000 RELATED TO ACADEMIC BAD DEBTS FOR THE YEAR ENDED JUNE 30, 2020. CONSISTENT WITH PRIOR YEAR, DUE TO THE ADOPTION OF ACCOUNTING PRONOUNCEMENT ASC 606, IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE. THE COSTING METHODOLOGY USED IN CALCULATING THE AMOUNTS REPORTED ON THE LINE 7 TABLE ARE BASED ON A COST TO CHARGE RATIO. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990, SCHEDULE H INSTRUCTIONS	

990 Schedule H, Supplemental Information		
Form and Line Reference	Explanation	
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	
DEBT EXPENSE)	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER ACCOUNTING PRONOUNCEMENT ASC 606)	

Form and Line Reference	Explanation
(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 CHARITABLE 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
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

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. -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	Explanation THE MISSION OF UPHS IS TO PROVIDE THE MOST ADVANCED AND HIGHEST QUALITY PATIENT CARE POSSI BLE; TO PROVIDE A RICH AND DIVERSE EDUCATIONAL ENVIRONMENT FOR STUDENTS AND TRAINES; 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 DISPARTIES IN MEDICAL CARE EVERY DAY IN OUR NEIGHBORHOOD CLINICS, IN O UR DERROCKED STRUCK. AND GENDER DISPARTIES IN MEDICAL CARE EVERY DAY IN OUR NEIGHBORHOOD CLINICS, IN O UR DERROCKED ON THE NEIGHBORHOOD CLINICS, IN O UR DERROCKED STRUCK. AND GENDER DISPARTIES IN HEALTH CARE. IN KEEPING WITH OUR CHARITABLE PURPOSE, UPHS ACCEPTS PATIENTS IN NEED OF URGENT MEDICAL CARE REGARDS. OF THE FINANCIAL STATUS OR ANY OTHER SOCIO-CO MONIC FACTORS. AS THE MAIN PROVIDER IN A SERVICE AREA THAT INCLIDES A NUMBER OF ECONOMICA LLY-CHALLENGED NEIGHBORHOODS. UPHS PROVIDES CARE TO MANY PATIENTS WHO DO NOT HAVE HEALTH IN SURANCE PROVIDING MORE THAN SIOO MILLION IN CHARITY AND UNDERFUNDED CARE EACH YEAR. IN PARTICIPATION OF THE CONTROL OF THE STATUS OF THE STRUCK HEALTH AND STATUS OF THE STATUS OF THE STATUS OF THE STRUCK HEALTH AND STATUS OF THE STATUS OF TH
	UPHS HAS ALSO IMPLEMENTED OUR "PENN MEDI

Form and Line Reference	Explanation
PART VI, LINE 2 (NEEDS ASSESSMENT)	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 COMMUNITY 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.p ennmedicine.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 THE SE 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 SUCH AS CARDIOLOGY, NEUROLOGY AND DERMATOLOGY. THESE SE RVICES ARE PROVIDED TO 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 COLLABOR RATES WITH VARIOUS PUBLIC AND PRIVATE AGENCIES TO HELP DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. THE SUCCESS OF COMMUNITY OUTREACH RE

Form and Line Reference	Explanation
OF ELIGIBILITY FOR ASSISTANCE)	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/forpatients-and-visitors/patient-information /insurance-and-billing/financial-assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

990 Schedule H, Supplemental Information

COLLABORATION WITH OUR PHYSICIANS, NURSES, STUDENTS AND COMMUNITY PARTNERS, WE TAKE

990 Schedule H, Supplemental Information					
Form and Line Reference	Explanation				
REGARDING PROMOTION OF	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)	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 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, INCLUDEDS OF THE UNIVERSITY OF PENNSYLVANIA, AND SATELLITE LOCATIONS IN 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, 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; - PENNSYLVANIA; - 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; - THE CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA; - PENNSYLVANIA; - THE CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA; - PENNSYLVANIA, OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PRESBYTERIAN"), A 317 LICENSED BED ACUTE CARE HOSPITAL LOCATED IN THE CENTER OF THE PROPOSULA PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH AND MADEMICA				

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 99	Form 990 Schedule H, Part V Section A. Hospital Facilities										
Section (list in o smallest How ma	A. Hospital Facilities rder of size from largest tosee instructions) ny hospital facilities did the ation operate during the tax year?	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
	ddress, primary website address, and ense number		lical							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	Х	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,

Ed 6: 7 10 11 10: 146 166 176 186 186 186 284 284

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 IMPLEMENTATION 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	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,

AVAILABILITY)

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. -----

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

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

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility				
	ot Licensed, Registered, or Similarly Recognized as a Hospital			
in order of size, from largest to smallest)				
many non-hospital health care facilities did the org	anization operate during the tax year?			
ne and address	Type of Facility (describe)			
PENN MEDICINE AT RADNOR 250 KING OF PRUSSIA ROAD BALA CYNWYD, PA 19004	OUTPATIENT FACILITY			
PENN MEDICINE AT BUCKS COUNTY 777 TOWNSHIP LINE ROAD YARDLEY, PA 19067	OUTPATIENT FACILITY			
PENN MEDICINE AT VALLEY FORGE 1001 CHESTERBROOK BLVD BERWYN, PA 19312	OUTPATIENT FACILITY			
PENN MEDICINE AT WOODBURY HEIGHTS 1006 MANTUA PIKE WOODBURY HEIGHTS, NJ 08097	OUTPATIENT FACILITY			
1800 LOMBARD STREET	INPATIENT REHABILITATION			
	RESEARCH FACILITY			
BIOMEDICAL RESEARCH BUILDING 2 500 OSLER CIRCLE PHILADELPHIA, PA 19104	RESEARCH FACILITY			
BLOCKLEY HALL 423 GUARDIAN DRIVE PHILADELPHIA, PA 19104	RESEARCH FACILITY			
CAROLYN HOFF LYNCH BIOLOGY LAB 435 S UNIVERSITY AVENUE PHILADELPHIA, PA 19104	RESEARCH FACILITY			
CHEMISTRY LABORATORIES - 1958 WING 231 S 34TH STREET PHILADELPHIA, PA 19104	RESEARCH FACILITY			
3900 CHESTNUT STREET	RESEARCH FACILITY			
·	RESEARCH FACILITY			
GL LABORATORY BUILDING 500 S RIDGEWAY GLENOLDEN, PA 19036	RESEARCH FACILITY			
GODDARD LABORATORIES 3710 HAMILTON WALK	RESEARCH FACILITY			
	RESEARCH FACILITY			
	in order of size, from largest to smallest) many non-hospital health care facilities did the orgonal address PENN MEDICINE AT RADNOR 250 KING OF PRUSSIA ROAD BALA CYNWYD, PA 19004 PENN MEDICINE AT BUCKS COUNTY 777 TOWNSHIP LINE ROAD YARDLEY, PA 19067 PENN MEDICINE AT VALLEY FORGE 1001 CHESTERBROOK BLVD BERWYN, PA 19312 PENN MEDICINE AT WOODBURY HEIGHTS 1006 MANTUA PIKE WOODBURY HEIGHTS, NJ 08097 PENN MEDICINE AT RITTENHOUSE 1800 LOMBARD STREET PHILADELPHIA, PA 19146 ANATOMY CHEMISTRY 420 GUARDIAN DRIVE PHILADELPHIA, PA 19104 BLOCKLEY HALL 423 GUARDIAN DRIVE PHILADELPHIA, PA 19104 BLOCKLEY HALL 423 GUARDIAN DRIVE PHILADELPHIA, PA 19104 CAROLYN HOFF LYNCH BIOLOGY LAB 435 S UNIVERSITY AVENUE PHILADELPHIA, PA 19104 CHEMISTRY LABORATORIES - 1958 WING 231 S 34TH STREET PHILADELPHIA, PA 19104 CHESTNUT HALL 3900 CHESTNUT STREET PHILADELPHIA, PA 19104 CLINICAL RESEARCH BUILDING 415 CURIE BLVD PHILADELPHIA, PA 19104 GL LABORATORY BUILDING 500 S RIDGEWAY GLENOLDEN, PA 19036 GODDARD LABORATORIES 3710 HAMILTON WALK PHILADELPHIA, PA 19104 HAYDEN HALL 3320 SMITH WALK			

Hospital Facility					
Section D. Other Health Care Facilities That Are Not Licen Facility	sed, Registered, or Similarly Recognized as a Hospital				
list in order of size, from largest to smallest)					
How many non-hospital health care facilities did the organizatio	on 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

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

DLN: 93493133020451

Open to Public Inspection

Internal Revenue Service							
Name of the organization TRUSTEES OF THE UNIVERSITY (OF PENNSYI VANTA					Employer identific	cation number
						23-1352685	
		and Assistance					
Does the organization main the selection criteria used						ce, and	☑ Yes □ N
2 Describe in Part IV the org							⊻ Yes ∟ N
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a can be duplicated if add	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(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							9
3 Enter total number of othe							0
For Paperwork Reduction Act Notice	e, see the Instructio	ns tor Form 990.		Cat. No. 5005!	٧٥	Sch	hedule I (Form 990) 2019

(Form 990)

Department of the

Treasury

FINANCIAL AID TO UNDERGRADUATE

FINANCIAL AID TO GRADUATE STUDENTS (3) STUDENT PRIZES AND AWARDS

Schedule I (Form 990) 2019

Part III can be duplicated if additional space is needed

Part III

STUDENTS

(1)

(3)

(4)

(5)

(6)

(7)

SCHEDULE I, PART II

271,686,685

6,510,875

FOR FACULTY/STAFF BENEFIT AS DESCRIBED ABOVE. ----------------------------------

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

(b) Number of

recipients

5585

8541

1984

N/A

N/A

N/A

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

N/A

N/A

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

DETAIL OF SUB-CONTRACTS IN FURTHERANCE OF ITS RESEARCH ACTIVITIES, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA MAY MAKE 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

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Page 2

ENDED JUNE 30, 2020, THE UNIVERSITY OF PENNSYLVANIA MADE SUB-AWARD PAYMENTS TO 309 RECIPIENTS TOTALING \$97.627,975.

Additional Data

(a) Name and address of

organization

SCHOOL DISTRICT OF

PHILADELPHIA 440 N BROAD ST PHILADELPHIA, PA 19130

Software ID: Software Version: EIN:

(b) EIN

23-6004102

EIN: 23-1352685

(d) Amount of cash

arant

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

(e) Amount of non-

cash

(f) Method of valuation

IFMV

(book, FMV, appraisal,

(g) Description of

non-cash assistance

N/A

(h) Purpose of grant

or assistance

GRANT

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

(c) IRC section

if applicable

GOV'T ORG

or government		''	j	assistance	other)		
UNIVERSITY CITY DISTRICT 3940 CHESTNUT ST PHILADELPHIA, PA 19104	23-2913784	501(C)(3)	3,225,128		FMV	N/A	GRANT

894,053

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FOUNDATION FOR SMEM 41-2103331 501(C)(3) 10.000 IN/A IFMV |Support program

Iservices

409 12TH ST SW STE 601
WASHINGTON, DC 20024

PHILADELPHIA FOUNDATION 23-1581832 501(C)(3) 500,000 FMV N/A Support program

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

1835 MARKET ST STE 2410

PHILADELPHIA, PA 19103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government ENTEDDDICE CENTED 22-2575001 E01(C)(3) 100 0001 | EM\/ N/A Support program

Iservices

4548 MARKET ST PHILADELPHIA, PA 19139	23-23/5901	301(C)(3)	100,000	IFMIV	19/4	services
FREEDOM VALLEY YMCA	23-1243965	501(C)(3)	20,000	FMV	N/A	Support progra

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

400 FAYETTE ST STE 250

CONSHOHOCKEN, PA 19428

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MATERNITY CARE COALITION 22 2200410 E01(C)(2) 12 500 I EMAL NI/A

2000 HAMILTON ST STE 205 PHILADELPHIA, PA 19130	23-2200410	501(C)(3)	12,500	FIMV		annual fundraising event
SCHUYLKILL RIVER	23-2690558	501(C)(3)	175,000	FMV	N/A	SUPPORT PRGM SRVCS

(-/(-/ DEVELOPMENT CORPORATION

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

PHILADELPHIA, PA 19103

2401 WALNUT ST STE 603

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-1645908 501(C)(3) 25.000 IFMV IN/A UNIVERSITY CITY SCIENCE SUPPORT PRGM SRVCS CENTER 3675 MARKET ST STE 400 28.400 IN/A IN/A

PHILADELPHIA, PA 19104 LAUDER LDERSHIP IMMERSION AWARD LAUDER LDERSHIP IMMERSION AWARD

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	33020	451
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047
(For	n 990)	For certain Officer	s, Directors, 1	Trustees, Key Employees, and Hig	hest			
		Complete if the organic		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
	6.1		▶ Attach	n to Form 990. instructions and the latest inforr		Open		
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.gov</u>	<u>// FOFII1990</u> 10F	instructions and the latest inform	nation.		ectio	
	me of the organiza	ation ERSITY OF PENNSYLVANIA			Employer identifica	tion nu	ımber	
INU	STEES OF THE UNIV	ERSITY OF PENINSTEVANIA			23-1352685			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		or charter travel	lacksquare	Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
				Health or social club dues or initiation				1
	☐ Discretion	ary spending account	•	Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	4 . 3	2	Yes	
	airectors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	~	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year, related organiza		90, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	rol payment?			4a		No
b		r receive payment from, a supple				4b	Yes	
c		. ,	, '	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
_	•	·	A 1: 4 1:-1	All				
6		ontingent on the net earnings of:		the organization pay or accrue any				
a	-	1?				6a		No
b						6 b		No
7	•	6a or 6b, describe in Part III.	A line to did	the organization provide any nonfixe	d			
7	payments not de	escribed in lines 5 and 6? If "Yes,	" describe in Pa	the organization provide any nonfixed ort III	u 	7	Yes	
8				red pursuant to a contract that was				
				section 53.4958-4(a)(3)? If "Yes," do				Nic
9				presumption procedure described in		8		No
7				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

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

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

Part III	Supplem	nental	Info	rma
Provide the	information	evnlar	ation	or de

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Info	ormation
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
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION THE TRUSTEES OF THE UNIVERSITY OP PENNSYLVANIA (THE "UNIVERSITY") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SER") DESIGNED FOR SENIOR ADMINISTRATORS AND DESIGN OF THE UNIVERSITY AS DESIGNATED BY THE BOARD OF TRUSTEES WHO HAVE MADE "THE 5% EMPLOYEE CONTRIBUTION TO THE UNIVERSITY SA (3)(8) PLAN, HAVE UNIVERSITY COMPENSATION OVER CERTAIN IRS PROSCRIBED THRESHOLDS, AND ARE ACTIVELY PEMPLOYED BY THE UNIVERSITY WHEN THE CONTRIBUTION IS MADE. VESTION 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 ON THOLD "CLAYSE"). CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE WITHHELD TO SATISFY THE TAX CONTRIBUTION OF THE COLOR OF THE TAX OF THE PARTICIPATION OF THE COLOR OF THE PARTICIPATION OF THE PAR
SCHEDULE J, PART I, LINE 7	AMOUNTS DURING THE YEAR: BEEMAN, THOMAS E NO DISTRIBUTION
SCHEDULE J, PART II	ADDITIONAL DETAIL REGARDING COMPENSATION REPORTED THOMAS L. SPRAY, MD HOLDS AN ACADEMIC APPOINTMENT AT THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") WHILE PERFORMING HIS CLINICAL PRACTICE DUTIES AT A NEARBY, UNRELATED, THIRD PARTY, CHILDREN'S HOSPITAL (THE "THIRD PARTY HOSPITAL"). FOR ADMINISTRATIVE SIMPLICITY PURPOSES, THE UNIVERSITY PROVIDES THE PAYROLL FUNCTION FOR BOTH PORTION'S OF THIS PHYSICIAN'S SALARY. THE THIRD PARTY HOSPITAL THEN REIMBURSES THE UNIVERSITY FOR THE CLINICAL PORTION OF THE PHYSICIAN'S SALARY.

Software ID: Software Version:

EIN: 23-1352685

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990, Schedule	. J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1CRAIG CARNAROLI EXECUTIVE VICE	(i)	1,011,267	199,600	379,800	733,600	28,973	2,353,240	346,686
PRESIDENT	(ii)	0	0	0	0	0	0	0
1JEFFREY COOPER VP GOVT & COMMUNITY RELATIONS	(i) (ii)	382,714 0	90,000	13,890 	25,200 0	25,858 0	537,662 	0
2RUSSELL DILEO COMPTROLLER (AS OF 04/01/20)	(i) (ii)	190,703	0	2,770	18,043	46,954	258,470	0
3JACK HEUER VP HUMAN RESOURCES	(i)	431,903	105,000	37,136	39,218	29,877	643,134	35,546
	(ii)	0	0	0	0	0	0	0
4 LARRY JAMESON EXEC. VP UPHS & DEAN OF PSOM	(i)	1,834,374	883,630	976,566 	935,400 	30,196	4,660,166	734,025
5TREVOR LEWIS	(11)	0	0	0	0	0	0	0
VP BUDGET AND MGMT ANALYSIS	(i) (ii)	360,467	90,000	690	29,070 	40,278	520,505	0
6STEPHEN J MACCARTHY	(i)	407,100	104 000	16.220	JF 300	22.007	F0C C17	0
VP COMMUNICATIONS	(ii)	407,100	104,000	16,320	25,200 	33,997	586,617	
7MARYFRANCES MCCOURT	(i)	523,146	120,000	49,394	48,083	39,610	780,233	47,704
VP FIN. & TREASURER	(ii)	0	120,000	45,554	40,003 	35,010	0	
8JOANN MITCHELL SVP INSTITUTIONAL	(i)	465,671	118,000	40,648	42,525	17,507	684,351	38,668
AFFAIRS	(ii)	0	0	0	0	0	0	0
9THOMAS MURPHY VP INFO SYSTEMS AND	(i)	500,593	115,000	1,290	30,656	68,746	716,285	0
COMPUTING	(ii)	0	0	0	0	0	0	0
10 MEDHA NARVEKAR VP & SECRETARY	(i)	536,983 	78,000	1,649	49,140 	21,246	687,018 	0
44.11115.01.01.05.00.05	(ii)	0	0	0	0	0	0	0
11ANNE PAPAGEORGE VP FACILITIES AND REAL ESTATE	(i)	473,698 	110,000	49,004	43,110	17,195	693,007	47,424
	(ii)	0	0	0	0	0	0	0
12GREGORY PELLICANO VP, AUDIT, COMPLIANCE & PRIV'Y	(i)	323,076	75,000	2,237	29,835 	51,873	482,021	0
13WENDELL PRITCHETT	(i)	753,030	185.000	990	0 272,265	0 61,278	1,272,563	0
PROVOST	(ii)	0		0		01,270	1,2,2,303	
14GREGORY ROST SVP & CHIEF OF STAFF	(i)	655,764	168,000	83,750	59,805	63,683	1,031,002	81,770
	(ii)	0	0	0	0	0	0	0
15MAUREEN RUSH VP PUBLIC SAFETY	(i)	348,776	88,000	24,747	25,200	18,917	505,640	15,160
	(ii)	0	0	0	0	0	0	0
16 WENDY WHITE SVP & GENERAL COUNSEL	(i)	752,556	190,000	46,965 	25,200 	23,516	1,038,237	0
17MARIE WITT	(ii)	366,350	0	0	0	0	0	0
VP BUSINESS SERVICES	(i)		92,000	22,863	33,615	19,004	533,832	21,228
18JOHN ZELLER	(ii) (i)	782,033	300.000	10.073	0	37.004	1 004 000	0
SVP DEVELOPMENT & ALUMNI RLTNS	(ii)	,52,033	200,000	49,872 	25,200 	27,864 	1,084,969 	
19PETER AMMON CHIEF INVESTMENT	(i)	959,308	2,381,540	142,289	1,702,872	14,015	5,200,024	1,445,549
OFFICER	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21DAWN BONNELL 565,583 2,895 25,200 11,409 605,087 SR VICE PROVOST FOR RESEARCH 1REGINA CUNNINGHAM (i) 733,191 342,089 80,573 17,812 1,319,545 145,880 56,182 CEO HUP 2DEBORAH A DRISCOLL MD 766,288 292,572 77,076 25,200 1,361 1,162,497 SVP CPUP (AS OF 10/2019) 3JON EPSTEIN 696,864 (i) 328,032 25,200 19,198 1,069,294 VICE DEAN, PSOM 4KEITH KASPER 842,528 391,876 216,631 161,101 27,754 1,639,890 160,663 CFO, UPHS **5**KEVIN MAHONEY (i) 1,091,597 223,928 455,364 187,203 1,978,733 20,643 191,155 CEO, UPHS (AS OF 7/1/2019) 6CHRISTOPHER MASOTTI 431,936 116,982 680 12,600 595,427 33,229 VICE DEAN ADMIN PSOM 7PHILLIP OKALA 972,312 438,984 177,238 187,203 6,490 1,782,227 154,225 COO PHILADELPHIA **OPERATIONS** 8PETER D QUINN MD DMD 978,534 444,276 4,907 25,200 18,991 1,471,908 VICE DEAN, PROF SRVCS 9JOHN SESTITO (i) 247,178 1,570 91,019 17,725 357,492 EXECUTIVE DIRECTOR 10BETH A WINKELSTEIN (i) 442,584 450 25,200 9,332 477,566 VICE PROVOST 11JONATHAN CHEN 1,491,264 415,750 25,200 24,059 1,956,273 CHOP - SURGEON 12N SCOTT ADZICK MD 1,141,025 916,706 25,200 18,849 2,101,780 CHOP - SURGERY 1,512,933 25,200 2,158,029 4,773 581,000 11,471 27,425 MICHAEL SEAN GRADY MD SURGEON -**NEUROSURGERY** 14WILLIAM C WELCH MD 1,523,750 704,570 35,80 33,974 2,298,101 153,436 CPUP - NEUROSURGERY 15PHILLIP B STORM MD 1,241,264 898,965 25,200 23,923 2,189,352 CHOP - NEUROSURGERY 16DR AMY GUTMANN 1,503,977 1,210,555 357,918 772,500 92,379 3,937,329 PRESIDENT, EX-OFFICIO TRUSTEE 17JOHN HORN (i) 306,298 50,000 8,960 28,305 16,779 410,342 COMPTROLLER (THRU 12/31/19) **18**LESLIE KRUHLY 361,014 100,000 5,975 25,200 12,534 504,723 FMR VP AND SECRETARY 19VINCENT PRICE (i) 123,750 990 124,740 FORMER PROVOST (ii)

