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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

% CYNTHIA A GALLO

Doing business as

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

Room/suite

800 SPRUCE STREET

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

PHILADELPHIA, PA 191073501

F Name and address of principal officer

FRANK A ANASTASI

800 SPRUCE STREET

PHILADELPHIA, PA 19107

H(a) Is this a group return for subordinates?

Yes

No

H(b) Are all subordinates included?

Yes

No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

31-1538725

E Telephone number

(215) 829-7723

G Gross receipts \$ 681,163,706

I Tax-exempt status

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website: ▶ WWW PENNMEDICINE ORG/PAHOSP

K Form of organization

Corporation

Trust

Association

Other ▶

L Year of formation 1751

M State of legal domicile PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVISION OF CHARITABLE HEALTHCARE SERVICES

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶702,477

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

2020-07-01

Date

KEITH KASPER CONTROLLER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00858539

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

PROVISION OF CHARITABLE HEALTHCARE SERVICES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 587,169,835	including grants of \$ 130,635	(Revenue \$ 655,732,503)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	587,169,835
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
Check if Schedule O contains a response or note to any line in this Part V			<input checked="" type="checkbox"/>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,198			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds.						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		No
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		No
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
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	3
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	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?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 CYNTHIA A GALLO 210 WEST WASHINGTON SQUARE PHILADELPHIA, PA 191063501 (215) 829-7351

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK A ANASTASI FHMA CFO, ASST CONTROLLER, SECRETARY	55 0 0 0	X		X				368,488	0	20,646
(2) ALLEN H BAR MD BOARD MEMBER	1 0 54 0	X						0	130,402	33,510
(3) LAUREN BAUER FRMR GALLAGHER ASSISTANT SECRETARY	55 0 0 0	X		X				69,100	0	26,411
(4) MARY DEL GUIDICE RN MSN BS BOARD MEMBER, CNO-THRU 12/18	54 0 1 0	X		X				376,979	0	19,118
(5) ELIZABETH B JOHNSTON BOARD MEMBER	1 0 54 0	X						0	1,180,800	145,205
(6) KEITH KASPER EX-OFFICIO MEMBER, CONTROLLER	1 0 54 0	X		X				0	1,350,555	182,342
(7) THERESA M LARIVEE BOARD MEMBER, CEO	1 0 54 0	X		X				0	795,052	101,434
(8) SUEYUN LOCKS MFA BOARD MEMBER	1 0 0 0	X						0	0	0
(9) KEVIN B MAHONEY BOARD MEMBER	1 0 54 0	X						0	1,610,124	199,644
(10) RALPH W MULLER EX-OFFICIO MEMBER-THRU 6/30/19	1 0 54 0	X						0	2,601,584	524,692
(11) PHILLIP A OKALA EX-OFFICIO MEMBER	1 0 54 0	X						0	1,516,654	206,118
(12) THOMAS J SHARBAUGH JD BOARD MEMBER, CHAIR	1 0 0 0	X		X				0	0	0
(13) JAMES WOLITARSKY BOARD MEMBER	1 0 0 0	X						0	0	0
(14) JODY J FOSTER CHAIR DEPT. PSYCHIATRY	55 0 0 0					X		502,516	0	25,876
(15) KJ HERING DIRECTOR OF RADIOLOGY	55 0 0 0					X		292,818	0	8,107
(16) JANICE BYNUM NURSE FIRST ASSISTANT	55 0 0 0					X		261,007	0	12,598
(17) DANIEL WILSON VP ALLIED HEALTH AMBULAT. SVC	55 0 0 0					X		258,385	0	27,998

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE M TIERNEY CHIEF HR OFFICER	55 0 0 0					X		229,096	0	24,748
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,358,389	9,185,171	1,558,447

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 442**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LF DRISCOLL COMPANY LLC, 401 CITY AVE STE 500 BALA CYNWYD, PA 19004	CONSTRUCTION SRVCS	17,005,255
SOCIETY HILL ANESTHESIA CONSULTANTS, PO BOX 414853 BOSTON, MA 02241	MEDICAL SERVICES	5,699,575
LIBERTY PARKWAY 8TH WALNUT, 650 E SWEDES FORD RD STE 400 WAYNE, PA 19087	PARKING SERVICES	4,890,041
AXIS CONSTRUCTION MANAGEMENT, W CHURCH RD STE 111 KING OF PRUSSIA, PA 19406	CONSTRUCTION SRVCS	1,269,484
SURGICAL MONITORING ASSOCIATES LLC, PO BOX 11407 DEPT 1614 BIRMINGHAM, AL 35246	MEDICAL SERVICES	852,366

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 18**

Form 990 (2018)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	10,464		
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,101,293		
	g Noncash contributions included in lines 1a - 1f \$		40,717		
	h Total. Add lines 1a-1f		5,111,757		
Program Service Revenue	2a NET PATIENT SERVICE REVENUES	Business Code			
	b OUTPATIENT BEHAVIORAL HEALTH REVENUES	621110	600,882,339	600,882,339	
	c	621400	9,875,324	9,875,324	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		610,757,663		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,090,337	
4 Income from investment of tax-exempt bond proceeds			0		
5 Royalties			0		
6a Gross rents		(i) Real	(ii) Personal		
b Less rental expenses		1,516,175			
c Rental income or (loss)		1,516,175	0		
d Net rental income or (loss)			1,516,175		1,516,175
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
b Less cost or other basis and sales expenses			-2,254		
c Gain or (loss)			2,254		
d Net gain or (loss)			-2,254		-2,254
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0		
b Less direct expenses		b	0		
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19		a	0		
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a PARKING REVENUES	812930	6,475,360	5,802,918	672,442	
b CAFETERIA SALES	900099	2,739,569	2,739,569		
c SPONSORED PROGRAMS	900099	297,391	297,391		
d All other revenue		36,179,962	36,134,962	45,000	
e Total. Add lines 11a-11d		45,692,282			
12 Total revenue. See Instructions		681,165,960	655,732,503	717,442	19,604,258

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	130,635	130,635		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	896,300	797,707	98,593	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	221,845,260	196,932,037	24,247,687	665,536
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	51,629,947	45,315,604	6,298,854	15,489
10 Payroll taxes.	15,467,139	13,575,508	1,886,991	4,640
11 Fees for services (non-employees):				
a Management.	111,744,501	97,426,424	14,301,265	16,812
b Legal.	0			
c Accounting.	16,400	14,202	2,198	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,643,732	19,609,472	3,034,260	
12 Advertising and promotion.	-50	-44	-6	
13 Office expenses.	13,029,875	11,398,549	1,631,326	
14 Information technology.	518,284	448,834	69,450	
15 Royalties.	0			
16 Occupancy.	8,255,440	6,018,216	2,237,224	
17 Travel.	400,350		400,350	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	7,327,911	6,426,578	901,333	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	31,158,046	27,014,026	4,144,020	
23 Insurance.	13,845,218	12,183,792	1,661,426	
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	122,100,948	122,100,948	0	0
b MISC EXPENSES	16,990,375	15,053,472	1,936,903	0
c STATE ASSESSMENTS	13,061,257	11,572,274	1,488,983	0
d DUES & LICENSES	483,376	428,271	55,105	0
e All other expenses	816,399	723,330	93,069	
25 Total functional expenses. Add lines 1 through 24e.	652,361,343	587,169,835	64,489,031	702,477
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,900	1	3,900	
	2	Savings and temporary cash investments		222,391	2	223,187	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		70,372,938	4	79,688,864	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		6,793,270	8	7,754,011	
	9	Prepaid expenses and deferred charges		5,272,719	9	5,799,872	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	590,348,535			
	b	Less: accumulated depreciation	10b	351,864,978	265,084,681	10c	238,483,557
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		279,548,832	12	285,983,977	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		136,890,999	15	118,828,978	
16	Total assets. Add lines 1 through 15 (must equal line 34)		764,189,730	16	736,766,346		
Liabilities	17	Accounts payable and accrued expenses		24,765,932	17	26,917,359	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		134,275,809	20	123,296,715	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		61,779,987	25	12,957,292	
	26	Total liabilities. Add lines 17 through 25		220,821,728	26	163,171,366	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		264,009,891	27	287,801,723	
	28	Temporarily restricted net assets		199,479,700	28	203,473,008	
	29	Permanently restricted net assets		79,878,411	29	82,320,249	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		543,368,002	33	573,594,980		
34	Total liabilities and net assets/fund balances		764,189,730	34	736,766,346		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	681,165,960
2	Total expenses (must equal Part IX, column (A), line 25)	2	652,361,343
3	Revenue less expenses Subtract line 2 from line 1	3	28,804,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	543,368,002
5	Net unrealized gains (losses) on investments	5	467,581
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	954,780
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	573,594,980