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 41THOMAS E BEEMAN PHD (i) 1,046,872 17,109 1,063,981 FMR COO REGIONAL OPS 149.579

7,503

5,978,915

2,064,751

UPHS ((ii)	0	0	0	0	0	0	
1ELIZABETH B JOHNSTON EXEC. DIR. CPUP (THRU	(i)	700,581	316,050	182,132	140,001	16,419	1,355,183	

2,730,335

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

1,664,487

1,576,590

10/2019) 2RALPH MULLER

FORMER CEO. UPHS

Are there any lease arrangements that may result in private business use of bond-financed

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

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

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

▶ Attach to Form 990.

Χ

Cat. No. 50193E

Χ

Schedule K (Form 990) 2019

OMB No. 1545-0047

DLN: 93493133020451

Open to Public

Name of the organization **Employer identification number** 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 (i) Pool behalf of financing issuer Yes No Yes No Yes No PA HIGHER ED FACILITIES 22-2243852 70917RUS2 03-16-2009 44,226,561 REFUND 2008A (REFUNDING 2002B) Χ Χ Χ **AUTHORITY- SERIES B 2009** PA HIGHER ED FACILITIES 22-2243852 70917RS30 03-02-2011 150,994,928 CONSTRUCTION/RENOVATION Χ Х **AUTHORITY- SERIES A 2011** PROJECTS PA HIGHER ED FACILITIES 22-2243852 70917SPV9 04-16-2015 423,474,654 REFUND2005A,C;2009A,B,C;2010;2011A Х Χ Χ **AUTHORITY- SERIES AB 2015** PA HIGHER ED FACILITIES 22-2243852 70917SWG4 04-28-2016 187,067,793 ADVANCE REFUNDING OF MULT. BONDS Х **AUTHORITY- SERIES A 2016** Part ${f I}$ **Proceeds** C D 41,981,561 143,388,526 187,430,770 53,203,071 2 8,056,372 133,982,049 Total proceeds of issue . 3 44,226,561 151,000,014 428,357,536 190,063,629 4 5 6 39.348.349 156,914,070 327,620 815,635 1,203,672 8 9 0 10 150,184,379 11 43,898,941 389,009,187 31,945,887 12 0 13 2002 2011 2015 2016 Yes No Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ Χ Χ Х 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹 Yes No No No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

Penalty in Lieu of Arbitrage Rebate?

If "No" to line 1, did the following apply?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Part Ⅲ

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Part IV

b

C

Arbitrage

A B Yes No Yes

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Page 2

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No

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Yes

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Yes

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Schedule K (Form 990) 2019

D

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

Yes

Yes

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

No

No

Yes

Yes

No

No

Yes

Χ

Nο

Page 3

No

No

D

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference	Explanation
TAX-EXEMPT BONDS- DESCRIPTION OF BOND ISSUES: ALLOCATION OF PROCEEDS	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) ORGANIZATION 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 \$14,466,614 FOR PRESBYTERIAN MEDICAL CENTER AND \$14,466,615 FOR PENNSYLVANIA HOS PITAL OF UPHS & GEIN 31-1538725), AND LANCASTER GENERAL HOSPITAL (EIN 23-2310 852), PENNSYLVANIA HOS PITAL 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 TO THE DAY OF THE UNIVERSITY. THE TOTAL ALLOCATED TO THE DAY OF THE UNIVERSITY OF THE UNIVERSITY. THE TOTAL ALLOCATED OUTST ANDING BALANCE WAS \$3,124,564 FOR PRESBYTERIAN MEDICAL CENTER, \$37,008,536 FOR PENNSYLVANIA HOSPITAL OF UPHS, AND \$172,191,499 FOR LANCASTER GENERAL HOSPITAL AS OF JUNE 30, 2020. A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY-UPHS SERIES A 2014 BOND ISSUE HAS BEEN A LLOCATED TO PENNSYLVANIA HOSPITAL OF UPHS (EIN 23-2469150), 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 HAS BEEN A LLOCATED TO PENNSYLVANIA HOSPITAL OF UPHS, (EIN 31-1538725), PRESBYTERIAN MEDICAL CENTER (E IN 23-2810852), AND TO CHESTER COUNTY HOSPITAL (EIN 23-26469150), 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 HAS BEEN REPORTED ON

Return Reference	Explanation
	NIVERSITY. THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL OF UPHS WAS \$ 15,483,147 AS OF JUNE 30, 2020

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 \$4,882,882 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES OF ISSUE REPORTED INCLUDES \$2,995,836 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 \$41,6 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES 2015, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$1,512,289 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B 2016, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$9,253,935 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2017, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$336,209 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2017, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$2,637,226 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2017, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$2,637,226 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES 2019, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$297,840 IN TOTAL INVESTMENT EARNINGS. FOR PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES 2019, THE TOTAL PROCEEDS OF ISSUE REPORTED INCLUDES \$297,840 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 2019, UPHS SERIES A 2017, UPHS SERIES C 2016, UPHS SERIES A&B 2016 (NEW-MONEY PORTION ONLY), UPHS SERIES A 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

Return Reference	Explanation
TAX-EXEMPT BONDS-	
SCHEDULE K, PART I, SET#3,	PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2014 WAS NOT ASSIGNED A BOND CUSIP#.
COLUMN (C)- ROW B CUSIP #	

Are there any lease arrangements that may result in private business use of bond-financed

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2019

DLN: 93493133020451

Open to Public Inspection

Schedule K (Form 990) 2019

Name of the organization						Emplo	Employer identification number							
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA								23-13	23-1352685					
Pa	rt I Bond Issues								<u> </u>					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descrip	(f) Description of purpose		(g) Defeased		. , , , , , , , , , , , , , , , , , , ,		Pool ncing
									Yes	No	Yes	No	Yes	No
A	PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2017	22-2243852	70917SDS9	01-19-2017	200,8	57,522	RENOVATIONS (NOVATIONS OF VARIOUS BLDGS				Х		Х
В	PA HIGHER ED FACILITIES AUTHORITY- SERIES A 2018	22-2243852	70917S4A8	10-17-2018	200,8	29,171	VARIOUS CAPIT		Х		Х		X	
С	WASHINGTON COUNTY AUTHORITY - SERIES OF 2004	22-2243852	938591BF0	05-27-2004	62,5	00,000	REDEEM 1985 BONDS			Х		Х		Х
D	PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2008	22-2243852	70917RPY5	04-16-2008	105,8	05,000	REFUND PHX 2002; CAPITAL PROJECT			×		Х		Х
Pa	rt II Proceeds						I .							
					ı	A		В	(2			D	
1		Amount of bonds retired					1,035 1,637,808			13,600,000		35,810,000		
2	Amount of bonds legally defease					0 0		0			0			
3	Total proceeds of issue					200,857,522 200,829,171		62,500,000			105,805,000			
4	Gross proceeds in reserve funds					0 0		0			0			
5	5 Capitalized interest from proceeds				0 0				0			0		
6	Proceeds in refunding escrows.					0 0			0			0		
7	Issuance costs from proceeds .					857,522 829,171		465,649		.649	9 786,485			
8	8 Credit enhancement from proceeds				0 0				0			79,656		
9	Working capital expenditures fro						0	0			0			0
10	Capital expenditures from proce				0		0) (81,538,099			
11	Other spent proceeds				200,000,000 200,000,0		200,000,000	62,034,35			23,400,760			
12	Other unspent proceeds						0	0			0	0		
13	Year of substantial completion .				20)17		018		04			2009	
					Yes	No	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o bonds (or, if issued prior to 2018	8, a current refundin	g issue)?	t <u> </u>		X		X	X			Х		
15	Were the bonds issued as part o bonds (or, if issued prior to 2018	8, an advance refund	ling issue)?			Х		Х		Х				X
16	Has the final allocation of procee	eds been made?			Х		Х		Х			Χ		
17	Does the organization maintain a proceeds?				Х		X		Х			Χ		
Pa	rt III Private Business Us	е												
						Α		В	С			D		
1	Was the organization a partner i financed by tax-exempt bonds?	in a partnership, or a	member of an LLC,	which owned property	Yes	No X		No X	Yes	No		Yes		No X
financed by tax-exempt bonds?					 		+			-		+		

Cat. No. 50193E

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

b

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8a

Part IV

b

C

Arbitrage

No

0 %

Yes

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Yes

Χ

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Schedule K (Form 990) 2019

D

Yes

Page 2

No

Χ

Χ

Χ

Χ

No

Χ

Χ

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Yes

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Yes

Χ

В

0 %

Yes

Χ

Α

No

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Χ

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Yes

Χ

Schedule K (Form 990) 2019

Part V

Arbitrage (Continued)

requirements of section 148? . . .

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

а	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Χ		
b	Name of provider	0		0		0	

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

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Χ

Yes

Χ

Nο

No

Yes

Χ

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary period?

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, OMB No. 1545-0047

DLN: 93493133020451

Open to Public

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

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

Nam	rnal Revenue Service ne of the organization JSTEES OF THE UNIVERSITY OF PE		o to <u>www.irs.gov/</u>	rorm990 for instruct	ions and th	e lates	t inioi	rmation.		Emplo			n number			
P	art I Bond Issues									123 13						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	orice	1	(f) Description	on of purpose	(g) De	efeased	beh	On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2012	22-2243852	70917R5B7	05-02-2012	149,9	95,567		NSION/FACIL NCEMENT	ITY		X		Х		Х	
В	PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2014	22-2243852	XXXXXXXX	06-12-2014	100,0	00,000	VARIO	OUS CAPITAL	PROJECTS		Х		Х		Х	
С	PA HIGHER ED FACILITIES ATHRTY-UPHS SERIES 2015	22-2243852	70917SSJ3	07-19-2015	398,0	10,258	ADV/0	CUR REFUND ECTS	; VAR CAP		Х		Х		Х	
D	PA HIGHER ED FACILITIES ATHRTY-UPHS SERIES AB 2016	22-2243852	514045M75	04-07-2016	346,4	10,442	ADV. PROJE	REFUND; VA ECTS	RIOUS CAP.		X		Х		Х	
Pa	art II Proceeds									l						
						Α		Е	3	C				D		
1	Amount of bonds retired					7,721,391 0		1	713	.3 29,557,791						
2					0		0			0			0			
3	Total proceeds of issue					150,02	3,137	:	100,000,416	3	399,522,54					
4	Gross proceeds in reserve funds						0		0			0			0	
5	Capitalized interest from procee						0		0		0			0		
6	Proceeds in refunding escrows.						0		0			0		107,8	315,809	
7	Issuance costs from proceeds .					1,00	6,804		400,175		2,275,	487		2,7	69,452	
8	Credit enhancement from proce						0		0			0			0	
9	Working capital expenditures fr						0		0			0			0	
10	Capital expenditures from proce						0		0	1	.50,000,	000		147,0	000,000	
11	Other spent proceeds					149,01	6,333		99,600,241	2	47,247,	060		98,0	84,116	
12	Other unspent proceeds						0		0			0			0	
13	Year of substantial completion .				2	013		20	14	20:	15		2	018		
					Yes	Ne	0	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part obonds (or, if issued prior to 201	.8, a current refundin	g issue)?			Х	(Х	Х					Χ	
15						Х	(Х	Х			Х			
16	6 Has the final allocation of proceeds been made?						\prod	X		Х			Χ			
17	Does the organization maintain proceeds?				Х			Х		Х			Х			
P	art III Private Business Us			-												
					Α		E		C				D			
١.	Was the evaniantion a section	in a nartnership	mombor of ar IIC	which award are	Yes	Ne	0	Yes	No	Yes	No		Yes	+ -	No	
1	Was the organization a partner	iii a partnersnip, or a	i member of an LLC	, which owned property		x			X		Χ			1	Χ	

Are there any lease arrangements that may result in private business use of bond-financed

Χ

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Private Business Use (Continued)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet? Exception to rebate?

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Part Ⅲ

b

d

6

8a

Part IV

b

C

Arbitrage

Χ

0.019 %

0.020 %

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2019

D

0 %

		4	В		C			D
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		×		×	×			х
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					.,			

Χ

Χ

Χ

Χ

Yes

Χ

Χ

В

Χ

No

Χ

Χ

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Χ

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Χ

Α

Yes

Χ

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	Х	X	X		X
			Х		

Χ

0 %

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Χ

Х

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Yes

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No

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Х

C

0.206 %

0.015 %

0.221 %

Х

Χ

Χ

Schedule K (Form 990) 2019

Part V

Arbitrage (Continued)

requirements of section 148? . . .

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

а	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Χ		
b	Name of provider	0		0		0	

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

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Χ

Yes

Χ

Nο

No

Yes

Χ

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary period?

Schedule K

(Form 990)

Department of the Treasury

DLN: 93493133020451

OMB No. 1545-0047

2019

Inspection

Open to Public

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Internal Revenue Service

Nam	e of the organization		o to <u>www.ms.gov/</u>	rormsso tor mstructi	ons and th	c iatest	mormatio	•••		Employ	er ident	tificatio	n numbei		
TŘU	STEES OF THE UNIVERSITY OF PE	NNSYLVANIA								23-13	52685				
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Des	scription of purpo	se	(g) De	feased	beh.	On alf of uer	(i) finar	Pool icing
										Yes	No	Yes	No	Yes	No
Α	PA HIGHER ED FACILITIES-UPHS SERIES C 2016	22-2243852	70917SYU1	01-17-2017	151,:	191,978	ADV. REFUN	IDING OF UPHS 2	011A		Х		X		Х
В	PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2017	22-2243852	709175587	12-31-2017	443,:	182,248	BUILDING A	ND STRUCTURES			Х		Х		Х
С	PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES A 2019	22-2243852	70917S6Z1	12-05-2019	600,0		REFUND TAX MONEY	XABLE BOND & N	EW		Х		Х		Х
Pa	rt II Proceeds														
1				Į		Α		В		С				D	
1	Amount of bonds retired					6,196	,643	4,707,30	5		2,799,	.903			
2	Amount of bonds legally defease						0	()			0			
3	Total proceeds of issue					151,528	,187	445,819,47	4	600,289,0					
4	Gross proceeds in reserve funds						0	(0			0			
5	Capitalized interest from procee						0	(0			0			
6	Proceeds in refunding escrows .					133,316	,750	(0			0			
7	Issuance costs from proceeds .					1,186	,723	2,341,079	Э		2,986,	.361			
8	Credit enhancement from procee						0	()			0			
9	Working capital expenditures fro						0	(ס			0			
10	Capital expenditures from proce						0	301,867,55	4	5	32,188,	.876			
11	Other spent proceeds					17,024	,714	141,610,84	1		65,113,	.842			
12	Other unspent proceeds						0	(ס		36,	.763			
13	Year of substantial completion .				2	016		2018							
					Yes	No	Ye	s No	Y	es	No		Yes		No
14	Were the bonds issued as part o bonds (or, if issued prior to 2018	of a current refunding 8, a current refunding	issue of tax-exemp g issue)?	t 		Х		X			Х				
15	Were the bonds issued as part o bonds (or, if issued prior to 201	8, an advance refund	ling issue)?		Х			Х		Х					
16	Has the final allocation of proceed	eds been made? . .			X		Х				Χ				
17	Does the organization maintain proceeds?				Х		X			Х					
Pa	rt Ⅲ Private Business Us														
						A		В		C			-	D	
	M/ H			ledah assasa 4	Yes	No	Ye	s No	Y	es	No		Yes		No
1	Was the organization a partner i		member of an LLC,	wnich owned property		X		X			Χ				

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

6

8a

Part IV

а

b

C

Arbitrage

Page **2**

0 %

Χ

Χ

Х

Yes

Χ

Х

В

Χ

No

Χ

Χ

Χ

Α

No

Χ

Χ

Χ

Yes

Χ

0 %

Х

Х

Χ

Yes

Χ

Χ

No

Χ

Χ

Х

C

0 %

Χ

Χ

Χ

D

Schedule K (Form 990) 2019

No

Yes

	bond-infanced property:						1
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?						
С	Are there any research agreements that may result in private business use of bond-financed property?	_	X	_	X	X	

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

Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

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

В

No

No

Yes

Yes

No

No

Yes

Χ

Nο

Yes

Yes

Χ

Page 3

No

D

D

Nο

Yes

Yes

ellie GKAPH.	IC print - DO	NOT PROCESS As	Filed Data	a -				DLN	l: 934	93133	020451
Schedule L		Transaction	ons wit	h Inter	ested F	ersons			ОМЕ	3 No. 15	45-0047
(Form 990 or 99	0-EZ) ► Com	plete if the organization 27, 28a, 28b, or	answered	"Yes" on F m 990-EZ,	orm 990, I Part V, line	Part IV, line e 38a or 40b		5b, 26,		20]	19
Department of the Tr Internal Revenue Ser	*	▶Go to <u>www.irs.gov/F</u>					mation.			en to Inspec	Public ction
Name of the or TRUSTEES OF THE	ganization E UNIVERSITY OF F	PENNSYLVANIA					Employ 23-1352		tificati	on nun	nber
		ransactions (section 50					9) organ	izations			
	plete if the orga a) Name of disq	nization answered "Yes" or				person and		t V, line escriptio		(4) (orrected?
1 (a) Name of disq	dailled person) Kelationsi	organiz		person and	٠,	nsaction		Yes	No
		curred by the organization									
Co	mplete if the or	or From Interested P ganization answered "Yes" nt on Form 990, Part X, lin	on Form 99		/, line 38a, d	or Form 990,	Part IV,	ine 26;	or if th	e organ	ization
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		to or from anization?	(e) Original principal amount	(f) Balance due	(g) In default	Appi by bo	h) roved pard or nittee?		Written eement?
			То	From			Yes N	Yes	No	Yes	No
(1) GEOFFREY M GARRETT	DEAN	RETENTION/RECRUITMN	T 	Х	150,000	41,071	N) Yes		Yes	
(2) PAM GROSSMAN	DEAN	RETENTION/RECRUITMN	Т	Х	150,000	51,667	N) Yes		Yes	
(3) R VIJAY KUMAR	DEAN	RETENTION/RECRUITMN	Т	Х	500,000	500,000	N) Yes		Yes	
(4) ANTONIA M VILLARUEL	DEAN	RETENTION/RECRUITMN	Т	Х	150,000	44,643	N	o Yes		Yes	
Total					1	637,381					
		stance Benefiting Interpretation answered '			art IV line	27					
(a) Name of inte		(b) Relationship betweer interested person and the organization	(c) Amo	ount of assis		(d) Type of a	ssistance	e (e	e) Purp	ose of a	ssistance

,	·	between interested person and the organization	transaction		organiz rever	ation's
					Yes	No
Part V	Supplemental Information					
	Provide additional information for	responses to questions on	Schedule L (see instructi	ons).		

Return Reference	Explanation
Return Reference	Explanation

ion GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS CERTAIN OFFICERS AND/OR KEY EMPLOYEES

SCHEDULE L, PART III

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

L. PART III. -----BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DURING THE NORMAL COURSE OF ITS OPERATIONS AND AFTER APPROPRIATE REVIEW. THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

FORM 990, SCHEDULE L INSTRUCTIONS, SUCH AMOUNTS HAVE NOT BEEN ALSO REPORTED ON SCHEDULE SCHEDULE L, PART IV

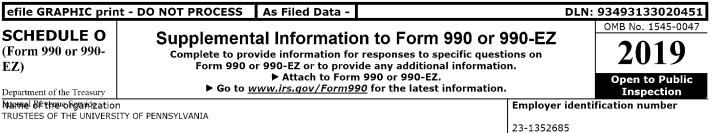
(THE "UNIVERSITY") MAY OCCASIONALLY TRANSACT BUSINESS WITH PERSONS AND/OR ORGANIZATIONS OF INTEREST POLICY AND ANY SUCH TRANSACTIONS ARE CONDUCTED AT AN ARMS-LENGTH BASIS. FOR

DESCRIBED ON FORM 990, PART IV, LINE 28. IN THIS REGARD. THE UNIVERSITY ADHERES TO A CONFLICT THE YEAR ENDED JUNE 30, 2020, NO TRANSACTIONS WERE IDENTIFIED THAT WERE REQUIRED TO BE

DISCLOSED ON FORM 990, SCHEDULE L, PART IV. ------Schedule L (Form 990 or 990-EZ) 2019

DLN: 93493133020451 **SCHEDULE M** OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 23-1352685 **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . 488,343 FAIR MARKET VALUE Χ Art—Historical treasures Art—Fractional interests Books and publications 92,374 FAIR MARKET VALUE Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 703 18,572,404 FAIR MARKET VALUE Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . 253,770 FAIR MARKET VALUE DONATED X 24 25 Other ► (EQUIPMENT 2 2,994 FAIR MARKET VALUE DONATED Χ Other ► (FURNITURE OTHER GIFTS Χ 70 1,185,478 FAIR MARKET VALUE Other ► (IN KIND 27 28 Other ▶ (___ Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
, ,	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.
	Schedule M (Form 990) (2019)



990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS- ACADEMIC COMPONENT THE UNIVERSITY OF PENNSYL VANIA ("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 PATIENT CARE THROUGH THE UNIVERSITY HEALTH SYSTEM. THE UNIVERSITY IS HOME TO THE UNIVERSITY OF PENNSYLVANIA MUSEUM OF ARCHAEOLOGY AND ANTHROPOLOGY, THE INSTITUTE FOR CONTEMPORARY ART, AN D THE ANNENBERG CENTER FOR THE PERSFORMING ARTS, ALL OF WHICH CONTRIBUTE VITALLY TO ENRICHING THE CULTURAL LIFE OF PHILADELPHIA. IN ADDITION, THE UNIVERSITY IS AN ACTIVE PARTICIPANT IN THE WEST PHILADELPHIA NEIGHBORHOOD THAT IS ITS HOME. I. EDUCATION PENN'S FIRM BELIEF T HAT EXCELLENCE AND DIVERSITY GO HAND-IN-HAND IS EVIDENCED BY FY 2020'S CONCOMITANT INCREAS ES IN ADMISSIONS SELECTIVITY AND CAMPUS MULTICULTURALISM. OF THE 44,205 STUDENTS WHO APPLIED FOR THE CLASS OF 2024, ONLY 3,789, OR 9 PERCENT, WERE OFFERED ADMISSION. FIFTY-THREE PE RCENT OF THE CLASS IS FEMALE, AND 47 PERCENT IS MALE. THIS EXCEPTIONAL CLASS HAS, AT THE S AME TIME, CONTRIBUTED TO PENN'S ONGOING GROWTH IN DIVERSITY: AMONG UNITED STATES CITIZENS AND PERMANENT RESIDENTS AT PENN, 54 PERCENT SELF-IDENTIFY AS STUDENTS OF COLOR, UP FROM 53 PERCENT THE YEAR SEPORE, FIFTEEN PERCENT OF ENROLLED STUDENTS IN THE CLASS OF 2024 IDENTIFY AS FIRST-GENERATION COLLEGE STUDENTS. OF THE INTERNATIONAL STUDENTS IN THE CLASS OF 2024 IDENTIFY AS FIRST-GENERATION COLLEGE STUDENTS. OF THE

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ACKGROUNDS. IN FY 2020, THE AVERAGE FRESHMAN AID PACKAGE WAS \$58,362, AN INCREASE OF 5 PER CENT OVER THE PREVIOUS YEAR AND 96 PERCENT OVER THE AVERAGE AID PACKAGE OF \$29,694 IN FY 2 008, WHEN THE GRANT-BASED FINANCIAL AID POLICY WAS ANNOUNCED. RANKED NO. 8 AMONG ALL NATIO NAL UNIVERSITIES BY U.S. NEWS & WORLD REPORT, PENN IS CONSISTENTLY RECOGNIZED FOR HAVING S OME OF THE TOP ACADEMIC PROGRAMS IN THE COUNTRY. PENN'S UNDERGRADUATE BUSINESS PROGRAM IS RANKED NO. 1 NATIONALLY, WHILE PENN'S MEDICAL SCHOOL AND GRADUATE PROGRAMS IN BUSINESS PROGRAM IS RANKED NO. 1 NATIONALLY, WHILE PENN'S MEDICAL SCHOOL AND GRADUATE PROGRAMS IN BUSINESS AND NURSING ARE CONSISTENTLY RANKED IN THE TOP SIX NATIONWIDE. THE PERELMAN SCHOOL OF MEDICIN E AT THE UNIVERSITY OF PENNSYLVANIA HAS BEEN RANKED AMONG THE TOP MEDICAL SCHOOLS. IN THE U NITED STATES FOR THE PAST 20 YEARS, ACCORDING TO U.S. NEWS & WORLD REPORT'S SURVEY OF RESE ARCH-ORIENTED MEDICAL SCHOOLS. IN FY 2020, PENN RECEIVED \$614 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH (NIH). OF THE \$614 MILLION, THE PERELMAN SCHOOL OF MEDICINE RECEIVED \$514 MILLION. THE SCHOOL IS CONSISTENTLY AMONG THE NATION'S TOP RECIPIENTS OF FUN DING FROM NIH. II. RESEARCH WITH MORE THAN \$1 BILLION IN ANNUAL R&D EXPENDITURES, PENN IS ONE OF THE NATION'S 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 H AS 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. WHEN THE NOVEL CORONAVIRUS PANDEMIC STRUCK IN MARCH 2020,

Return Reference	Explanation
FORM 990, PART III, LINE 4A	DEMY OF MEDICINE, 44 MEMBERS OF THE NATIONAL ACADEMY OF SCIENCES, 32 MEMBERS OF THE AMERIC AN PHILOSOPHICAL SOCIETY, 178 GUGGENHEIM FELLOWS, AND 15 MEMBERS OF THE NATIONAL ACADEMY OF ENGINEERING. TEN MACARTHUR AWARD RECIPIENTS, ONE NATIONAL MEDAL OF SCIENCE RECIPIENT, ONE NOBEL PRIZE RECIPIENT, AND FOUR PULITZER PRIZE RECIPIENTS CALL PENN HOME. PENN'S RENOWNE D RESEARCH COMMUNITY COMPRISES 190 RESEARCH CENTERS AND INSTITUTES, 5,118 FACULTY, MORE TH AN 1,353 POSTDOCTORAL FELLOWS, 6,142 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 CONTINUES TO STAND AS A TESTAMENT TO THE VALUE PENN PLACES ON BIG IDEAS. PENNOVATION WORKS IS A DISTINCTIVE BLEND OF OFFICES, LABS, AND PRODUCTION SPACE DEVELOPED BY PENN TO LINK THE INTELLECTUAL AND ENTREPRENEURIAL INIT IATIVES NECESSARY FOR ADVANCING KNOWLEDGE AND GENERATING ECONOMIC DEVELOPMENT. IN 2018, PE NNOVATION WORKS LAUNCHED THE JPOD @ PHILLADELPHIA PROGRAM, A BUSINESS AND TECHNOLOGY INCUBA TOR THAT CONNECTS INNOVATORS TO THE JOHNSON & JOHNSON INNOVATION NETWORK AND AIMS TO IDENT IFY AND ACCELERATE EARLY-STAGE HEALTHCARE SOLUTIONS FOR UNMET PATIENT AND CONSUMER NEEDS IN MEDICINE. THE BRAND-NEW MAIN LAB BUILDING, MEANWHILE, IS A SCIENTIFICALLY ADVANCED, MULT I-TENANT LABORATORY AND OFFICE BUILDING THAT IS IDEAL FOR EARLY-STAGE COMPANIES, PENNOVATI ON WORKS IS FUNDAMENTALLY A COMMUNITY OF INNOVATORS. IT HOSTS MORE THAN 40 STARTUP COMPANIE SAND SEVERAL LARGE CORPORATE MEMBERS, SUCH AS QUALCOMM, THE HERSHEY COMPANY, AND JOHNSON & JOHNSON WHILE ALSO HOUSING SEVERAL PENN ACADEMIC PARTNERS, INCLUDING PENN ENGINEERING RESEARCH AND COLLABORATION HUB AND THE PENN VET WORKING DOG CENTER, ALL WORKING TOGETHER TO EXPAND THE FRONTIERS OF KNOWLEDGE. HTTPS://WWW.PENNOVATION.UPENN.EDU/ III. PUBLIC SERVIC E MISSION COMMUNITY INFRASTRUCTURE - PENN HAS CALLED WE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	THE EASTERN SIDE OF UNIVERSITY CITY, ONCE DOMINATED BY THE UNITED STATES POST OFFICE'S SOU THEASTERN PENNSYLVANIA HEADQUARTERS, A 24-ACRE MIX OF MAIL PROCESSING AND TRANSPORTATION F ACILITIES, HAS BEEN REVITALIZED BY PENN'S STRATEGIC ACQUISITION AND APPLICATION OF A LAND LEASE STRATEGY. MODERNIZING THIS LAND USE UNLOCKS ITS POTENTIAL FOR GENERATING ECONOMIC DE VELOPMENT; WHILE CONNECTING UNIVERSITY CITY TO PHILADELPHIA'S CENTER CITY (CENTRAL BUSINES S DISTRICT) AND AROUND ITS TRANSPORTATION HUB AT 30TH AND MAKET STREETS (AMTRAKS STATION, SEPTA'S COMBINATION OF PUBLIC RAIL AND BUS TRANSIT, AND INTERSTATE 76). THE ELEMENTS OF THE PLAN INCLUDED REPLACING THE POST OFFICE'S SURFACE PARKING LOT AND TRUCK DEPOT WITH THE UNIVERSITY'S PENN PARK, A 14-ACRE OPEN SPACE AND MIX OF A THLETTIC FACILITIES THAT INTRODUCE DB BOTH A NEW GATEWAY TO UNIVERSITY CITY AND A NEW GREENWAY WITH ENVIRONMENTAL BENEFITS, S UCH AS ADDING MORE THAN 500 NEW INDIGENOUS TREES AND PLANT LIFE AND CAPTURING AND REUSING STORMWATER TO MITIGATE RUNOFF INTO THE SCHUYLKILL RIVER. NORTH OF PENN PARK, IS CIRA CENTR E SOUTH, ONCE THE POST OFFICES TRUCK FERNINAL ANNEX, THE UNIVERSITY LEASED THE LAND TO BRA NDYWINE 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 LEV EL RETAIL BUSINESSES, AND A ONE-ACRE ROOFTOP GREEN AND OPEN SPACE; AND FMC TOWER, A 49-STO RY, 730-FOOT SKYSCRAPER AND GLOBAL HEADQUARTERS OF THE SPECIALTY CHEMICAL COMPANY, FMC COR PORATION. 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 THIPD-PROVATION CENTER. A 52,000 SQUARE FEET FOR PENN ADMINISTRATIVE OFFICES. THE TOWERS UPPER MOST FLOORS CONTAIN 260 LUXURY HOTEL SUITES AND A CONSCIPLING SPECIALIST. THE ST

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	SKILLS DEVELOPMENT OF LOCAL RESIDENTS SO TO ASSIST THEIR OBTAINING OF TEMPORARY OR PERMANE NT JOBS WITH THE UNIVERSITY, HEALTH SYSTEM, OR THIRD PARTY CONTRACTORS; DEVELOPMENT AND MA NAGEMENT OF COMMERCIAL CORRIDORS, WITH AN EMPHASIS ON NURTURING LOCAL INDEPENDENT RETAIL B USINESSES, PROVIDING PUBLIC SAFETY SERVICES ON AND OFF CAMPUS, AND ENHANCING THE EDUCATION AL ATTAINMENT OF CHILDREN IN LOCAL PUBLIC SCHOOLS. HTTP://www.evp.upenn.edu/stategic-init intives/community-and-economic-deve Lopment.html on the University of Pennsylvania Health Systems (UPHS) CAMPUS, CONSTRUCTION IS CURRENTLY UNDERWAY ON THE PAVILION A 1.5 MILLION SQ UARE 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 PHILADELPHIA CI VIC 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 BEN EFIT FROM ENHANCED TECHNOLOGY AND RESEARCH THAT WILL FACILITATE AND IMPROVE CARE TEAM COLL ABORATION. ADDITIONALLY, THE BUILDING EMBODIES PENNS COMMITMENT TO THE ENVIRONMENT. THE PA VILLON WAS DESIGNED TO BE ECO-FRIENDLY AND IS BEING CONSTRUCTED WITH INNOVATIONS LIKE THE RE-USE OF WATER, 100 PERCENT OUTSIDE AIR, AND PARKLIKE, 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. HTTPS:///www.pennmedicine.org/for-patients-And-visitors/penn-medicine-Locat IONS/HOSPITAL-OF-THE-UNI VERSITY-OF-PENNSYLVANIA/NEW-HOSPITAL-PAVILION ECONOMIC IMPACT: AS THE CITY OF PHILADELPHIA S LARGEST PRIVATE EMPLOYER, PENN PLAYS A SIGNIFICANT ROLE IN ACTIVATING THE LOCAL ECONOMY. HER CONDING THE PAPE PROVIDING HIGH QUALITY HEALTH CARE TO ITS COMMUNITY, HTTPS://W WW. PENNMEDICINE.ORG/FOR-PATIENTS-AND-VISITORS/PENN-MEDICINE

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	KETING. HTTP://www.evp.upenn.edu/strategic-initiatives/neighborhood-services.html see sche dule H, part vi for additional details regarding some of the various community building ac tivities conducted by the university. Economic inclusion: a critically important component of penns strategic approach to economic development is using its considerable purchasing power in goods and services and construction activity, as well as its academic expertise, to fuel local business growth among local businesses and diverse enterprises as defined by those whose ownership classification is: black, brown, woman, lgbtq, veteran, and disable d. in purchasing services, the fy 2020 results have been driven by a number of targeted pu rchasing services initiatives designed to expand businesses and economic opportunities avail able to those who live, work, and own businesses in the local community. In fy 2020, inclu ding construction, penn purchased \$151 million in products and services from the west phil adelphia community businesses, while spending \$139.0 million from diversity suppliers (min ority, woman, veteran, lgbtq, other owned) across the city. Https://cms.business-services.upenn.edu/purchasing/economic-inclusion/by-t he-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 (cap) 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), adding sustainability to the title of the plan. The Csap 3.0 describes the progress made towards the csap 2.0 goals and sets new, challenging our university and students to lead in a rapidly evolving world. Building on the accomplishments of goals outlined in the 2009