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-1538725
Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number

31-1538725

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-1538725
Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☒ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c 1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

1

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

☐ Yes ☒ No

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

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

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

☒ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☒ Public exhibition

b☒ Scholarly research

c☒ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	321,410,504	296,577,645	269,036,227	283,657,933	275,142,000
b Contributions	2,881,801	3,162,292	3,391,455	417,648	205,531
c Net investment earnings, gains, and losses	17,023,620	33,322,089	35,313,299	-6,855,903	16,095,324
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs	9,647,618	11,651,522	11,163,336	8,183,451	7,784,922
f Administrative expenses		0	0	0	0
g End of year balance	331,668,307	321,410,504	296,577,645	269,036,227	283,657,933

2

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

a Board designated or quasi-endowment ▶ 20 020 %

b Permanent endowment ▶ 79 980 %

c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		134,140		134,140
b Buildings		331,879,161	171,024,012	160,855,149
c Leasehold improvements		3,573,602	3,522,956	50,646
d Equipment		238,671,875	177,318,010	61,353,865
e Other		16,089,757		16,089,757
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				238,483,557

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS - PLANT FUND	140,720	F
(B) DONOR RESTRICTED FUNDS	285,793,257	F
(C) SPECIAL PURPOSE FUNDS	50,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	285,983,977	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	50,782,421
(2) BOARD DESIGNATED FUNDS	66,411,451
(3) DEFERRED FINANCING COSTS	537,439
(4) 3RD PARTY RECEIVABLE	1,097,667
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	118,828,978

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCOUNTS PAYABLE	56,390
ESTIMATED 3RD PARTY PAYABLES	12,600,902
WORKERS COMPENSATION	300,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	12,957,292

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1538725
Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	DETAIL OF CONSERVATION EASEMENTS PENNSYLVANIA HOSPITAL ("PAH") HAS A CONSERVATION EASEMENT IN PLACE WITH THE PARK COMMISSION IN REGARD TO PENNSYLVANIA HOSPITAL'S PINE BUILDING THE CONSERVATION EASEMENT STATES THAT DUE TO ITS HISTORICAL NATURE, PENNSYLVANIA HOSPITAL CAN NOT CHANGE OR MODIFY IN ANY WAY THE EXTERIOR OF THIS BUILDING SINCE THERE ARE NO REVENUES OR EXPENSES ASSOCIATED WITH THIS CONSERVATION EASEMENT, IT IS NOT REFLECTED ON PENNSYLVAN IA HOSPITAL'S FINANCIAL STATEMENTS -----