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FORM 990, PART III, LINE 4A (CONT.)	ACADEMICS: ACHIEVEMENTS: 400 SUSTAINABILITY RELATED COURSES ARE CURRENTLY OFFERED ACROSS V ARIOUS SCHOOLS SINCE 2014, 14 NEW ACADEMIC PROGRAMS HAVE BEEN INTRODUCED ACROSS SIX SCHOOL S SINCE 2009, AND THERE ARE EIGHT NEW CENTERS THAT FOCUS ON SUSTAINABILITY THAT HAVE BEEN ESTABLISHED ACROSS FIVE SCHOOLS SINCE 2014. SINCE 2014, SINCE DECEMBER 2019, THE ENVIRONMENTAL INNOVATIONS INITIATIVE (EII), A NEW UNDERTAKING LAUNCHED BY PENN'S PRESIDENT AND PROVOST, SEKS TO PLACE PENN IN THE VANGUARD OF RESEARCH AND EDUCATION AIMED AT BUILDING PATHWAYS TOWARDS LASTING PROSPERITY AND WELL-BEING FOR ALL PEOPLE IN HARMONY WITH NATURE AND ITS LIFE-SUPPO RTING SYSTEMS, FOLLOWING THE PRINCIPLES OF JUSTICE. CONSISTENT WITH MANY OF PENN'S CSAP 3.0'S ACADEMIC GOALS, THE OVERARCHING GOAL OF THE EII IS TO INTEGRATE ALL RELEVANT KINDS OF EXPERT KNOWLEDGE ALREADY WELL ESTABLISHED IN DIFFERENT PARTS OF THE UNIVERSITY AND TO BUIL D UPON THE EXISTING CAPACITIES BY STRATEGIC ADDITIONS AND EXTERNAL PARTNERSHIPS. EII WILL HAVE A GLOBAL FOCUS AND A BROAD INTERDISCIPLINARY MANDATE TO PRODUCE NEW KNOWLEDGE AND TO ENGAGE AND EDUCATE PENN STUDENTS AND OTHERS FROM THE LOCAL COMMUNITY TO THE WORLD. 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 O PPORTUNITIES FOR A COHESIVE SUSTAINABILITY EDUCATION AT PENN. INFORMATION TECHNOLOGY: ACHI EVEMENTS: IN ORDER TO RAPIDLY SUPPORT REMOTE EDUCATION AND RESEARCH WITH OUR SCHOOL AND CENTER PARTNERS, THE INFORMATION SYSTEMS AND COMPUTING (ISC.) DIVISION BUILT ON OUR RECENT PR OGRAMS DESIGNED TO ENSURE HIGH-QUALITY OPPERATIONS WHILE SIMULTANEOUSLY PREPARING IT AT PENN FOR A RAPIDLY EVOLVING FUTURE. WE FOCUSED ON CREATING MORE EFFICIENT, SUSTAINABLE SERVIC ES AND APPLICATIONS, UTILIZING CLOUD COMPUTING VENDORS. THE RESULT OF THIS GROUNDWORK WAS A RELATIVELY SMOOTH TRANSITION TO REMOTE OPPR

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FORM 990, PART III, LINE 4A (CONT.)	0, THIS GOAL HAS BEEN MET WITH A 41% REDUCTION. PHYSICAL ENVIRONMENT: ACHIEVEMENTS: 34 GRE EN ROOFS ON CAMPUS 27 LEED DESIGNED BUILDINGS; AND 28% OF CAMPUS IS UNPAVED AREA, COMPRIS ED OF GARDENS, LAWNS, AND PERVIOUS PAVING. GOALS: UPDATE CAMPUS DESIGN AND MANAGEMENT STAN DARDS AND INTEGRATE OCCUPANT HEALTH AND WELLNESS INTO PENN'S BUILDING STANDARDS; IMPROVE PENN'S LANDSCAPE ECOLOGY PRACTICES AS WELL AS WATER USE AND MANAGEMENT ON CAMPUS; AND IMPRO VE EDUCATION AROUND PENN'S PLANNING AND PREPAREDNESS, RESILIENCY, AND ADAPTATION TO CLIMAT E CHANGE. WASTE MINIMIZATION AND RECYCLING; ACHIEVEMENTS: INCREASING MATERIAL DIVERSION AN D REDUCING THE WASTE SENT TO LANDFILL AND WASTE-TO-ENERGY INCINERATORS CONTINUE TO BE PRIO RITIES FOR PENN. TOGETHER WITH OUR WASTE VENDOR, PENN HAS REDUCED SOLID WASTE BY 23% PERCE NT IN FY20 COMPARED TO FY09. COVID-19 HAS HAD A LARGE EFFECT ON CAMPUS WASTE COLLECTION ST ARTING IN MARCH 2020, LEADING TO AN OVERALL REDUCTION IN SOLID WASTE GENERATED. GOALS; INC REASE PENN'S OVERALL WASTE DIVERSION, MINIMIZE WASTE SENT TO LANDFILL, AND SUPPORT REGIONA L WASTE GOALS. PURCHASING: ACHIEVEMENTS: A DINING WORKING GROUP WAS ESTABLISHED TO INCREASE TRACKING AND REPORTING OF SUSTAINABLE FOOD. APPROXIMATELY 20% OF THE FOOD USED IN PENN DINING FACILITIES THAT ARE MANAGED BY BON APPETIT IS SOURCED FROM LOCAL VENDORS. DUE TO EXT REME REDUCTIONS IN TRAVEL DUE TO COVID-19, AIR TRAVEL EMISSIONS CHANGED DRAMATICALLY IN 20 20. AIR TRAVEL EMISSIONS WERE REDUCED BY 36% PERCENT IN FY20 AS COMPARED TO FY19 AND ACCOUNTED FOR 7% OF TOTAL EMISSIONS GOALS: INCREASE PROCUREMENT OF SUSTAINABLE FOOD PRODUCTS; ENCOURAGE PURCHASING OF LOW- OR ZERO- EMISSION VEHICLES; EVALUATE MECHANISMS TO EFFECT PEN N'S EMISSIONS FROM AIR TRAVEL; AND EXPAND SUSTAINABLE OFFICE EQUIPMENT PURCHASES, OPTIONS, STANDARDS, AND TECHNOLOGY. TRANSPORTATION: ACHIEVEMENTS: THE BICYCLE COMMUTER REIMBURSEME NT PROGRAM SUPPORTS STAFF SUBMITTING BONIFIED EXPENSES WHILE COMMUTING TO CAMPUS BY BICYCLE THE UNIVERSITY CONTINUES TO WORK WITH INDOCABLE

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FORM 990, PART III, LINE 4A (CONT.)	UNIVERSITY'S TRANSIT DEPARTMENT OPERATES 17 BI-FUEL (GASOLINE AND PROPANE) VEHICLES IN IT S FLEET CONTRIBUTING TO A CLEANER ENVIRONMENT AND SAVING AN ESTIMATED \$56,652.0 IN FY20 F UEL COSTS COMPARED TO USING JUST GASOLINE THE UNIVERSITY CONTINUES TO SUPPORT MASS TRAN SIT SUBSCRIBERS PURCHASING MONTHLY TRANSIT PASSES VIA A DISCOUNT PROGRAM EXECUTED IN CONJUNCTION WITH SEPTA AND WAGEWORKS (TOTALING 10% OF PASS PRICE) WHILE ALSO FACILITATING PAYROL IL PURCHASE USING PRETAX FUNDS. TO FURTHER SUPPORT THE USE OF MASS TRANSIT, THE OCCASIONA L PARKING PROGRAM (OPP) OFFERS MASS TRANSIT SUBSCRIBERS DISCOUNTED PARKING FOR THOSE TIMES WHEN DRIVING IS NECESSARY, BUT NOT A DETERRENT FROM USING MASS TRANSIT. THERE WERE 271 PA RTICIPANTS IN THE OPP DURING FY20 THE UNIVERSITY'S VAIPPOOL AND CARPOOL PROGRAMS OFFER N O-COST / LOW-COST PREFERRED PARKING WHILE ALSO ALLOWING PAYROLL DEDUCTION PAYMENTS WHICH A RE MADE WITH PRE-TAX FUNDS. WE HAD 67 PARTICIPANTS IN THESE PROGRAMS AT THE END OF FY20 COMPLEMENTING THE CITY'S (SEPTA) TROLLEY, BUS AND REGIONAL RAIL SERVICE, THE UNIVERSITY O FFERS A ROBUST COMMITMENT TO THE SAFETY AND SUSTAINABILITY OF OUR COMMUNITY WITH BUSES, SH UTTLES AND VANS. THESE ASSETS SUPPORT BOTH FIXED AND ON-DEMAND TRANSPORTATION ACROSS SEVEN INTEGRATED ROUTES AND SERVICE AREAS. PENN TRANSIT SERVICES ALSO INCLUDES A MAINTENANCE DE PARTMENT, THE ONLY BLUE SEAL MAINTENANCE SHOP IN WEST PHILADELPHIA, OFFERING TOP QUALITY L OWER COST SERVICE TO 125 OF THE UNIVERSITY'S VEHICLES UNDER CONTRACT; WELL-MAINTAINED VEHI CLES OPERATE MORE EFFICIENTLY, ARE MORE SUSTAINABLE AND COST LESS TO OPERATE THE ASSOCI ATION FOR THE ADVANCEMENT OF SUSTAINABILITY IN HIGHER EDUCATION (AASHE) RECOGNIZED PENN IN ITS 2020 SUSTAINABLE CAMPUS INDEX AS A TOP PERFORMER RANKING THE UNIVERSITY 5TH OVERALL N ATIONALLY IN THE CATEGORY OF TRANSPORTATION. THIS RECOGNITION IS FOR INSTITUTIONS THAT ONS ITIVELY IMPACT HUMAN AND ECOLOGICAL HEALTH WHILE SUPPORTING LOCAL ECONOMIES BY MODELING SUSTAINABLE TRANSPORTATION. OUTREACH AND ENGAGEMENT:

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FORM 990, PART III, LINE 4A (CONT.)	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 DOW NLOADABLE AND PRINTABLE COPY OF THE PENN CLIMATE AND SUSTAINABILITY ACTION PLAN 3.0 IS AVA ILABLE ON THE PENN SUSTAINABILITY WEBSITE. SEE THE FULL CLIMATE AND SUSTAINABILITY ACTION PLAN ANNUAL REPORT FOR A FULL PROGRESS UPDATE. PENN'S CIVIC ENGAGEMENT IS COMMUNITY BASED AND CITY WIDE THE UNIVERSITY ENCOURAGES ITS STUDENTS, FACULTY, STAFF, AND ALUMNI TO PARTIC IPATE IN THE EXTENSIVE OUTREACH THAT SUPPORTS PHILADELPHIANS, WITH AN EMPHASIS ON THE LOCA L COMMUNITY SURROUNDING PENN, TO LEAD HEALTHY, GAINFUL LIVES. EACH YEAR, PENN PARTICIPATES IN A NUMBER OF JOB FAIRS AIMED AT CREATING AWARENESS OF OPPORTUNITIES FOR UNDER-SERVED PO PULATIONS. THE DIVISION OF HUMAN RESOURCES, RECRUITMENT SERVICES & TALENT ACQUISITION TEAM COORDINATED EFFORTS WITH OUR TEMPORARY STAFFING PROVIDER, APPLE ONE TO ENSURE THAT WE ATT END A WIDE RANGE OF FAIRS INCLUDING ONE STOP JOB & RESOURCE HUB CITY-WIDE JOB FAIR, HIREI PHILLY 2020 CAREER + RESOURCE FAIR, 18TH DISTRICT PHILADELPHIA POLICE DEPARTMENT JOB FAIR, ALPHA KAPPA ALPHA - 69TH BOULE AND CAREER FAIR, AL DIA PHILADELPHIA POLICE DEPARTMENT JOB FAIR, ALPHA KAPPA ALPHA - 69TH BOULE AND CAREER FAIR, AL DIA PHILADELPHIA POLICE DEPARTMENT JOB FAIR, BATTLESHIP NEW JERSEY - VETERAN CAREER FAIR, SIERRA GROUP FAIR, RECRUIT MILITA RY, TEMPLE BLACK MBA AND TEMPLE U COMMUNITY FAIR AND COUNCILMAN KENYATTA JOHNSON'S CAREER FAIRS. 2020 COVID RESTRICTIONS RESULTED IN CANCELLATION OF THESE FAIRS BUT WE ARE HOPEFUL THAT THE FAIRS WILL RESUME IN 2021. PENN CONTINUES THEIR INVOLVEMENT WITH THE WELCOMING CE NTER FOR NEW PENNSYLVANIANS. SINCE THE ONSET OF THE COVID-19 PANDEMIC IN MARCH 2020, THE WARE ARE HOPEFUL THAT THE FAIRS WILL RESUME IN 2021. PENN CONTINUES THEIR INVOLVEMENT WITH THE WELCOMING CE NTER FOR NEW PENNSYLVANIANS. SINCE THE ONSET OF THE COVID-19 PANDEMIC IN MARCH 2020, THE WARE ARE HOPEFUL THAT THE FAIRS WILL RESU

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FORM 990, PART III, LINE 4A (CONT.)	HE REGION'S BUSINESS COMMUNITY, AND UNDERSTAND THE CHAMBER'S MISSION, VISION, AND GOALS. M ENTEES ARE YOUNG PROFESSIONALS WHO ARE ENGAGED WITH THE CHAMBER, USUALLY EITHER THROUGH CH AMBER MEMBER COMPANIES OR THROUGH THE YOUNG PROFESSIONALS COUNCIL. IN FY 2020, PENN'S NETT ER CENTER FOR COMMUNITY PARTNERSHIPS INVOLVED APPROXIMATELY 1,850 PENN STUDENTS THROUGH 73 ACADEMICALLY-BASED COMMUNITY PARTNERSHIPS INVOLVED APPROXIMATELY 1,850 PENN STUDENTS THROUGH 73 ACADEMICALLY-BASED COMMUNITY SERVICE COURSES, MORE THAN 370 STUDENTS THROUGH FEDERAL WORK -STUDY POSITIONS AND INTERNSHIPS, AND AN ESTIMATED 990 STUDENT VOLUNTEERS, ALL IN SERVICE TO THE COMMUNITY. THE NETTER CENTER'S UNIVERSITY-ASSISTED COMMUNITY SCHOOL PROGRAMS, WHICH FOCUS ON EIGHT PUBLIC SCHOOLS, IN WEST PHILADELPHIA AND SERVE OVER 3,700 K-12 STUDENTS AND THE FRAMILES, HAVE BEEN CREDITED WITH VISIBLE IMPROVEMENTS IN ACADEMIC PERFORMANCE, ATT ENDANCE, AND STUDENT AND PARENTAL INVOLVEMENT. SCHOOL-DAY PARTNERSHIPS, AFTER-SCHOOL AND S UNDER PROGRAMMING ADAPTED TO A VIRTUAL PLATFORM BEGINNING MARCH 2020. HTTPS://WWW.NETTERCE NTER.UPENN.EDU/ ONE CRITICAL INITIATIVE THAT THE NETTER CENTER HELPS SUPPORT IS THE DR. BE RNETT L. JOHNSON, JR. SAYRE HEALTH CENTER, A FEDERALLY OUALIFIED HEALTH CENTER OFFERING CO MPREHENSIVE HEALTH-CARE SERVICES AND HEALTH CAREERS EDUCATION TO THE WEST PHILADELPHIA COM MUNITY. ESTABLISHED IN 2006, THE HEALTH CENTER GREW OUT OF A SAYRE-PENN PARTNERSHIP THAT B EGAN IN 1996 AT SAYRE HIGH SCHOOL, A PUBLIC SCHOOL IN WEST PHILADELPHIA THAT ENDICLS PREDO MINATELY LOW-INCOME AFRICAN-AMERICAN STUDENTS. PENN MEDICINE PHYSICIANS AND PENN STUDENTS FROM THE SCHOOLS OF MEDICINE, DENTISTRY, NURSING, AND SOCIAL POLICY AND PRACTICE SUPPORT THE CLINICAL MISSION OF THE HEALTH CENTER. THESE STUDENTS, IN ADDITION TO THOSE FROM THE SC HOOL OF ARTS AND SCIENCES, WORK ALONGSIDE HEALTH CENTER STUDENTS. PENN MEDICINE PHYSICIANS AND PENN STUDENTS SCIENCE AND HEALTH TOPICES WITH A GOAL OF RECRUITING MORE MINORITIES TO THE MEDICAL FILLD. PENN MEDICINE SEPLOYED ADDIT

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FORM 990, PART III, LINE 4A (CONT.)	N THE NETTER CENTER AND PENN ATHLETICS, CREATES MUTUALLY BENEFICIAL PARTNERSHIPS BETWEEN P ENN INTERCOLLEGIATE ATHLETIC TEAMS AND WEST PHILADELPHIA PUBLIC SCHOOLS. IN FY 2020, YQCA ENGAGED APPROXIMATELY 110 BIG QUAKERS FROM PENN MEN'S AND WOMEN'S LACROSSE AND TRACK AND F IELD AND APPROXIMATELY 170 YOUNG QUAKERS IN GRADES 4-8 FROM FOUR WEST PHILADELPHIA UNIVERS ITY-ASSISTED COMMUNITY SCHOOLS. THROUGH EARLY MARCH 2020, SPORTS PRACTICES TOOK PLACE AT P ENN FACILITIES, LOCAL SCHOOLS AND RECREATION CENTERS. BEGINNING APRIL 2020, VIRTUAL SESSIO NS FOCUSED ON PHYSICAL FITNESS. ANOTHER ONE OF THE NETTER CENTER'S OUTREACH INITIATIVES IS PENN VIPS (VOLUNTEERS IN PUBLIC SERVICE). WORK UNDERTAKEN BY THIS STAFF, FACULTY, AND ALU MNI VOLUNTEER GROUP RESULTS EACH YEAR IN: SEVEN NON-TUITION COLLEGE SCHOLARSHIPS AWARDED TO WEST PHILADELPHIA STUDENTS; THE ADOPTION OF 50-60 LOCAL FAMILIES FOR CHRISTMAS; DONATION S OF APPROXIMATELY 1,000 GIFTS AND TOYS, 100 WINTER COATS, AND 600 NON-PERISHABLE FOOD ITE MS DURING THE HOLIDAYS, AS WELL AS SCHOOL SUPPLIES FOR APPROXIMATELY 6-12 LOCAL SCHOOLS AN D 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 HE LP STUDENTS GAIN EXPOSURE TO A VARIETY OF CAREERS. PENN VIPS WORKS UNIVERSITY-WIDE TO SHAR E UNIVERSITY EXCESS LIKE OFFICE SUPPLIES, FURNITURE, COMPUTERS, WITH NEIGHBORHOOD GROUPS A ND LOCAL AGENCIES. HTTPS://WWW.NETTERCENTER.UPENN.EDU/PENN-VIPS THE UNIVERSITY OF PENNSYLV ANIA POLICE DEPARTMENT, IN PARTNERSHIP WITH THE PHILADELPHIA POLICE DEPARTMENT, SPONSORS THE TUCKER POLICE ATHLETIC LEAGUE CRATER. THE POLICE ATHLETIC LEAGUE (PAL) IS A NON-PROFIT CORPORATION WHOSE MOTTO IS "COPS HELPING KIDS." THEY ASPIRE TO BE THE PREMIER YOUTH-SERVIN G ORGANIZATION IN THE CITY, BY REDUCING CRIME, PROMOTING CHARACTER DEVELOPMENT, AND IMPROVING EDUCATIONAL OUTCOMES. THIS IS ACCOMPLISHED BY HAVING POLICE OFFICERS, SUPPORTED BY CIVILIANS, OFFER SPORTS, DANCE, HOMEWORK HELP, CHESS AN

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FORM 990, PART III, LINE 4A (CONT.)	THE DIVISION OF PUBLIC SAFETY HAS A FULL-TIME UPPD OFFICER ASSIGNED TO THE TUCKER POLICE A THLETIC LEAGUE CENTER. PAL STAFF AND PENN POLICE LEADERSHIP WORK TOGETHER REGULARLY TO FAC ILITATE YOUTH INVOLVEMENT WITH PENN ATHLETICS, SUCH AS ATTENDANCE AT FOOTBALL AND BASKETBA LL GAMES, THE PENN RELAYS, PAL DAY AT THE PALESTRA, AND PAL DAY AT THE PENN ICE RINK, SPON SORED BY BUSINESS SERVICES. PENN STUDENTS, PARTICULARLY FROM FRATERNITIES AND SORORITIES, HAVE VOLUNTEERED THEIR TIME, IN MENTORING COMMUNITY YOUTH AT THE PAL CENTER. PENN POLICE A TTEND MONTHLY COMMUNITY MEETINGS, INCLUDING THOSE IN CEDAR PARK, GARDEN COURT, SPRUCE HILL AND WALNUT HILL NEIGHBORHOOD ASSOCIATIONS, AS WELL AS THE FIRST THURSDAY MEETINGS, HELD A T THE WALNUT STREET BRANCH OF THE FREE LIBRARY. THIS GIVES PENN POLICE THE OPPORTUNITY TO INFORM THE COMMUNITY ON ORCERNS AND LEARN OF WAYS IN WHICH PENN POLICE CAN HELP SUPPORT THE LOCAL COMMUNITY. FOR PATIENTS AND FAMILIES ALREADY STRESSED BY ILLNESS, PENN SOUGHT TO IMPROVE THEIR EXPERIENCE AT OUR WORLD-CLASS HEALTH SYSTEM BY DEVELOPING A TRAFFIC CONTROL LAID PROGRAM. THIS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN THE DIVISION OF PUBLIC SAFET Y. THE PENN HEALTH SYSTEM, AND ALLIED UNIVERSAL TO REDUCE TRAFFIC-RELATED ANXIETY FOR THOSE SEEKING CARE FOR MEDICAL CONDITIONS. THIS PROGRAM'S NEED AROSE DUE TO THE INCREASED CONS TRUCTION THAT IS STILL TAKING PLACE AROUND THE PENN HEALTH SYSTEMS EXPERIENCED EXTREMELY LONG TRAFFIC DELAYS AND AN INCREASE IN CONFUSION AS TO HOW TO NAVIGATE TO THE APPROPRIATE HEALTH CARE COMPLEXES. BEFORE THIS PRO GRAM'S IMPLEMENTATION, BOTH PATIENTS AND STAFF OF THE HEALTH SYSTEMS EXPERIENCED EXTREMELY LONG TRAFFIC DELAYS AND AN INCREASE IN CONFUSION AS TO HOW TO NAVIGATE TO THE APPROPRIATE HEALTH CARE FACILITY FOR AN APPOINTMENT DUE TO THE CONSTRUCTION DETOURS. THE DIVISION OF PUBLIC SAFETY AND ALLIED UNIVERSAL WORKED TOGETHER TO FIND A WAY TO SOLVE TRAFFIC CONTECRNS. AFTER CONSULTING WITH THE APPROPRIATE TRAINING. TO HELP SUPPLEMENT THE PENN POLICE BY CONTROL AND THE PENN PO

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FORM 990, PART III, LINE 4A (CONT.)	FOR CIVIC ENGAGEMENT AND SOCIAL JUSTICE EDUCATION, CIVIC HOUSE, OVERSEES A VARIETY OF PRO GRAMS. DESPITE THE CHALLENGES POSED BY THE GLOBAL PANDEMIC, IN COLLABORATION WITH THEIR CO MMUNITY PARTNERS, ALMOST ALL CIVIC HOUSE PROGRAMS HAVE BEEN ABLE TO FUNCTION REMOTELY AT N EARLY THE SAME ENGAGEMENT LEVELS AS IN OTHER YEARS. 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 COMMUNITIES. THE WEST PHILADELPHIA TUTORING PROJECT, SOME 300 PENN STUDENTS MENTOR LOCAL COMMUNITIES. THE WEST PHILADELPHIA TOTORING PROJECT, SOME 300 PENN STUDENTS MENTOR LOCAL COMMUNITIES. THE WEST PHILADELPHIA TOTORING PROJECT, SOME 300 PENN STUDENTS MENTOR LOCAL COMMUNITIES. THE WEST PHILADELPHIA TOTORING PROJECT, SOME 300 PENN STUDENTS MENTOR LOCAL COMMUNITY PARTNER ORGANIZATIONS ON A VARIETY OF INITIATIVES, ALL 50 STUDENTS INVOLVED IN CIVIC HOUSE'S CIVIC SCHOLARS PROGRAM VOLUNTEER WITH LOCAL NONPROFIT O RGANIZATIONS AND SCHOOLS, AND SEVERAL OF THEM PARTICIPATED IN PUBLIC INTEREST INTERNSHIPS OVER THE SUMMER. THE PENN ALTERNATIVE BREAKS PROGRAM INVOLVED TWO DOZEN STUDENTS IN VIRTUA LE EXPERIENCES WITH PHILADELPHIA-BASED ORGANIZATIONS. ALSO THROUGH SEVERAL DOZEN OTHER STUDENTS IN VIRTUA LE EXPERIENCES WITH PHILADELPHIA-BASED ORGANIZATIONS. ALSO THROUGH SEVERAL DOZEN OTHER STUDENTS IN VIRTUA LE EXPERIENCES WITH PHILADELPHIA-BASED ORGANIZATIONS. ALSO THROUGH SEVERAL DOZEN OTHER STUDENTS IN PHILADELPHIA AND THROUGHOUT THE REGION. HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/INTERNSHI P.PHP HTTPS://CIVICHOUSE/PENNAUTHER ISSUES IN PHILADELPHIA AND THROUGHOUT THE REGION. HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/INTERNSHI P.PHP HTTPS://CIVICHOUSE/UPENN.EDU/INDEX-2/ (CIVIC SCHOOLS) HTTPS://WWW.VPUL.UPENN.EDU/CIVICHOUSE/PENNALTERNATIVEBREAKS ESTABLISHED BY PENN, THE SCHOOL DISTRICT OF PHILADELPHIA, A ND THE PHILADELPHIA FEDERATION OF TEACHERS IN 1998, THE PENN ALEXANDER SCHOOL DISTRICT OF PHILADELPHIA, A ND THE

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FORM 990, PART III, LINE 4A (CONT.)	LEARNING IS AN INTEGRAL PART OF THE PENN DENTAL MEDICINE'S (PDM) CURRICULUM. THROUGH PHIL ANTHROPY AND INSTITUTIONAL RESOURCES, PDM HAS INCREASED CAPACITY WITH EXISTING COMMUNITY P ARTNERS - MERCY LIFE, PUENTES DE SALUD, SAYRE HEALTH CENTER - AND ADDED SPECTRUM HEALTH SE RVICES AS A NEW COMMUNITY PARTNER THIS PAST YEAR. WITH AN INCREASE IN DENTAL CHAIRS, FACUL TY COVERAGE, AND EXPANDED HOURS, PDM HAS GROWN PATIENT VISITS TO OVER 250 PER WEEK - A NEA RLY 10-FOLD INCREASE IN CAPACITY FROM THE PREVIOUS YEAR. ADDITIONALLY, THE PERN SMILES MOB ILE DENTAL PROGRAM HAS CONTINUED TO SERVE PHILADELPHIA SCHOOL DISTRICT DESPITE SCHOOLS HOL DING REMOTE VIRTUAL LEARNING THIS ACADEMIC YEAR. PDM PROVIDES MORE THAN \$3.6 MILLION IN UN DER AND UNCOMPENSATED CARE TO THE COMMUNITY PENN'S SCHOOL OF ARTS AND SCIENCES HOSTS PE NN SUMMER ACADEMIES, SUBJECT-INTENSIVE THREE-WEEK PROGRAMS THAT COMBINE SOPHISTICATED SCIENTIFIC OR SOCIAL THEORY WITH RELEVANT APPLICATIONS. SAS CONTINUES TO HOST AND ENCOURAGE ST UDENTS TO PAGINETIC PATE IN ACADEMICALLY-BASED COMMUNITY SERVICE COURSES (ABCS) WHICH CONNECT STUDENTS AND FACULTY WITH LOCAL SCHOOLS AND VARIOUS COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED A NEW ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED THE ROUND OF MAKING A DIFFERENCE IN DIVERSE COMMUNITY ORGANIZATIONS. THE SCHOOL F UNDED THE SC

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FORM 990, PART III, LINE 4A (CONT.)	THE PRIMARY VEHICLE FOR STUDENTS, FACULTY, AND STAFF TO CARRY OUT THE WEITZMAN SCHOOL OF DESIGN'S PUBLIC SERVICE MISSION IS PENN PRAXIS, THE NONPROFIT CONSULTING AND APPLIED RESE ARCH ARM OF THE SCHOOL. IN FISCAL YEAR 2020, PENN PRAXIS, LAUNCHED THE FRESH AIR EVERYWHERE VIRTUAL DESIGN STUDIO IN COLLABORATION WITH THE FRESH AIR FUND. THIS PAST SUMMER, ELEVEN WEITZMAN GRADUATES OR ADVANCED GRADUATE STUDENTS FACILITATED A VIRTUAL DESIGN STUDIO FOR 1 50 FRESH AIR FUND YOUTH AGES 14-17 WHO WERE NOT ABLE TO PARTICIPATE IN A MORE TRADITIONAL SUMMER CAMP EXPERIENCE BECAUSE OF THE COVID-19 PANDEMIC, PENN PRAXIS IS ALSO WORKING WITH THE DELAWARE RIVER WATERFRONT CORPORATION (DRWC) AND A TEAM OF COMMUNITY-DRIVEN CONSULTANT S FROM ACROSS PHILADELPHIA TO SHAPE THE IDENTITY OF THE FUTURE PARK AT PENN'S LANDING, A N EW 12-ACRE CIVIC SPACE THAT WILL REPLACE THE EXISTING GRAND PLAZA AND EXTEND AS A "CAP" OV ER PORTIONS OF I-95 AND COLUMBUS BOULEVARD, RECONNECTING THE CITY WITH THE DELAWARE RIVER. TWO OTHER PRAXIS PROJECTS HIGHLIGHT THE WEITZMAN SCHOOL'S COMMUNITY-ORIENTED WORK AND PAR TNERSHIPS WITH LOCAL GOVERNMENT AND NONPROFIT INSTITUTIONS. THIS YEAR, PENN PRAXIS WORKED WITH THE CITY OF PHILADELPHIA'S OFFICE OF HOUSING INTITUTIONS. THIS YEAR, PENN PRAXIS WORKED WITH THE CITY OF PHILADELPHIA'S OFFICE OF HOUSING INTITUTIONS. THIS YEAR, PENN PRAXIS WORKED WITH THE CITY OF POPULADELPHIA'S OFFICE OF HOUSING INTITUTIONS. THIS YEAR, PENN PRAXIS WORKED WITH THE CITY OF POPULADELPHIA'S OFFICE OF HOUSING INTITUTIONS. THIS YEAR, PENN PRAXIS WORKED WITH THE CITY OF POPULADELPHIA WAS TO LEVERAGE THE EXPERTISE WITHIN THE WEITZMAN SCHOOL OF DESIGN TO PROVIDE DEEP TECHNICAL ASSISTANCE TO CITIES TO ADVANCE EFFECTIVE LOCAL POLICIES AMIDST THE PANDEMIC AND THEREAFTER, INCLUDING DEVELOPING RENT RELIEF PROGRAMS FOR LOW-INCOME HOUSEHOLDS EXPERIENCING COVID-RELATED INCOME LOSS IN SIX CITIES INCLUDING PHILADELPHIA, PRAXIS AND THE WEITZMAN SCHOOL'S CENTER FOR ARCHITECTURAL CONSERVATION ARE ALSO DEVELOPING A CONSERVATION MANAGEMENT PLAN (CMP) FOR THE

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FORM 990, PART III, LINE 4A (CONT.)	ITY, FROM BEFORE THE PASSAGE OF THE 14TH AMENDMENT TO THE PRESENT DAY. ADDITIONALLY, THE W EITZMAN SCHOOL'S INTERNATIONAL TRAVEL AND DESIGN STUDIOS REGULARLY FOCUS ON ADDRESSING THE MAJOR CHALLENGES OF THE BUILT AND NATURAL ENVIRONMENTS AND THE COMMUNITIES THAT INABIT THEM. IN THE PAST YEAR, WEITZMAN DESIGN STUDIOS FOCUSED ON ENSURING EQUITABLE NEIGHBORHOOD CHANGE IN THE FACE OF GENTRIFICATION, FOOD INSECURITY, EXPANSION OF AFFORDABLE HOUSING, IN CREASING ACCESS TO TRANSPORTATION, AND ENVIRONMENTAL JUSTICE PENN'S GRADUATE SCHOOL OF EDUCATION'S (PENNGSE'S) IMPACT IN THE PHILADELPHIA REGION IS LARGE AND GROWING. THE SCHOOL 'S INTERACTIVE AND EVOLVING "HEAT MAP" CONTINUES TO EXPAND, REFLECTING NEARLY 1,200 ACTIVITIES IN 322 SCHOOLS IN PHILADELPHIA OVER THE PAST FIVE YEARS. PENN GSE'S MASTER'S AND DOCT ORAL STUDENTS PARTICIPATE IN TRAINING PARTNERSHIPS IN MORE THAN 90 CITY SCHOOLS, AND PROGR AMS LIKE THE PENN LITERACY NETWORK PROVIDE PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCAT ORS ACROSS THE REGION AND COUNTRY. GSE'S PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCAT ORS ACROSS THE REGION AND COUNTRY. GSE'S PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCAT ORS ACROSS THE REGION AND COUNTRY. GSE'S PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCAT ORS ACROSS THE REGION AND COUNTRY. GSE'S PROFESSIONAL DEVELOPMENT TO THOUSANDS OF EDUCAT ORS ACROSS THE REGION AND COUNTRY. GSE'S PROFESSIONAL NETWORKS EXPAND THE SCHOOL'S IMPACT NATIONALLY AND GLOBALLY. THE MID CAREER DOCTORAL PROGRAM PREPARES SUPERINTENDENTS AND EDUC ATION LEADERS AROUND THE COUNTRY, AND THE HIGHER EDUCATION EXCLUTIVE DOCTORATE HAS PRODUCE D MORE THAN 50 COLLEGE PRESIDENTS. GSE ALSO OFFERS THE INDEPENDENT SCHOOL TEACHING RESIDEN CY MASTER'S DEGREE, AN ONLINE AND "ON LOCATION" DEGREE PROGRAM AT SOME OF THE NATION'S MOST TYPRESTIGIOUS BOADRING SCHOOLS. BEYOND PHILADELPHIA DHE NATION'S MOST TYPRESTIGIOUS BOADRING SCHOOLS. BEYOND PHILADELPHIA DHE NATION'S MOST TYPRESTIGIOUS BOADRING SCHOOLS. BEYOND PHILADELPHIA DHE NATION'S MOST TYPRESTIGIOUS BOADRING SCHOOLS

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FORM 990, PART III, LINE 4A (CONT.)	D DEVELOP THE PHILADELPHIA PUBLIC SCHOOLS' PIPELINE OF FUTURE ENGINEERS THE WHARTON GLO BAL YOUTH PROGRAM PUBLISHES KNOWLEDGE@WHARTON HIGH SCHOOL A FREE ONLINE BUSINESS JOURNAL F OR HIGH SCHOOL STUDENTS, INCLUDING 5 NEW ARTICLES A MONTH DURING THE SCHOOL-YEAR. THE WEBS ITE ALSO INCLUDES OVER 500 FREE LESSON PLANS FOR TEACHERS THAT ARE ALIGNED TO NATIONAL STA NDARDS FOR TEACHING BUSINESS. THE SITE WELCOMES OVER 15,000 UNIQUE VISITORS EACH YEAR. THE UNDERGRADUATE DIVISION ALSO CONTINUES TO OFFER STEP (SUCCESSFUL TRANSITION AND EMPOWERMEN T 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): - CENTER FOR CARCERAL COMMUNITIES (CCC): > THE CENTER FOR CARCERAL COMMUNITIES (CCC), AN INITIATIVE OF THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF SOCIAL POLICY & PRA CTICE, IS A COLLECTIVE OF SERVICE PROVIDERS AND PEOPLE WITH A HISTORY OF INCARCERATION.

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FORM 990, PART III, LINE 4A (CONT.)	> CCC FOCUSES ON REDUCING RECIDIVISM, IMPROVING MENTAL HEALTH, AND FACILITATING COMMUNITY RE- ENGAGEMENT AND COLLABORATES WITH WEST PHILADELPHIA NEIGHBORHOODS TO HELP PEOPLE WHO HAVE BEEN RELEASED FROM INCARCERATION. THE CENTER PROVIDES FREE, EVIDENCE-BASED PSYCHOSOCIAL SERVICES THAT ALSO ADDRESS EDUCATION, HOUSING, ADVOCACY AND PRIMARY CARE CHALLENGES. > CCC SEEKS TO REVERSE THE COMMUNITY-TO-PRISON PIPELINE BY HELPING PARTICIPANTS HARNESS THEIR S TRENGTHS AND BECOME LEADERS IN THE COMMUNITY GOLDRING REENTRY INITIATIVE (GRI) > THE GOLDRING REENTRY INITIATIVE (GRI) WAS ESTABLISHED IN 2011 TO ADDRESS THE EPIDEMIC OF MASS IN CARCERATION AND THE MANY BARRIERS INDIVIDUALS INCARCERATED IN THE PHILADELPHIA DEPARTMENT OF PRISONS (PDP) FACE UPON RELEASE. BY EQUIPPING MASTERS OF SOCIAL WORK (MSW) STUDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY TO WORK IN THE CRIMINAL JUSTICE FIELD, THE GRI UNIQUE LY ADDRESSSE THE BARRIERS TO SUCCESSFUL REENTRY. BECAUSE OF ITS PERSON-CENTERED AND HOLIST IC APPROACH, THE SOCIAL WORK PROFESSION IS ESPECIALLY WELL EQUIPPED TO ADDRESS THE INTERWO VEN ISSUES FACED BY INDIVIDUALS WHO ARE CURRENTLY OR FORMERLY INCARCERATED FIELD CENTER FOR CHILDREN'S POLICY, PRACTICE & RESEARCH > FOSTER CARE TO COLLEGE (FC2C) - SUPPORT TO NU MERCUS COLLEGES AND UNIVERSITIES ACROSS PENNSYLVANIA IN THE DEVELOPMENT AND OPERATION OF C AMPUS-BASED SUPPORT PROGRAMS FOR FOSTER YOUTH, FACILITATES STATEWURD NETWORK TO INCREASE THE NUMBER OF STUDENTS FROM FOSTER CARE WHO ATTEND AND COMPLETE COLLEGE, PUBLISHES QUARTERLY FC2C NEWSLETTER PIPELINE FOR PROMISE > THE PIPELINE FOR PROMISE PROGRAM OFFERS A FREE SUMMER COURSE AT SP2 TO COMMUNITY COLLEGE STUDENTS, INTRODUCING THEM TO THE FOUNDATIONS OF SOCIAL WORK, ITS ETHICS AND ITS VARIOUS FIELDS OF PRACTICE. THE PROGRAM AIMS TO TEACH ST UDENTS THAT HIGHER EDUCATION - AND EVEN A GRADUATE PROGRAM AT PENN - ARE POSSIBILITIES FOR THEM, REGARDLESS OF THEIR BACKGROUNDS PENN VET IS COMMUNITY COLLEGE STUDENTS, INTRODUCING THEM TO THE FOUNDATIONS OF SOCIAL WORK, ITS ETHICS