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	<p>DETAIL OF COLLECTIONS ALTHOUGH PAH MAINTAINS COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND/OR OTHER SIMILAR ASSETS, SINCE THE ORGANIZATION AND SUCH COLLECTIONS HAVE BEEN IN EXISTENCE FOR SEVERAL DECADES, THE COST OF CAPITALIZING THESE COLLECTIONS WOULD EXCEED THE INCREMENTAL BENEFIT OF THE INFORMATION GAINED AS A RESULT, PAH DOES NOT CAPITALIZE THESE TYPES OF ASSETS NOTE THAT SINCE PAH IS INCLUDED IN A CONSOLIDATED AUDIT, THE CONSOLIDATED FINANCIAL STATEMENTS DO NOT CONTAIN ANY FOOTNOTE DISCLOSURE RELATING TO THIS ITEM ---</p> <p>-----</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	<p>DESCRIPTION OF COLLECTIONS LIBRARY COLLECTIONS - THE LIBRARIES AT PAH ARE LOCATED ON THE 2 ND AND 3RD FLOOR OF THE HISTORIC PINE BUILDING THE MODERN LIBRARY IS AN ON-SITE, EASILY ACCESSIBLE, VITAL REFERENCE CENTER INCORPORATING MODERN INFORMATION TECHNOLOGY THE COLLECTIONS INCLUDE THE CLINICAL LIBRARY AND THE PSYCHIATRIC LIBRARY THE HISTORIC LIBRARY AND HISTORIC COLLECTIONS CONTAIN MANUSCRIPTS, RARE BOOKS, ART, AND ARTIFACTS RELATED TO THE HISTORY OF MEDICINE AND PAH THESE COLLECTIONS ARE USED BY LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL RESEARCHERS THE LIBRARY OFFERS AN ARRAY OF SERVICES, INCLUDING PROFESSIONAL SEARCHING OF THE MEDICAL LITERATURE IN ADDITION TO SERVING THE INFORMATION NEEDS OF CLINICIANS, THE LIBRARY IS OPEN TO OUR PATIENTS, FAMILIES, AND THE GENERAL PUBLIC HISTORIC COLLECTIONS - PAH IS THE NATION'S FIRST HOSPITAL AND A DESIGNATED NATIONAL HISTORIC LANDMARK FOUNDED BY DR THOMAS BOND AND BENJAMIN FRANKLIN, THE HOSPITAL WAS CHARTERED IN 1751 BY THE COLONIAL GOVERNMENT AS THE FIRST INSTITUTION IN AMERICA ORGANIZED EXCLUSIVELY FOR THE TREATMENT AND CARE OF THE SICK, POOR AND MENTALLY ILL PAH OFFERS THE PUBLIC A VIEW OF THE HISTORY OF MEDICINE IN A WAY UNLIKE ANY OTHER INSTITUTION IN THE UNITED STATES, PROVIDING BOTH GUIDED AND SELF-GUIDED TOURS OF THE NATION'S FIRST MEDICAL LIBRARY AND SURGICAL AMPHITHEATRE WE ARE A BLUE STAR MUSEUM, PROVIDING FREE TOURS FOR MILITARY PERSONNEL AND THEIR FAMILIES THE HISTORIC COLLECTIONS, HOUSED IN THE ORIGINAL EAST WING OF THE PINE BUILDING, HOLDS A COLLECTION OF RECORD THAT REFLECTS THE DEVELOPMENT OF HEALTHCARE AND MEDICAL EDUCATION FROM THE EIGHTEENTH TO THE TWENTY-FIRST CENTURIES OUR COLLECTIONS ARE HIGHLIGHTED IN OUR CHANGING EXHIBITIONS, WHICH HAVE INCLUDED THE HISTORY OF EARLY MEDICAL EDUCATION AND COLONIAL MEDICINE A FREE LECTURE SERIES, OPEN TO THE PUBLIC, BRINGS IN SCHOLARS TO DISCUSS A VARIETY OF TOPICS RELATED TO THE CURRENT EXHIBITION ADDITIONALLY, THE HISTORIC COLLECTIONS HOSTS RESEARCHERS WHO UTILIZE THESE IMPORTANT MANUSCRIPTS, AS WELL AS HOSTING AN ANNUAL CONFERENCE ON THE HISTORY OF WOMEN'S HEALTH, BRINGING TOGETHER HISTORICAL SCHOLARS AND MEDICAL PRACTITIONERS FROM ACROSS THE COUNTRY HISTORIC TOURS - PAH PROVIDES TOURS OF ITS HISTORIC BUILDINGS AND HISTORIC COLLECTIONS -----</p>

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TEXT OF FIN 48 (ASC 740) FOOTNOTE THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE FIN 48 (ASC 740) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2019 FINANCIAL STATEMENTS OF THE UNIVERSITY THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► 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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,063,249	0	1,063,249	0 160 %
b Medicaid (from Worksheet 3, column a)			135,825,723	100,925,424	34,900,299	5 350 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0		0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			136,888,972	100,925,424	35,963,548	5 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0		0	0	0	0 %
f Health professions education (from Worksheet 5)			25,389,890	8,170,783	17,219,107	2 640 %
g Subsidized health services (from Worksheet 6)			4,440,943	1,823,350	2,617,593	0 400 %
h Research (from Worksheet 7)	0		0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0		0	0	0	0 %
j Total. Other Benefits			29,830,833	9,994,133	19,836,700	3 040 %
k Total. Add lines 7d and 7j			166,719,805	110,919,557	55,800,248	8 550 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	19,987,248	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	11,469,731	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	110,456,653	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	125,534,346	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-15,077,693	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
PENNSYLVANIA HOSPITAL OF UPHS