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FORM 990, PART III, LINE 4A (CONT.)	Y HOSPITALITY COALITION (UCHC), WILA PROVIDES CIVIL LEGAL SERVICES TO PEOPLE WHO ARE EXPER IENCING HOMELESSNESS OR ARE HOUSING INSECURE. BECAUSE WILA'S CLIENTS ARE TRANSIENT, WILA V OLUNTEERS HAVE TYPICALLY MET WITH THEIR CLIENTS AT WEEKLY MEAL PROGRAMS INSIDE CHURCHES AN D COMMUNITY CENTERS. THIS WAY THE CLIENTS DO NOT HAVE THE ADDITIONAL BURDEN OF FINDING TRANSPORTATION TO AN OFFICE OR ACCESSING A COMPUTER AT A PUBLIC LIBRARY. BECAUSE WILA'S INDO OR SERVICE MODEL WOULD NOT BE THE SAFEST MODEL WHEN NAVIGATING COVID-19, PENN CAREY LAW'S WILA VOLUNTEERS ALONG WITH SUPERVISING ATTORNEY, MICHAEL LIPUMA (C'91, L'94) ADAPTED TO CO NTINUE TO SERVE THE WEST PHILADELPHIA COMMUNITY BY OFFERING OUTDOOR LEGAL AID TO ENSURE SO CIAL DISTANCING REQUIREMENTS WERE MET AND EXCEEDED. "THE KINDS OF SERVICES WE PROVIDE ARE VERY DIFFICULT OR IMPOSSIBLE TO OFFER REMOTELY, SO THE WILA TEAM HAS HAD TO THINK IMAGINAT IVELY ABOUT HOW TO CONTINUE MEETING THE NEEDS OF OUR CLIENTS IN A SAFE AND HEALTHY MANNER," CHAD KEIZER, WILA'S CURRENT STUDENT PROJECT SHARES. SOME INNOVATIVE SOLUTIONS THAT HAVE HELPED WILA TO CONTINUE SERVING CLIENTS DURING THE PANDEMIC HAVE INCLUDED PARTNERING WITH OTHER ORGANIZATIONS THAT PROVIDE OUTDOOR AID AND USING LANTERNS DURING THE EVENING HOURS. THE WILA TEAM CONTINUES TO SERVE WEST PHILADELPHIA ON A WEEKLY BASIS. PA 30 DAY FUND THE P A 30 DAY FUND IS A NOT-FOR-PROFIT, VOLUNTEER EFFORT TO PROVIDE QUICK AND FORGIVABLE LOANS TO PENNSYLVANIA SMALL BUSINESSES EXPERIENCING FINANCIAL DISTRESS. THE FUND, WHICH WAS STAR TED IN THE SPRING OF 2020 IN RESPONSE TO THE FIRST WAVE OF PANDEMIC SHUTDOWNS, HAS BEEN IN CREDIBLY SUCCESSFUL IN PROVIDING CRITICAL FINANCIAL SUPPORT TO LOCAL SMALL BUSINESS OWNERS. THE APPLICATION AND EVALUATION PROCESS, WHICH WAS CRUCIAL FOR THE FUND TO PROVIDE RESOUR CES WHERE THEY WERE NEEDED AND COULD HAVE THE MOST IMPACT, WAS DESIGNED, BUILT AND MANAGED BY A LARGE GROUP OF PENN CAREY LAW STUDENTS. GROUP OF PENN CAREY LAW STUDENTS. COORDINATORS AND VOLUNTEERS WHO OR 2,000 APPLICATIONS AND THE FUND

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Reference	
FORM 990,	NTS, SAYING "WE WERE BOMBARDED WITH PEOPLE NEEDING ASSISTANCE AND COULD NOT HAVE REACHED N
PART III,	EARLY AS MANY PEOPLE AS WE DID HAD IT NOT BEEN FOR OUR PENN LAW VOLUNTEERS". THROUGH THE H OTLINE,
LINE 4A	VOLUNTEERS USED THEIR INTERNET ACCESS TO FILE UNEMPLOYMENT APPLICATIONS FOR THE NE WLY LAID-OFF.
(CONT.)	OFTEN, UNEMPLOYED PEOPLE ARE LIMITED TO FILING THEIR APPLICATIONS FROM COMPU TERS AT PA CAREERLINK
	LOCATIONS, PUBLIC LIBRARIES OR RELATIVES' HOMES, MILLER SAID. ALL OF THESE LOCATIONS HAD LIMITED OR NO
	ACCESS AS A RESULT OF THE PANDEMIC. PENN CAREY LAW STUD ENTS LOGGED OVER 600 HOURS TO ASSIST
	CLOSE TO 700 CLIENTS IN FILING FOR BENEFITS.

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FORM 990, PART III, LINE 4A (CONT.)	- THE ANNENBERG SCHOOL FOR COMMUNICATION PRODUCES AND DISSEMINATES CUTTING-EDGE RESEARCH D ESIGNED TO ADVANCE THE PUBLIC'S UNDERSTANDING AND FEFECTIVE USE OF COMMUNICATION, AND POLI CY-MAKERS' ABILITY TO CREATE A MEDIA ENVIRONMENT THAT FOSTERS THE PERSONAL AND COLLECTIVE DEVELOPMENT OF ITS CITIZENS. A ROBUST SET OF FACULTY-LED RESEARCH CENTERS AND SCHOOL-BASED INITIATIVES DRIVE ENGAGEMENT ACROSS A BROAD SWATH OF TOPICS. HIGHLIGHTS INCLUDE: THE COLL ABORATION BETWEEN THE COMMUNICATION NEUROSCIENCE LAB AND THE NETTER CENTER TO TEST THE EFF ICACY OF EMAIL MESSAGES CONTAINING ELECTION INFORMATION IN ENCOURAGING CIVIC ENGAGEMENT, A ND SCREENED TWEETS FOR THEIR VOTER ENGAGEMENT ANALYSIS; THE ANNENBERG PUBLIC POLICY CENTER CONTINUED TO PROVIDE A CRITICAL SERVICE IN FACTCHECK.ORG AND ITS SUBSIDIARY SCICHECK, MON ITORING THE FACTUAL ACCURACY OF WHAT IS SAID BY MAJOR US POLITICAL PLAYERS, THIS YEAR WITH A FOCUS ON THE PRESIDENTIAL ELECTION AND COVID-19; THE ANNENBERG CONVERSATIONS ON RACE LE CTURE SERIES FOSTERS DISCOURSE AND INSPIRES ENGAGEMENT WITHIN AND BEYOND THE ANNENBERG SCH OOL AND THE FIELD OF COMMUNICATION BY PROVIDING SPACE TO GRAPPLE WITH THE MYRIAD TENSIONS AND INTERSECTIONS OF COMMUNICATION THEMES AND RACIAL FORMATIONS. THE PENN LIBRARIES PROVIDES A VARIETY OF RESOURCES TO SUPPORT TEACHING AND LEARNING IN THE PHILADELPHIA COMMUNITY. IN SPRING 2020 THE PENN LIBRARIES COMPLETED THE DIGITIZATION OF MORE THAN 2,500 ITEMS FROM THE COLLECTION OF MARRIAN ANDERSON, A PHILADELPHIA NATIVE AND ONE OF THE MOST CELEBRATED S INGERS OF THE TWENTIETH CENTURY. PENN LIBRARIES COMPLETED THE DIGITIZATION OF MORE THAN 2,500 ITEMS FROM THE COLLECTION OF MARRIAN ANDERSON, A PHILADELPHIA NATIVE AND ONE OF THE MOST CELEBRATED S INGERS OF THE TWENTIETH CENTURY. PENN LIBRARIES STAPE CREATED A RESEARCH PORTAL OFFERING F REE PUBLIC ONLINE ACCESS TO DIGITIZED SCRAPBOOKS, NOTEOBOOKS, DIARIES, CONCERT PROGRAMS, POTOGRAPHS, RECORDINGS, AND INTERVIEW TRANSCRIPTS. THE PENN LIBRARIES IN ONGOING WORK TO REVITALIZE PUBLIC SCHOOL LIBRARIES IN PHI

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FORM 990, PART III, LINE 4A (CONT.)	Y THE PENN LIBRARIES AS PART OF A LARGER ACCESS DEAL BETWEEN ADAM MATTHEW DIGITAL AND THE PENNSYLVANIA ACADEMIC LIBRARY CONSORTIUM INC. (PALCI), A IMEMBERSHIP ORGANIZATION THAT BUIL DS ACCESS TO SHARED LIBRARY COLLECTIONS AND RESOURCES THROUGH COLLABORATION AMONG ACADEMIC AND RESEARCH LIBRARIES IN PENNSYLVANIA AND NEIGHBORING STATES. PENN'S CULTURAL INSTITUTIO NS ALSO SERVE THE COMMUNITY THROUGH THEIR WIDE-RANGING ENRICHMENT AND EDUCATION INITIATIVE S. THE UNIVERSITY OF PENNSYLVANIA MUSEUM OF ARCHAEOLOGY AND ANTHROPOLOGY, IN PARTNERSHIP W ITH THE SCHOOL DISTRICT OF PHILADELPHIA, IS ENTERING ITS EIGHTH YEAR OF UNPACKING THE PAST., A GROUNDBREAKING PROGRAM THAT OFFERS FREE LESSONS TO MIDDLE SCHOOL STUDENTS IN PHILADELP HIA'S PUBLIC AND TITLE I CHARTER SCHOOLS. THE PROGRAM CENTERS ON MIDDLE SCHOOL ANCIENT CUL TURES CURRICULUM AND HIGHLIGHTS THE MUSEUM'S IMPRESSIVE EGYPTIAN, ROMAN, MIDDLE EASTERN, A ND CHINESE COLLECTIONS. THIS YEAR'S ATTENDANCE OF 5,765 CHILDREN, INCLUDING MANY WITH SPEC IAL NEEDS. THE PROGRAM INCLUDES TEACHER PROFESSIONAL DEVELOPMENT SO THE MUSEUM CAN "TRAIN THE TRAINER" AS WELL AS BETTER IDENTIFY TEACHERS' CLASSROOM NEEDS, THE INTERNATIONAL CLASS ROOM PROGRAM, PROVIDING INTERCULTURAL SKILLS TO K-12 AUDIENCES, CONTINUES TO OFFER INCREAS ED FREE SERVICE FOR TITLE I ELEMENTARY AND HIGH SCHOOLS THROUGH SPECIAL GRANTS, IN STRONG PARTNERSHIP WITH OTHER CULTURAL CENTERS ON CAMPUS. AS THE MUSEUM CLOSED FOR THE PANDEMIC, ALL EDUCATORS WERE TRAINED TO TEACH VIRTUALLY, THANKS TO THE KNOWLEDGE OF OUR OUTREACH PRO GRAMS MANAGER, PROGRAMS NORMALLY, DELIVERED ONSITE WERE ABLE TO BE CONVERTED INTO A VIRTUAL FORMAT THAT WAS STILL INTERACTIVE. THE MUSEUM'S VIRTUAL PROGRAMS NOW SERVE WELL OVER 6,00 0 STUDENTS AND TEACHERS REGIONALLY, AND INTERNATIONALLY, AS FAR AWAY AS AUSTRA LIA, MEXICO, CANADA, AND IRAQ; THE NUMBER CONTINUES TO GROW DURING THE PANDEMIC, AS ALL LE SSONS ARE VIRTUAL, VIRTUAL PROGRAMS PROVIDE MUSEUM-THEMED LESSONS IN CLASSROOMS THROUGH VI DEO CONFERENCING AND PROMOTE GREATER UNDERSTRADING OF WORLD

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FORM 990, PART III, LINE 4A (CONT.)	GH QUALITY CHILDREN'S PROGRAMMING WITH THE OLDEST CONTINUALLY RUNNING CHILDREN'S FESTIVAL IN THE NATION AND THROUGH THE CRITICALLY ACCLAIMED STUDENT DISCOVERY SERIES. IN TOTAL, ACP A SERVES OVER 10,000 CHILDREN IN THE PHILADELPHIA METROPOLITAN AREA PER SEASON, OFTEN PROVIDING THEIR ONLY ACCESS TO THE PERFORMING ARTS. UNDERSCORING THE PRIORITY PENN PLACES ON PUBLIC SERVICE, PENN PRESIDENT AMY GUTMANN ESTABLISHED 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 WINNERS HAVE ALREADY BEGUN WORKING TO MAKE POSITIVE CHANGE IN PHILADELPHIA. HTTP://WWW.PENNPEP.UPENN.EDU/

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FORM 990, PART III, LINE 4A (CONT.)	THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS BUILDS AND STRENGTHENS RELATIONSHIPS WITH GOVERNMENT AND CIVIC PARTINERS TO ACHIEVE MEANINGFUL QUALITY-OF-LIFE IMPROVEMENTS IN PHILA DELPHIA NEIGHBORHOODS; THE OFFICE OF AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY PROGRAMS CO-SPONSORS THE PHILADELPHIA MINORITY ENTERPRISE DEVELOPMENT WEEK CONFERENCE, WHICH PROVIDES CRITICAL INFORMATION TO FOSTER THE GROWTH AND COMPETITIVENESS OF THE MINORITY BUSINESS COM MUNITY; AND WXPN PRODUCES CHOIR CONCERTS IN LOCAL CHURCHES THROUGHOUT PHILADELPHIA. IN ADD ITION TO THE UNIVERSITY'S NUMEROUS INITIATIVES, PENN MEDICINE IS STRONGLY COMMITTED TO IMP ROVING LIVES AND HEALTH THROUGH A NUMBER OF COMMUNITY-BASED PROGRAMS AND ACTIVITIES. THESE INCLUDE: THE PENN MEDICINE CARES PROGRAM AWARDS GRANTS UP TO \$2,000 PER PROJECT TO COMMUNITY-BASED PROGRAMS ON BEHALF OF EMPLOYEES AND STUDENTS WHO VOLUNTEER THEIR TIME AND EFFOR T AT THE INITIATIVES, BY FUNDING THESE PROGRAMS OUR EMPLOYEES AND STUDENTS CARE ABOUT DEEP LY, PENN MEDICINE CARES DOLLARS HELPED SUPPLY HEALTH SERVICES, FOOD, MEDICINE, CLOTHING, E MPLOYMENT SERVICES, AND PLACES TO LIVE FOR THOUSANDS OF UNDERSERVED PHILADELPHIANS EVERY Y EAR, SINCE THE FIRST ROUNDO OF RECIPIENTS WAS ANNOUNCED IN JANUARY 2012, PENN MEDICINE HAS SUPPORTED OVER 660 SERVICE PROJECTS. HTTP:///WWW.PENNMEDICINE.ORG/HEALTH-SYSTEM/ABOUT/COMMUNITY/- COVID-19 RESPONSE: PUBLIC EDUCATION HAS BEEN A FUNDAMENTAL PRIORITY OF PENN MEDICINE INS MISSION IN REGRANDS TO COMMUNITY HEALTH. THE FIRST HALF OF FY20, OUR INSTITUTION PROVIDED HEALTH-RELATED INFORMATION TO PRINT, ELECTRONIC, AND INTERNET MEDIA FOR BROAD PUBLIC D ISSEMINATION. IN ADDITION, PENN MEDICINE PARTICIPATED IN EDUCATIONAL PROGRAMS IN AREA HIGH SCHOOLS THAT FAMILIARIZED AND PREPARED YOUNG PEOPLE FOR CAREERS IN THE HEALTH CARE ARENA, PENN PHYSICIANS, PHARMACISTS, NURSES, RESIDENTS, STAFF, AND MEDICAL FOR SCHEDINGS; CPR TRAINING; HYPERTENSION SCREENINGS; CPR TRAINING; HYPERTENSION SCREENINGS; AWARENESS, AND EDUCATION AT LOW-INCOME PLOYING SHUTDOWN OF COMMUNITY FL

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FORM 990, PART III, LINE 4A (CONT.)	DITION, KNOWING THAT COVID PUT MANY OF OUR PATIENTS AND IMMEDIATE COMMUNITY MEMBERS IN PRE CARIOUS POSITIONS, THE CENTER FOR HEALTH EQUITY AND ADVANCEMENT IN PARTINERSHIP WITH THE DE PARTMENT OF CASE MANAGEMENT AND SOCIAL WORK CREATED THE SOCIAL NEEDS RESPONSE TEAM. LAUNCH ING IN APRIL AND ACCESSIBLE BY A TOLL FREE NUMBER, THE TEAM ASSISTS PEOPLE EXPERIENCING DI STRESS, HAVING SAFETY CONCERNS FOR THEMSELVES OR OTHERS, OR SEEKING IMMEDIATE SOCIAL NEEDS SUCH AS WHERE TO FIND COMMUNITY RESOURCES FOR HOUSING, TRANSPORTATION, OR FOOD SECURITY. HTTP:////WWW.UPHS.UPENN.EDU/NEWS/ - THE PERELMAN SCHOOL OF MEDICINE'S EDUCATION PIPELINE PRO GRAM-AIMS TO PROVIDE MEMTORSHIP AND EDUCATION AT ALL LEVELS: HIGH SCHOOL STUDENTS ARE TA UGHT BY UNDERGRADUATES AND GRADUATE STUDENTS; AND GRADUATES AND GRADUATE STUDENTS; WINDERGRADUATES HIGH SCHOOL STUDENTS ARE TO HEAD TO THE IMPORTANCE OF POST-SECONDARY EDUCATION ALONG WITH AN INTRODUCTION TO THE VARIETY OF CAREERS IN MEDICINE AND HEALTH CARE. FURTHER, THE PIPELINE PROGRAM PROVIDES A VALUABLE ME ANS FOR COLLEGE STUDENTS, MEDICAL TRAINEES, PHYSICIANS-IN-TRAINING AND FACULITY AT THE UNIV ERSITY OF PENNSYLVANIA TO CONTRIBUTE MEANINGFULLY TO THEIR SURROUNDING COMMUNITY DESPITE W ELL-INTENTIONED PROVIDERS AND ADVANCEMENTS IN MEDICINE, HEALTH AND HEALTH-CARE DISPARITIES PERSIST TODAY. WHILE DISPARITIES ARE OFTEN VIEWED THROUGH THE LENS OF RACE AND ETHINICITY, THEY CAN OCCUR ACROSS MANY DIMENSIONS INCLUDING SOCIOECONOMIC STATUS, AGE, GEOGRAPHY (NEIGH BRORHOOD), GENDER IDENTITY, SEXUAL. ORIENTATION, DISABILITY STATUS, RELIGIOUS AFFILIATION, PRIMARY LANGUAGE, AND/OR MENTAL HEALTH STATUS. TO ENSURE THAT PENN MEDICINE WILL CONTINUE TO GROW AND INVEST IN THIS PRIORITY AREA, THE CENTER FOR HEALTH EQUITY ADVANCEMENT (CHEA) WAS FOUNDED. CHEA IS THE CORNERSTONE FOR ADVANCING HIGH OUALITY PATHENT/FAMILY-CENTERED CA RE FOR ALL, REGARDLESS OF THEIR PERSONAL CHARACTERISTICS, SUPPORTS COMMUNITY PARTNERSHIPS TO TACKLE BARRIERS TO ACHIEVING OPTIMAL HEALTH FOR ALL COMMUNITY ADVANCEMENT BULLE ON THE BOURT

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FORM 990,	CE CHEA WILL CONTINUE TO DRIVE UNDERSTANDING OF INCLUSIVE BEHAVIORS THROUGH ALIGNMENT WITH
PART III,	CURRENT HR INITIATIVES AND POLICIES AND SKILLS TRAINING AND EDUCATION ON INCLUSIVE LEADER SHIP
LINE 4A	RESEARCH AND EVALUATION CHEA WILL SUPPORT EVALUATION AND RELATED SCHOLARSHIP OF ALL ACTIVITIES
(CONT.)	DESCRIBED ABOVE AND FURTHER, BUILD RESEARCH AND DEVELOPMENT CAPACITY TO ADVAN CE THE SCIENCE OF
	HEALTH EQUITY AND INCLUSION EDUCATION AND TRAINING CHEA TRAINS HUNDRE DS OF CLINICIANS ANNUALLY
	AND OFFERS A VARIETY OF WORKSHOPS. CHEA DEVELOPS AND DEPLOYS MES SAGING CAMPAIGNS ON HEALTH
	EQUITY AND INCLUSION (HE&I) CONCEPTS AND ITS ALIGNMENT WITH HEA LTH SYSTEM OPERATIONAL GOALS AND
	NVEST IN RELATED WORKFORCE CAPACITY BUILDING AND SKILLS TRAINING. TRAINING TOPICS INCLUDE:
	FOUNDATIONS OF UNCONSCIOUS BIAS; BEYOND BIAS: ADVANCING DIVERSITY AND INCLUSION; UNCONSCIOUS BIAS
	FOR LEADERS: IMPACT ON DECISION MAKING; IMPACT OF UNCONSCIOUS BIAS: FACULTY SEARCH AND SELECTION
	PROCESS; VIRTUAL FOUNDATIONS OF UNCONSCI OUS BIAS

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FORM 990, PART III, LINE 4B	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS- HEALTHCARE COMPONENT IV. PATIENT CARE THE HO SPITAL OF THE UNIVERSITY OF PENNSYLVANIA ("HUP"). THE FLAGSHIP OF THE UNIVERSITY OF PENNSY LVANIA HEALTH SYSTEM'S SIX HOSPITALS, WAS ESTABLISHED IN 1874 AS A TEACHING HOSPITAL TO CO MPLEMENT THE MEDICAL EDUCATION RECEIVED BY STUDENTS AT THE UNIVERSITY OF PENNSYLVANIA'S ME DICAL SCHOOL, THE PERELMAN SCHOOL OF MEDICINE. IT HAS 28 BASIC AND CLINICAL DEPARTMENTS. M AJOR 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 2,941 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 N EW JERSEY. DURING THE COURSE OF A YEAR, IT ADMITS APPROXIMATELY 129,000 PATIENTS AND ACCOUNTS FOR OVER 5,6 MILLION OUTPATIENT VISITS, MORE THAN 337,000 EMERGENCY ROOM VISITS AND MORE THAN 19,200 BIRTHS. HUP IS THE ONLY HOSPITAL IN THIS AREA THAT PERFORMS TRANSPLANTS OF ALL MAJOR ORGANS. PENN MEDICINE'S LEVEL 1 TRAUMA CENTER, WHICH OPERATES AROUND THE CLOCK TO CARE FOR PATIENTS WHOVE BEEN CRITICALLY INJURED IN CAR ACCIDENTS, FALLS, AND THROUGH BL UNT AND PENETRATING TRAUMAS, LOCATED AT PENN PRESBYTERIAN MEDICAL CENTER CARES FOR MORE THAN 2,100 PATIENTS ANNUALLY, SEVERAL HUNDRED OF WHOM ARE TRANSFERRED FROM OTHER HOSPITALS VIA 11E FLEET OF PENNSTAR MEDICAL HELICOPTERS AND GROUND AMBULANCES, BOTH HUP AND PENN PRES BYTERIAN MEDICAL CENTER CARES FOR A LARGE NUMBER OF PATIENTS WHO ARE TRANSFERRED HERE WITH TIME-SENSITIVE CARDIAC AND SURGICAL EMERGENCIES. IN KEEPING WITH ITS CHARITABLE PURPO SE, THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (UPHS) (WHICH INCLUDES THE HUP AND CLINIC AL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA (CPUP) DIVISIONS OF THE TRUSTES OF THE UNIVERSITY OF PENNSYLVANIA, AS WELL AS CERTAIN AFFILIATES, ACCEPTS PATIENTS IN SERIOUS NEED OF MEDICAL CARE REGARDLESS OF THEIR INMEDICAL THE INDIVIDION LO

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FORM 990, PART III, LINE 4B	CIAL-ASSISTANCE.HTML UPHS IS A VITAL SAFETY-NET PROVIDER CARING FOR SOME OF OUR COMMUNITY'S MOST VULNERABLE PATIENTS. IN FY 2020, UPHS PROVIDED \$300.7 MILLION IN CHARITY AND UNDERF UNDED CARE FOR MEDICAID FAMILIES. IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE, IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, THE UNIVERSITY OF PENNSYLVANI A HEALTH SYSTEM, IN COLLABORATION WITH OTHER, REGIONAL HEALTH SYSTEMS, 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 HOSPIT AL, PENN PRESBYTERIAN MEDICAL CENTER, AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HOSPIT AL, 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 LANC ASTER GENERAL HOSPITAL CONDUCTED CHNAS FOR THEIR RESPECTIVE COMMUNITIES. PRINCETON MEDICAL CENTER'S 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 ON SPITALS' COMMUNITIES WERE ASSESSED AND STRATEGIC IMPLEMENTATION PLAN LINK: HTTPS://www.chestercountyhospital.org/about/community-health-needs-assessement-individed in the community of the community of the control of the

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	-COMMUNITY MEDICINE ROTATION: DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH'S (DFMCH) COMMUNITY MEDICINE ROTATION FOR FAMILY MEDICINE (FM) RESIDENTS: THE PIMCH TRAINING PROGR AM STRESSES COMMUNITY SERVICE AND COMMUNITY ENGAGEMENT. DFMCH BELIEVES THAT COMMUNITY-BASE D EXPERIENCES ARE CRITICAL IN THE DEVELOPMENT OF FUTURE PHYSICIANS WHO RECOGNIZE THE POWER FUL EFFECTS THAT ENVIRONMENT AND SOCIOECONOMIC STATUS HAVE ON HEALTH QUALITY. THE DFMCH'S 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 THE COMMUNITY. RESIDEN TS ROTATE THROUGH A SERIES OF COMMUNITY PARTNERSHIPS PROVIDING CONTINUITY IN SERVICE FOR T HREE COMMUNITY-BASED SERVICE AGENCIES (UNITED COMMUNITY CLINICS, UNITY HEALTH CLINIC, AND PREVENTION POINT PHILADELPHIA). FOR UNITED COMMUNITY CLINICS (UCC), FM RESIDENTS PARTICIPA TE EVERY WEEK, SUPERVISING MEDICAL STUDENTS AT THIS FREE HEALTH CLINIC COORDINATED BY UNIV ERSITY OF PENNSYLVANIA STUDENTS FROM THE SCHOOLS OF MEDICINE, NURSING, AND SOCIAL WORK, DF MCH FM RESIDENTS ARE THE ONLY PEDIATRIC (AND ADULT) PROVIDERS WHO SUPERVISE THE MEDICAL ST UDENTS AT UCC. DFMCH FM RESIDENTS ALSO HAVE LEADERSHIP ROLES LONGITUDINALLY IN UCC'S HYPER TENSION 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 IMMIGR ANTS OF CHINESE DESCENT. THIS UNDERSERVED POPULATION. STRUGGLES WITH HEALTH DISPARITIES, IN CLUDING INCREASED RATES OF WORK-RELATED INJURIES, SMOKING, DIABETES, AND GASTRO-INTESTINAL CANCERS. UNITY HEALTH CLINIC PARTNERS WITH THE UNIVERSITY OF PENNSYLVANIA'S DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH OP PROVIDE FREE ACUTE, CHRONIC, AND PREVENTIVE MEDIC AL CARE TO THIS HIGH-RISK AND UNDERSERVED POPULATION, UNITY IS STAFFED BY PENN MEDICINE FA CULTY, FAMILY MEDICINE AND CONTROL FROM THE ASIAN AND PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION. LEARNERS HAVE THE OPPORTUNITY TO EXPERIENC

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	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 (PARTICULARLY CARE F OR HIV AND HCV). ADDITIONAL PROGRAMMING FOR DFMCH FM RESIDENTS INCLUDE SUPPORT FOR HEALTH PROMOTION WORK IN THREE WEST-PHILADELPHIA ELEMENTARY SCHOOLS; THE WALK-WITH-A-DOC PROGRAM AT THE SAYRE HEALTH CENTER; DFMCH HOME VISITATION AND HIGH-COST, HIGH-NEED PATIENT PROGRAM MING, ROTATION WITH TWO COLLABORATING FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AS WELL A S A COHORT OF RESIDENTS WHO PROVIDE PRENATAL CARE AT A THIRD FQHC; DFMCH'S LESBIAN, GAY, B I-SEXUAL, AND TRANSGENDER (LGBT) CARE PROGRAMMING, DFMCH FACULTY DIRECT A POPULAR ELECTIVE FOR MEDICAL STUDENTS (FM326) AND RESIDENTS IN OTHER DEPARTMENTS SEEKING ADDITIONAL OPPORT UNITIES TO TRAIN AND DEVELOP COMMUNITY-MEDICINE-RELATED SKILLS WHERE LEARNERS ARE PAIRED W 1TH DFMCH FM RESIDENTS ROTATING ON THEIR COMMUNITY MEDICINE ROTATION, HTTPS://www.pennmedicine.org/departments-and-Centers/Family-medicine-and-C OMMUNITY-HEALTH/COMMUNITY-INITIATIVE S/RESIDENCY-COMMUNITY-INITIATIVE S-THE LUDMIR CENTER FOR WOMEN'S HEALTH (LCWH) IS AN AMB ULATORY HEALTH-CARE FACILITY THAT SPECIALIZES IN THE PROVISION OF OBSTETRICAL, GYNECOLOGIC AND REPRODUCTIVE HEALTH SERVICES. LCWH PROVIDES QUALITY MEDICAL CARE TO ALL PATIENTS, REGA RDLESS OF THEIR ABILITY TO PAY. MOST PATIENTS HAVE LOW TO MODERATE INCOMES. AS A COMMUNITY BASED PRACTICE, LCWH OFFERS MORE THAN TRADITIONAL MEDICAL SERVICES. LCWH EMPLOYEES A FULL. TIME SOCIAL WORKER WHO PROVIDES PSYCHOSOCIAL SUPPORT SERVICES. ADDITIONALLY, LCWH ADDRESS ES SOME OF THE DIVERSE NEEDS OF ITS PATIENTS AND THEIR PARTNERS THROUGH THE FOLLOWING SERV ICES AND PROFAMATH AND CONTRIBUTIONS AND STAFFED BY PHYSICIANS, A NURSE PRACTITIO NER, MEDICAL ASSISTANT AND PATIENT SRYCES COORDINATOR FROM PENN MEDICINE MEDICAL GROUP O F THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. LCHS ALSO PARTNERS WITH OTHER ENTITITES SUCH AS PENNSYLVANIA HOUGH THE SERVICES COORDINATOR FROM PENN MED

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	FIDENTIAL SERVICE BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM IS A PENNSYLVANIA STATE-FUNDED PROGRAM THAT PROVIDES FREE CERVICAL CANCER AND BREAST SCREENINGS (INCLUDING P ELVIC EXAMINATIONS, CLINICAL BREAST EXAMINATIONS, AND PAP SMEAR TESTING AND DIAGNOSTIC SER VICES) TO UNINSURED WOMEN BETWEEN THE AGES 21-64 TOBACCO SMOKING CESSATION IS OFFERED IN THE EFFORT 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 PHILA DELPHIA DEPARTMENT OF HEALTH TO PROVIDE COUNSELING ON SMOKING CESSATION AND REDUCTION IN E XPOSURE TO ENVIRONMENTAL SMOKE DICKENS CENTER FOR WOMEN'S HEALTH: THE HELEN O. DICKENS CENTER FOR WOMEN IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY IS COMMITTED TO PROVIDING PERSONALIZED CARE TO WOMEN OF ALL AGES, FULFILLING PENN MEDICINE'S PHILOSOPHY OF SERVING THE COMMUNITY. DR. DICKENS WAS THE FIRST FEMALE AFRICAN AMERICAN DOCTOR TO BECOME BOARD CER TIFIED IN OBSTETRICS AND GYNECOLOGY IN PHILADELPHIA AS WELL AS THE FIRST TO BE NAMED A FEL LOW OF THE AMERICAN COLLEGE OF SURGEONS. SHE WORKED TO EDUCATE YOUNG WOMEN ABOUT THEIR REP RODUCTIVE HEALTH IN ORDER TO REDUCE THE INCIDENCE OF TEEN PREGNANCY AND SEXUALLY TRANSMITT ED DISEASES. THE DICKENS CENTER SERVES MAINLY MEDICARE, MEDICAID AND UNINSURED PATIENTS. P ENN MEDICINE OFFERS UNCOMPENSATED AND UNDERCOMPENSATED CARE FOR THOSE WHO QUALIFY, BASED O N FINANCIAL COUNSELING. THE CENTER OFFERS PRENATAL CARE, GYNECOLOGY AND COLPOSCOPY SERVICE S. THE CENTER THAS ESTABLISHED WORKING RELATIONSHIPS AND PROGRAMS WITH CITY AND COMMUNITY A GENCIES, STATE-FUNDED PROGRAMS AND MANAGED CARE FOR THOSE WHO QUALIFY, BASED ON PRIVATE THE SERVICES THAT FIT THEIR DUCATIONAL, FINANCIAL AND PSYCHOSOCIAL NEEDS. THE CENTER AS ESTABLISHED WORKING RELATIONSHIPS AND PROGRAMS WITH CITY AND COMMUNITY A GENCIES, STATE-FUNDED PROGRAMS AND MANAGED CARE FOR CONDITIONS OR FETAL ANOMALIES. THE CENTER'S INTEGRATED HIGH-RISK PROGRAM COMBINES CARE COORDINATORS, PHYSICIANA

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	- 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 UNDOCUM ENTED AND UNINSURED LATINO IMMIGRANTS. IT WAS ESTABLISHED IN 2002 BY A PENN EMERGENCY MEDI CINE 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 MEDI CINE - 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 EXPANDE OT INCLUDE UPLENTES HACIA EL FUTURO, AN AFTER-SCHOOL PROGRAM FOR ELEMENTARY SCHOOL STUDE NTS, 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 MED ICINE FACULTY, FAMILY MEDICINE RESIDENTS, AND MEDICAL STUDENTS FROM THE ASIAN AND PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION. PAH IS BASED IN THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH, IT PROVIDES PRIMARY HEALTH CARE SERVICES, INCLUDING TESTING, TREATMEN T, AND EDUCATION, TO LOW-INCOME ASIAN IMMIGRANTS, MOSTLY NON-ENGLISH SPEAKING INDONESIAN A ND VIETNAMESE PATIENTS. THE PROGRAM'S ASIAN PHYSICIANS ALSO MENTOR PENN'S ASIAN BEDICAL ST UDENTS, UNDERGRADUATES, AND PUBLIC-HEALTH GRADUATE STUDENTS PENN MEDICINE CONTET FOR CO MMUNITY HEALTH WORKER (HW) PROGRAM IN WHICH PENN MEDICINE HERES, TRAINS AND DEPLOYS TRUSTED LAYPEOPLE F ROM LOCAL COMMUNITIES TO HELP PATIENTS AND PROVEN IN THREE STUDENTS. OF HEALTH, INCLUDIN G ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE ABUSE, CONNECTING TO HEALTH, INCLUDIN G ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE ABUSE, CONNECTING TO HEALTH, INCLUDIN G ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE PROVEN IN THREE RANDOMIZED CONTROLLED TRIAL S TO IMPROVE CHRONIC DISEASE CONTROL, MEN

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	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 PROGRAM'S SUCCESS IS THAT THE SCREENINGS OCCU R IN FRIENDLY, COMMUNITY ENVIRONMENTS BEARING NO RESEMBLANCE TO A DOCTOR'S OFFICE, WHERE P ATIENTS OFTEN ARE AFRAID TO SPEAK CANDIDLY OR ASK QUESTIONS. THE PROGRAM'S BIGGEST SUPPORT ERS ARE THE BARBERSHOP OWNERS AND THEIR EMPLOYEES WHO NOW VIEW CUT HYPERTENSION AS AN INTE GRAL PART OF THEIR SERVICE TO THEIR CUSTOMERS. HTTP://www.MED.UPENN.EDU/DIVERSITYUME/STUDE NTLEDCLINCS.HTML-UNIVERSITY CITY HOSPITALITY COALITION (UCHC) MEDICAL CLINIC, OPENED IN 1989, IS ONE OF ELEVEN COMMUNITY-BASED HEALTH CARE INITIATIVES SUPPORTED BY MEDICAL STUDE NTS AND FACULTY AT THE PERELMAN SCHOOL OF MEDICINE. AT UCHC, PENDI MEDICAL STUDENTS PROVIDE FREE MEDICAL CARE, EDUCATION, AND REFERRAL SERVICES TO LOW-INCOME INDIVIDUALS AND PEOPLE EXPERIENCING HOMELESSNESS. VOLUNTEER PENN PHYSICIANS, RESIDENTS, AND PHARMACISTS DELIVER A ND HELP OVERSEE CARE IN THE CLINIC. UCHC ALSO WORKS TO PROVIDE THE COMMUNITY WITH SPECIAL TY CLINICS RANGING FROM PHYSICIAM MEDICINE AND REHABILITATION TO THE AGNEW SURGICAL CLINIC. HTTP://www.med.upenn.edu/diversity/due/stude/studentledclinics.html https://www.uchc-phila.org/ -COMMUNITY-ACADEMIC PARTNERSHIPS TO INCREASE PHYSICAL ACTIVITY (CAP-IPA) AND DANCE F OR HEALTH-PENN MEDICINE FACULTY AND STAFF PARTICIPATE IN THE UNIVERSITY OF PENNSYLVANIA S CHOOL OF NURSING'S STUDENT-LED COMMUNITY CHAMPIONS PROGRAM-WHICH COMPRISES 15 INITIATIVES: BRINGS NURSING STUDENTS OUT OF THE CLASSROOM AND INTO THE GREATER PHILADELPHIA COMMUNITY TO SHARE THEIR SKILLS AND LEARN FROM THEIR EXPERIENCES. THE COMMUNITY CHAMPIONS PROGRAM-WHICH COMPRISES 15 INITIATIVES: BRINGS NURSING STUDENTS OUT OF THE CLASSROOM AND INTO THE GREATER PHILADELPHIA COMMUNITY TO SHARE THEIR SKILLS AND LEARN FROM THEIR EXPERIENCES. THE COMMUNITY CHAMPIONS PROGRAM-WHICH COMPRISES 15 INITIATIVE

Return Reference	Explanation
FORM 990, PART III, LINE 4B (CONT.)	TH RESPECT AND EQUITY COLORECTAL CANCER SCREENING: THE FREE WEST PHILADELPHIA COLORECTA L 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 PATI ENTS SCHEDULE THE PROCEDURE AND UNDERSTAND THE PREPARATION PROCESS FOR COLORECTAL CANCER S CREENING. 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 PROGRAM'S INCEPTION IN 2011, OVER 700 PATIENTS FROM WEST, SOUTH AND SOUTHWEST PHILADELPHIA WHO PREVIOUSLY COULD NOT ACCESS A COLONOSCOPY HAVE BEEN SCREENED WITH A 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. HTTPS://HEALTHCAREINNOVATION.UPENN.EDU/SOI - PENN MEDICINE BREAST HEALTH INITIATIVE: IN RECOGNITION OF THE BARRIERS TO SCREENING AND TREATMENT FOR BREAST C ANCER, 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 C LINICS IN THE REGION. SINCE THE PROGRAM'S INCEPTION IN 2014, IT HAS PROVIDED FREE MAMMOGRA MS TO OVER 3,000 WOMEN. OVER 50% OF THE WOMEN IN THIS PROGRAM ARE LATINA AND 28% ARE AFRIC AN AMERICAN; 56% DO NOT SPEAK ENGLISH. TO DATE, 35 CASES OF BREAST CANCER HAVE BEEN IDENTI FIED AND TREATED. SEE SCHEDULE H, PART VI FOR ADDITIONAL DETAILS REGARDING SOME OF THE VAR IOUS ADDITIONAL COMMUNITY BUILDING ACTIVITIES CONDUCTED BY THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Return