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

PENNSYLVANIA HOSPITAL OF UPHS

Name of hospital facility or letter of facility reporting group _____

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

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

PENNSYLVANIA HOSPITAL OF UPHS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

PENNSYLVANIA HOSPITAL OF UPHS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 PENN MEDICINE AT RITTENHOUSE 1840 SOUTH STREET PHILADELPHIA, PA 19146	OUTPATIENT FACILITY
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 (AFFILIATED HEALTHCARE SYSTEM INFORMATION)	<p>THIS ORGANIZATION IS AN AFFILIATE OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. THE MISSION OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM IS EXCELLENCE IN EDUCATION, RESEARCH, AND CLINICAL CARE. WE STRIVE TO ACHIEVE THESE GOALS BY HAVING THE BEST PEOPLE IN MEDICAL EDUCATION, HEALTH-RELATED RESEARCH, AND PATIENT CARE, MAKING USE OF KNOWLEDGE GAINED FROM NEARLY TWO AND A HALF CENTURIES OF LEARNING AND DISCOVERY AS PART OF A WORLD-CLASS UNIVERSITY, DELIVERING HIGH-QUALITY MEDICINE TO PATIENTS ACROSS A FULLY-INTEGRATED ACADEMIC HEALTH SYSTEM, AND FULFILLING A COMMITMENT TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES SERVED BY THE HEALTH SYSTEM AND AROUND THE WORLD. AS PART OF AN AFFILIATED HEALTHCARE SYSTEM, THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM CONSISTS OF CERTAIN OPERATING DIVISIONS OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (THE "UNIVERSITY") AND AFFILIATED ENTITIES, INCLUDING:</p> <ul style="list-style-type: none"> - THE CHESTER COUNTY HOSPITAL ("CCH"), INCLUDES A 245 BED COMPLEX IN WEST CHESTER, PENNSYLVANIA, AND SATELLITE LOCATIONS IN EXTON, WEST GOSHEN, NEW GARDEN, JENNERSVILLE, AND KENNETT SQUARE, PENNSYLVANIA; - THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA ("HUP"), A 727 LICENSED BED QUATERNARY CARE HOSPITAL AND ACADEMIC MEDICAL CENTER LOCATED ON THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA; - PENN PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PRESBYTERIAN"), A 317 LICENSED BED ACUTE CARE HOSPITAL LOCATED ADJACENT TO THE CAMPUS OF THE UNIVERSITY IN THE WEST PHILADELPHIA AREA OF PHILADELPHIA, PENNSYLVANIA; - PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("PENNSYLVANIA HOSPITAL"), A 550 LICENSED BED ACUTE CARE HOSPITAL LOCATED IN THE CENTER CITY AREA OF PHILADELPHIA, PENNSYLVANIA; - THE CLINICAL PRACTICES OF THE UNIVERSITY OF PENNSYLVANIA ("CPUP"), THE APPROVED FACULTY PRACTICE PLAN FOR THE CLINICAL PRACTICES OF MEMBERS OF THE MEDICAL FACULTY OF THE UNIVERSITY'S PERELMAN SCHOOL OF MEDICINE; - CLINICAL CARE ASSOCIATES OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("CCA"), A PRIMARY CARE PHYSICIAN NETWORK THAT INCLUDES LOCATIONS IN SOUTHEASTERN PENNSYLVANIA AND SOUTHERN NEW JERSEY THROUGH ITS NEW JERSEY AFFILIATE; - LANCASTER GENERAL HEALTH ("LGH") AND ITS AFFILIATES. LGH OPERATES THREE HOSPITALS IN SOUTH CENTRAL PENNSYLVANIA, INCLUDING LANCASTER GENERAL HOSPITAL, A 533-BED GENERAL ACUTE CARE HOSPITAL, WOMEN & BABIES HOSPITAL, A 98-BED FACILITY SPECIALIZING IN WOMEN'S HEALTH AND MATERNITY SERVICES, AND LANCASTER REHABILITATION HOSPITAL, A 59-BED REHABILITATION HOSPITAL, AS WELL AS 14 OUTPATIENT CENTERS, THREE URGENT CARE SITES, AND A PHYSICIAN PRACTICE NETWORK WITH NEARLY 200 PRIMARY CARE AND SPECIALTY PRACTICES AT 40 PRACTICE SITES, AND - WISSAHICKON HOSPICE, A HOSPICE CARE FACILITY SERVING THE TERMINALLY ILL, LOCATED IN BALA CYNWYD, PENNSYLVANIA. <p>- PRINCETON HEALTHCARE SYSTEM ("PRINCETON") AND ITS AFFILIATES. PRINCETON INCLUDES A COMPREHENSIVE HEALTHCARE PROVIDER LOCATED IN CENTRAL NEW JERSEY THAT PRINCIPALLY INCLUDES THE MEDICAL CENTER OF PRINCETON, A GENERAL ACUTE CARE HOSPITAL FACILITY IN PLAINSBORO, NJ, WITH 319 INPATIENT BEDS (PLUS 24 NEWBORN BASSINETS), AND PRINCETON HOUSE BEHAVIORAL HEALTH, WHICH INCLUDES A 110 BED INPATIENT FACILITY IN PRINCETON, NJ, AS WELL AS FOUR ADDITIONAL OUTPATIENT LOCATIONS. PRINCETON INCLUDES APPROXIMATELY 1,200 PHYSICIANS ON STAFF AND EMPLOYS APPROXIMATELY 3,200 PEOPLE.</p> <p>-----</p>

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

Additional Data

Software ID:
Software Version:
EIN: 31-1538725
Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PENNSYLVANIA HOSPITAL OF UPHS 800 SPRUCE STREET PHILADELPHIA, PA 19107 WWW.PENNmedicine.ORG/PAHOSP LICENSE # 162701	X	X			X	X	X			

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

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

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

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

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

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

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MISSION RELIEF SERVICES 300 STRODE AVENUE COATESVILLE, PA 19320	23-3092681	501(C)(3)		130,635	FMV	MEDICAL SUPPLIES	CHARITABLE

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DETAIL OF GRANTS AND OTHER ASSISTANCE PENNSYLVANIA HOSPITAL DONATES SURPLUS MEDICAL SUPPLIES FROM TWO DEPARTMENTS (OR AND SPU) TO MISSION RELIEF SERVICES, AN IRC SECTION 501(C)(3) ORGANIZATION MISSION RELIEF SERVICES IS A PRIVATE, NON-PROFIT, HUMANITARIAN AID ORGANIZATION SPECIALIZING IN THE REDISTRIBUTION OF MEDICAL AND SURGICAL SUPPLIES TO THIRD WORLD COUNTRIES THROUGHOUT THE WORLD MISSION RELIEF SERVICES COLLECTS DONATED SUPPLIES FROM HOSPITALS, NURSING HOMES, AND OTHER HEALTHCARE FACILITIES, PROCESSES THESE SUPPLIES, AND THEN SHIPS THEM DIRECTLY TO DESIGNATED AREAS THROUGH THE RESPONSIBLE STEWARDSHIP OF DONATIONS, MISSION RELIEF SERVICES HELPS HEALTHCARE FACILITIES GLOBALLY SERVE THOSE MOST IN NEED

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
	Department of the Treasury Internal Revenue Service	
	Name of the organization PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM	Employer identification number 31-1538725

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?	5a		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

See Additional Data Table

Schedule J (Form 990) 2018

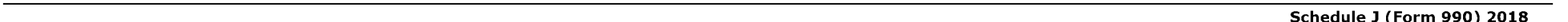
Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	TOP MANAGEMENT COMPENSATION AS PROVIDED IN THE FORM 990, SCHEDULE J INSTRUCTIONS, SINCE THE ORGANIZATION RELIES ON A RELATED ORGANIZATION WHICH USES ONE OR MORE OF THE METHODS DESCRIBED IN LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THIS QUESTION HAS BEEN LEFT UNANSWERED. REFER TO SCHEDULE O FOR A DESCRIPTION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS. ----- ----- SCHEDULE J, PART I, LINE 4A DETAIL OF SEVERANCE MARY DEL GUIDICE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$12,547. ----- -----