Reference	Едріанаціон
FORM 990,	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DURING THE NORMAL COURSE OF ITS OPERATIONS
PART IV,	AND AFTER APPROPRIATE REVIEW, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") MAY
LINE 28 &	OCCASIONALLY TRANSACT BUSINESS WITH PERSONS AND/OR ORGANIZATIONS DESCRIBED ON FORM 990, PART IV,
FORM 990,	LINE 28. IN THIS REGARD, THE UNIVERSITY ADHERES TO A CONFLICT OF INTEREST POLICY AND ANY SUCH
SCHEDULE	TRANSACTIONS ARE CONDUCTED AT AN ARMS-LENGTH BASIS. FOR THE YEAR ENDED JUNE 30, 2020, NO
L, PART IV	TRANSACTIONS WERE IDENTIFIED THAT WERE REQUIRED TO BE DISCLOSED ON FORM 990, SCHEDULE L, PART IV

Evolunation

Return Explanation

Return

Reference	
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
	REVIEWED BY ALL TRUSTEES PRIOR TO THE ACTUAL FILING DEADLINE

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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

990 Schedule O, Supplemental Information

Return

Reference	
	DETAIL OF OTHER CHANGES IN NET ASSETS PENSION & OTHER POSTRETIREMENT PLAN ADJ. \$(229,224,000) LOSS ON EXTINGUISHMENT OF DEBT (3,618,000) TOTAL \$(232,842,000)

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047 **2019**

DLN: 93493133020451

Open to Public Inspection

Employer identification number

23-1352685

Department of the Treasury
Internal Revenue Service
Name of the organization

TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

(Form 990)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	or foreign country)	Total income	End-of-year assets	Direct controlling entity		
(1) UNIV OF PENN (HK) FND LIMITED ROOM 8 7/F K WAH CENTRE JAVA RD, HONG KONG HK 98-1062727	CHARITY	НК	-160,144	1,840,792	TRUSTEES		_
(2) UNIV OF PENN USA FOUNDATION LTD 19 NORCOTT ROAD LONDON, ENGLAND N167EJ UK 98-0387770	CHARITY	UK	-51,724	858,866	TRUSTEES		
							_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	Complete if the orga	anization answered "	Yes" on Form 990), Part IV, line 34	because it had one or	more	
See Additional Data Table				1	1		
(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	Section (13) cor enti	512(b
						Yes	No

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

See Additional Data Table

See Additional Data Table (a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g) Share of	(1	h)	(i)	6	o	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	entity	Predominant income(related unrelated, excluded from tax under sections 512-514)	Share of d, total incom	Share of e end-of-year assets	Disprop alloca	ortionate utions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging o	ercentage wnership
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						nization ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
See Additional Data Table					,,								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	(c) egal micile or foreign		entity (C	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of- Perce owne	ntage	(13)	(i) ion 512(b) controlled entity?
		cou	intry)							_		Ye	s No

Schedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Pa	art IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed i	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1 d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		
f g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)			•	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)					Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
${f r}$ Other transfer of cash or property to related organization(s)					Yes	
s Other transfer of cash or property from related organization(s)				1 s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this linesee Additional Data Table	ne, including covered	relationships and trar	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount ir	ivolved	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	199	0) 2019

Schedule R (Form 990) 2019 Page **5** 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, 2020, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE I"UNIVERSITY") HELD INTERESTS IN 1 POOLED LIFE INCOME FUND IN PENNSYLVANIA. 1 CHARITABLE REMAINDER TRUST IN DELAWARE. 2 CHARITABLE REMAINDER TRUSTS IN FLORIDA. 1 CHARITABLE REMAINDER TRUST IN NEW YORK AND 54 CHARITABLE REMAINDER TRUSTS IN PENNSYLVANIA. WHERE THE UNIVERSITY HAD MORE THAN 50% OF THE BENEFICIAL INTERESTS IN THE TRUSTS.

Software ID: Software Version:

EIN: 23-1352685

Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

Form 990, Schedule R, Part II - Identification of Relation			1 75	1	1 (0	1 -	
(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	Sectio (b)(contr enti	n 512 13) olled
	HOME HEALTH	PA	E01/-\/2\	7	LG HEALTH	Yes Yes	No
1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572			501(c)(3)	,		Yes	
C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS	Yes	
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	
3451 WALNUT STREET ROOM 737 PHILADELPHIA, PA 19104 84-3379653	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	Yes	
3451 WALNUT STREET SUITE 305 PHILADELPHIA, PA 19104 82-3434615	SUPPORT TRUST	РА	4947(A)(1)	N/A	NA	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		No
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	РМС	Yes	

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	tions (c)	(d)	(e)	(f)	(0	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)(n 512
		or foreign country)		(if section 501(c) (3))	,	contr	
						Yes	No
	CLUB	NY	501(c)(7)	N/A	NA		No
30 WEST 44TH STREET NEW YORK, NY 10036							
23-2726687	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES	Yes	
210 SOUTH 34TH STREET							
PHILADELPHIA, PA 19104 75-2974931							
	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES	Yes	
3905 SPRUCE STREET PHILADELPHIA, PA 19107							
23-1876142	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL	Yes	
850 GREENFIELD ROAD	TIEAETH EBS					103	
LANCASTER, PA 17601 06-1645496							
	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES	Yes	
800 SPRUCE STREET PHILADELPHIA, PA 19107							
31-1538725	SUPPORT OR S		504()(2)	1.2.7			<u> </u>
426 CLIDTE BLVD	SUPPORT ORG	PA	501(c)(3)	12, I	NA		No
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015							
23-2351015	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES	Yes	
3001 MARKET STREET 3RD FLOOR							
PHILADELPHIA, PA 19104 23-2901089							
	SUPPORT ORG	PA	501(c)(3)	12, I	PMC	Yes	
51 NORTH 39TH STREET PHILADELPHIA, PA 19104							
23-2561573	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES	Yes	
51 NORTH 39TH STREET							
PHILADELPHIA, PA 19104 23-2810852							
	HEALTHCARE	PA	501(c)(3)	10	PMC	Yes	
51 NORTH 39TH STREET PHILADELPHIA, PA 19104							
23-2723154	HEALTHCARE	PA	501(c)(3)	12, I	PMC	Yes	_
51 NORTH 39TH STREET							
PHILADELPHIA, PA 19104 23-2294713							
	HOMECARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING	Yes	
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536							
22-2842773	HEALTHCARE	NJ	501(C)(3)	10	PHCS HOLDING	Yes	
ONE PLAINSBORO ROAD	HEALTHCARE	NJ	301(0)(3)	10	FRES HOLDING	165	
PLAINSBORO, NJ 08536 26-4203938							
	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING	Yes	
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536							
21-0635009	CHIDDORT PLICE		E01(C)(2)	7	DHCC HOLDING	V -	
ONE PLAINSBORO ROAD	SUPPORT PHCS	NJ	501(C)(3)	'	PHCS HOLDING	Yes	
PLAINSBORO, NJ 08536 22-2225911							
	SUPPORT ORG	NJ	501(C)(3)	12, I	TRUSTEES	Yes	
ONE PLAINSBORO ROAD							
PLAINSBORO, NJ 08536 22-3493256	 	<u> </u>	E04/53/53	1	DU00 1151 5 511 5		
ONE DI AMERICA DE LA	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING	Yes	
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536							
22-0022702	EDU SUPPORT	PA	501(c)(3)	12, I	NA		No
3000 STEINBERG HALL							
PHILADELPHIA, PA 19104 23-6297325							
	BUS. TRUST	PA	501(c)(3)	8	NA	-	No
1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102							
81-0550464	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH	Yes	
217 HARRISBURG AVENUE			(-)(-)			. 23	
LANCASTER, PA 17603 30-0634510							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b) Primary activity (c) (d) (e) (f) (g) Name, address, and EIN of related organization Legal domicile Public charity Direct controlling Exempt Code Section 512 (b)(13)(state section entity status or foreign country) (if section 501(c) controlled entity? (3)) Yes No MED RESEARCH PΑ 501(c)(3) NΑ Nο 421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823 SUPPORT ORG 501(C)(3) PΑ 10 NΑ No 555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868 501(c)(3) 12, I TRUSTEES SUPPORT ORG PΑ Yes 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159 FAC. CLUB 501(c)(3) 12, I TRUSTEES PA Yes 3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508 TRUSTEES SUPPORT ORG PΑ 501(C)(3) 12, I Yes

PΑ

PΑ

PΑ

PΑ

RETIRE TRUST

BENEFITS

HOSPICE CARE

HEALTHCARE

501(A)

501(c)(3)

501(c)(3)

501(c)(3)

N/A

12, I

10

TRUSTEES

TRUSTEES

TRUSTEES

PA HOSPITAL

Yes

Yes

Yes

Yes

3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104

3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104

3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104

150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004

45-4985731

04-3574136

23-2769744

23-2152662

23-2248956

700 SPRUCE STREET PHILADELPHIA, PA 19106 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Pa	rt III - Identificat 		elated Orgai	nizations Taxa 	ble as a Partne	ership 	I	1		(j	n I	
(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) Disproprtion allocations	s? Co	(i) de V-UBI amount in x 20 of Schedule K-1 (Form 1065)	Gen o Mana Partr	eral r aging ner?	(k) Percentage ownership
ARI 1740 FUND	INVESTMENT	I∟	TRUSTEES	EXCLUDED	-43,880,717	109,313,583		0	0	res	No	99.989 %
180 N SETSON AVE STE 5500 CHICAGO, IL 60601 32-0472404				FROM TAX								
CYRUS 1740 FUND LP	INVESTMENT	NY	TRUSTEES	FROM TAX	1,136,862	27,608,169		0	0		No	98.948 %
65 E 55TH STREET 35TH FLOOR NEW YORK, NY 10022 82-1211542	INVESTMENT	61	NA								N.	
CYRUS 1740 MASTER FUND LP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ	INVESTMENT	С	NA	N/A							No	
98-1361754 DVG 1740 FUND LP	INVESTMENT	СТ	TRUSTEES	EXCLUDED	5,467,915	283,991,074		0	0		No	99.278 %
ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539				FROM TAX		, ,						
	INVESTMENT	PA	NA	N/A							No	
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2902742												
FERN HILL PARTNERSHIP III LP	RENTAL	PA	NA	N/A							No	
701 E MARSHALL STREET WEST CHESTER, PA 19380 30-0409614												
FERN HILL LLC	RENTAL	PA	NA	N/A							No	
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-3005147												
GALLOPAVO LP	INVESTMENT	TX	TRUSTEES	FROM TAX	294,196	99,274,587		0	391,224		No	91.745 %
2000 McKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967												
PARTNERSHIP	INVESTMENT	CA	TRUSTEES	FROM TAX	337,464	13,475,430	N	0	0		No	100.000 %
STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA												
JOG VI C LIMITED PARTNERSHIP	INVESTMENT	CA	TRUSTEES	FROM TAX	15,143	23,804,200		0	0		No	100.000 %
STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA												
	INVESTMENT	NY	TRUSTEES	FROM TAX	476,146	117,419,221	^	0	0		No	100.000 %
34 EAST 51ST STREET NEW YORK, NY 10022 84-3119908												
LANCASTER PET PARTNERSHIP LLP	MEDICAL SERVICES	PA	NA	N/A							No	
PO BOX 4216 LANCASTER, PA 17604 23-3102793												
LG HEALTH COMM CARE COLLAB II	ACO	PA	NA	N/A							No	
555 NORTH DUKE STREET LANCASTER, PA 17604 82-3809581												
LG HEALTH COMMUNITY CARE COLLABORATIVE	ACO	PA	NA	N/A							No	
555 NORTH DUKE STREET LANCASTER, PA 17604 45-5542179												
	INVESTMENT	CA	TRUSTEES	EXCLUDED FROM TAX	-2,681,473	111,662,569	N	0	0		No	98.000 %
180 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94104 83-1339929												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) (d) (f) (i) General Legal (g) Disproprtionate (b) Predominant (a) Share of total Share of end-of-Code V-UBI amount in Domicile Direct or allocations? Name, address, and EIN of Primary activity income(related, Managing Controlling Box 20 of Schedule (State income year assets unrelated, Partner? Entity K-1 or excluded from Foreign (Form 1065)

27,867,014

293,750,378

16.502.435

tax under

sections 512-514)

IN/A

N/A

N/A

EXCLUDED

FROM TAX

EXCLUDED

FROM TAX

N/A

Country)

PΑ

PΑ

PΑ

TX

CA

PΑ

INA

INA

INA

INA

TRUSTEES

ITRUSTEES

(k)

Percentage

ownership

Yes No

No

No

No

No

No

No

89.067 %

62.264 %

Yes

No

Nο

No

0

0

related organization	
MRI GROUP LLP	MEDICAL SERVICES

NEIGHBRHD PRES & DEV FUND RENTAL

RENTAL

INVESTMENT

MEDICAL SERVICES

PO BOX 4216 LANCASTER, PA 17604

33-1011386

23-3037919

83-0490251

84-1814102

BLDG B STE

20-0184603

CENTER

LLC

240 NEW YORK DR STE 1 FORT WASHINGTON, PA 19034

OAKLANDS WAY MEDICAL

SRP INVESTORS FUND A LP

2001 ROSS AVE SUITE 400 DALLAS, TX 75201 61-1748291

364 UNIVERSITY AVENUE PALO ALTO, CA 94301

TURK'S HEAD SURGERY

915 OLD FERN HILL ROAD

WEST CHESTER, PA 19380

ST-TO RIBBIT OPPORTUNITY V INVESTMENT

BUILDING ASSOCIATES

701 E MARSHALL STREET
WEST CHESTER, PA 19380

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (f) (b) (c) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total domicile (C corp, S corp, related organization entity income (state or foreign or trust) country) ARCM 1740 LTD **INVESTMENTS** CJ TRUSTEES C-CORP 726,490 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008

PΑ

PΑ

PΑ

VT

PΑ

CJ

PΑ

CJ

UK

CH

NJ

PΑ

NJ

BD

TRUSTEES

PA HOSPITAL

TRUSTEES

LG HEALTH

LG HEALTH

LG HEALTH

TRUSTEES

UPENN INT'L

UPENN INT'L

PHCS HOLDING

PHCS HOLDING

TRUSTEES

PMC

CCA

C-CORP

C-CORP

C-CORP

C-CORP

TRUST

C-CORP

C-CORP

C-CORP

C-CORP

C-CORP

C-CORP

C-CORP

C-CORP

LIMITED COMPANY

INSURANCE

PHYS MGMT

INSURANCE

INSURANCE

PROPERTY SVCS

INVESTMENTS

NETWORKING

BUS. CONSULTING

INACTIVE

HEALTHCARE

SELF-INSURANCE

MEDICAL

RENTAL

CIRCLE MEDICAL ASSURANCE CO

250 KING OF PRUSSIA RD 4TH FL

FRANKLIN CASUALTY INSURANCE CO

LANCASTER GENERAL 457 DEFERRED COMP TRUST

98-0176655

CLINICAL HEALTH CARE ASSOC OF NJ PC

2929 WALNUT STREET STE 460 PHILADELPHIA, PA 19104

83-3556286

23-2060159

PO BOX 530

04-3378984

23-2250941

COMPANY PO BOX 1109 GT

23-2250128

PO BOX 309

KY1-1104

UK

CO LTD

RADNOR, PA 19087 23-2865181

800 SPRUCE STREET PHILADELPHIA, PA 19106

DELANCEY CORPORATION

BURLINGTON, VT 05402

555 NORTH DUKE STREET LANCASTER, PA 17604

GRAND CAYMAN KYI-1102

555 NORTH DUKE STREET LANCASTER, PA 17604

NAYA 1740 FUND LTD

LANCASTER GENERAL INSURANCE

LANCASTER GENERAL SERVICES INC

UGLAND HOUSE, GRAND CAYMAN

PENN MEDICINE LONDON LIMITED

RADIUS COMM SVCS LTD 11TH FL WHITEFRIARS LEWINS MEAD, UNITED KINGDOM BS1 2NT

CHINA WORLD TOWER 1 14F CHAOYANG DIST 100004

PRESBYTERIAN MEDICAL SERVICES

PRINCETON HEALTH INC & SUBS

QUAKER INSURANCE COMPANY LTD

VICTORIA STREET PO BOX HM 1826 VICTORIA HALL, BERMUDA HM HX

PHI PHARMACY INC

22-3467899

23-2307991

22-3450093

BD 30-0708282

ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536

39TH AND MARKET STREET PHILADELPHIA, PA 19104

ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536

PENN WHARTON CONSULTING (BEIJING)

(i)

Section 512

(b)(13)

controlled

entity?
Yes N

Yes

100.000 %

No

No

(h)

Percentage

ownership

90.000 %

100.000 %

100.000 %

97.733 %

(g)

Share of end-of-year

assets

0

-234,862

8,726,034

12,430,115

71,847,769

30,487,383

275,041,956

243,109,447

0

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (e) (f) (q) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income assets ownership controlled (state or foreign or trust) entity? country) Yes No CJ C-CORP THE PAM 1740 FUND LTD INVESTMENTS TRUSTEES 37,774,807 247,684,120 99.990 % Yes PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 TURK'S HEAD HEALTH SERVICES INC. MEDICAL SERVICES PΑ CCH&HS C-CORP Yes 701 F MARSHALL STREET WEST CHESTER, PA 19380 23-2329753 UPENN HOSPITALITY INC. HOTEL/RESTAURANT PΑ ITRUSTEES C-CORP -2,881,727 17,617,234 100.000 % Yes 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589 INVESTMENT TRUSTEES CYRUS 1740 FUND LTD CJ LIMITED COMPANY -7,550,023 60,256,025 98.710 % Yes 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009

C-CORP

REMAINDER TRUST

Yes

PΑ

PΑ

LGS

NΑ

BARGE GANSE VENACARE BUS INC 555 NORTH DUKE STREET LANCASTER, PA 17604

CHARITABLE REMAINDER TRUSTS (59)

23-2113017

98-1361907

HEALTHCARE

IN/A

(b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ARCM 1740 FUND LTD B,C 33,000,000 FMV CYRUS 1740 FUND LP FMV В 14,040,609 FRANKLIN CASUALTY INSURANCE CO. R 48,684,153 FMV LANCASTER GENERAL HOSPITAL 9,681,404 FMV Q FMV JOG LIMITED PARTNERSHIP NO VI CO-INVEST В 310,000 PENN PRAXIS INC FMV O,R 1,228,677 PRESBYTERIAN MEDICAL CENTER OF UPHS K,O,P 77,583,327 FMV LIFT REAL ESTATE PARTNERS FUND I LP FMV В 46,276,553 THE PAM 1740 FUND LTD В 28,065,901 FMV SRP INVESTORS FUND A LP FMV B,C 24,344,971 ST-TO RIBBIT OPPORTUNITY V LLC В 16,562,264 FMV UPENN HOSPITALITY INC 1,500,000 FMV Α UPENN INTERNATIONAL FMV B,L 1,156,011 UPENN RETIREE BENEFITS TRUST FMV В 44,651,281

O.P.R

154,104

FMV

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

WISSAHICKON HOSPICE OF UPHS