Return Reference	Explanation
SCHEDULE J, PART, I, LINE 4B	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION CERTAIN TRUSTEES, OFFICERS AND/OR KEY EMPLOYEES OF THIS ORGANIZATION ARE COMPENSATED BY A RELATED ORGANIZATION, THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM ("HEALTH SYSTEM") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE CONTRIBUTIONS ARE MADE VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 65, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE") CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE FULLY VESTED WHEN MADE UPON REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE BALANCE IN THEIR ACCOUNTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE UNIVERSITY/HEALTH SYSTEM SERP PLAN DURING THE YEAR JOHNSTON, ELIZABETH- \$147,408 KASPER, KEITH- \$159,471 LARIVEE, THERESA- \$73,458 MAHONEY, KEVIN- \$187,659 MULLER, RALPH- NO DISTRIBUTION OKALA, PHILIP- \$153,938 THE HEALTH SYSTEM ALSO MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DESIGNED FOR SENIOR FACULTY OF THE SCHOOL OF MEDICINE OF THE UNIVERSITY, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE UNIVERSITY WHEN THE CONTRIBUTIONS ARE MADE (THE "MED SERP") VESTING IN THE MED SERP OCCURS AFTER EVERY TEN YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 60, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE") CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 60 (WITH 2 OR MORE YEARS OF PARTICIPATION) WILL BE FULLY VESTED WHEN MADE UPON REACHING A VESTING DATE, TAXES OWED WILL BE WITHDRAWN FROM THE PLAN, AND THE REMAINING AFTER-TAX BALANCE WILL REMAIN IN THE PLAN PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION THE SUMMER AFTER THE YEAR IN WHICH THEY TERMINATE EMPLOYMENT, AT WHICH TIME ANY EARNINGS NOT YET TAXED WILL BE TREATED AS TAXABLE INCOME PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE NON-VESTED BALANCE IN THEIR ACCOUNTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE MED SERP PLAN DURING THE YEAR ALLEN H BAR - NO DISTRIBUTION -----</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	PROVISION OF NON-FIXED PAYMENTS PENNSYLVANIA HOSPITAL PROVIDES DISCRETIONARY BONUS AND/OR INCENTIVE COMPENSATION PAYMENTS TO ELIGIBLE EMPLOYEES PAYMENTS MADE TO ANY DISQUALIFIED PERSON IS APPROVED BY THE COMPENSATION COMMITTEE THROUGH THE PROCESS DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 15 -----



Additional Data

Software ID:

Software Version:

EIN: 31-1538725

Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK A ANASTASI FHFMA CFO, ASST CONTROLLER, SECRETARY	(i)	289,302	77,288	1,898	0	20,646	389,134	0
	(ii)	0	0	0	0	0	0	0
ALLEN H BAR MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	97,783	0	32,619	12,378	21,132	163,912	0
MARY DEL GUIDICE RN MSN BS BOARD MEMBER, CNO-THRU 12/18	(i)	292,340	83,387	1,252	0	19,118	396,097	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH B JOHNSTON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	680,767	321,048	178,985	134,401	10,804	1,326,005	147,408
KEITH KASPER EX-OFFICIO MEMBER, CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	675,737	104,683	570,135	154,601	27,741	1,532,897	159,471
THERESA M LARIVEE BOARD MEMBER, CEO	(i)	0	0	0	0	0	0	0
	(ii)	480,057	220,920	94,075	72,002	29,432	896,486	73,458
KEVIN B MAHONEY BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	936,828	445,725	227,571	180,003	19,641	1,809,768	187,659
RALPH W MULLER EX-OFFICIO MEMBER-THRU 6/30/19	(i)	0	0	0	0	0	0	0
	(ii)	1,724,822	842,470	34,292	510,330	14,362	3,126,276	0
PHILLIP A OKALA EX-OFFICIO MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	910,776	429,975	175,903	180,003	26,115	1,722,772	153,938
JODY J FOSTER CHAIR DEPT PSYCHIATRY	(i)	352,290	149,402	824	0	25,876	528,392	0
	(ii)	0	0	0	0	0	0	0
KJ HERING DIRECTOR OF RADIOLOGY	(i)	271,750	20,516	552	0	8,107	300,925	0
	(ii)	0	0	0	0	0	0	0
JANICE BYNUM NURSE FIRST ASSISTANT	(i)	259,380	0	1,627	0	12,598	273,605	0
	(ii)	0	0	0	0	0	0	0
DANIEL WILSON VP ALLIED HEALTH AMBULAT SVC	(i)	202,929	55,025	431	0	27,998	286,383	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE M TIERNEY CHIEF HR OFFICER	(i)	179,041	49,687	368	0	24,748	253,844	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PA HIGHER ED FACILITIES ATHRTY- UPHS SERIES 2009	22-2243852	70917RWY7	07-29-2009	90,830,524	REFUND PA 2004 (REFUNDED 1998)	X			X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	67,884,812							
2	Amount of bonds legally defeased	60,165,173							
3	Total proceeds of issue	90,830,524							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	1,074,987							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	89,755,537							
12	Other unspent proceeds	0							
13	Year of substantial completion	1998							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

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

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).	
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Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS	FORM 990, SCHEDULE K PENNSYLVANIA HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2008 BOND ISSUE FROM THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (EIN 23-1352685) ("UNIVERSITY"), A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2008 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL WAS \$15,483,147 AS OF JUNE 30, 2019 PENNSYLVANIA HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2012 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2012 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL WAS \$28,584,205 AS OF JUNE 30, 2019 PENNSYLVANIA HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A 2014 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A 2014 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL WAS \$4,000,000 AS OF JUNE 30, 2019 PENNSYLVANIA HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B 2016 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A&B 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL WAS \$37,258,594 AS OF JUNE 30, 2019 PENNSYLVANIA HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES C 2016 BOND ISSUE FROM THE UNIVERSITY, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES C 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR PENNSYLVANIA HOSPITAL WAS \$14,653,558 AS OF JUNE 30, 2019

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE L, PART III	GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS CERTAIN OFFICERS AND/OR KEY EMPLOYEES OF PENNSYLVANIA HOSPITAL MAY RECEIVE TUITION ASSISTANCE FROM THE ORGANIZATION THE AMOUNT OF SUCH ASSISTANCE HAS BEEN ACCOUNTED FOR AS A COMPONENT OF OVERALL COMPENSATION REPORTED FOR EACH APPLICABLE OFFICER/KEY EMPLOYEE ON FORM 990, PART VII AS A RESULT, PURSUANT TO THE FORM 990, SCHEDULE L INSTRUCTIONS, SUCH AMOUNTS HAVE NOT BEEN ALSO REPORTED ON SCHEDULE L, PART III

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	2	40,717	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

Yes

No

30a

No

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

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

Yes

31

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

No

32a

No

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493192002400
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization PENNSYLVANIA HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM		Employer identification number 31-1538725	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>DETAIL OF PROGRAM SERVICE ACCOMPLISHMENTS PENNSYLVANIA HOSPITAL IS A 475 BED, COMMUNITY BASED, TERTIARY CARE TEACHING HOSPITAL PROVIDING A FULL RANGE OF DIAGNOSTIC AND THERAPEUTIC MEDICAL SERVICES THE HOSPITAL'S SPECIALTIES INCLUDE OBSTETRICS AND GYNECOLOGY, NEUROSCIENCES, ORTHOPEDICS, BEHAVIORAL HEALTH, CANCER TREATMENT, CARDIAC CARE, AND BLOODLESS MEDICINE AND SURGERY SINCE ITS FOUNDING IN 1751, THE MISSION OF PENNSYLVANIA HOSPITAL HAS BEEN TO PROVIDE THE HIGHEST LEVEL OF HEALTH CARE FOR ALL, REGARDLESS OF ABILITY TO PAY THE HOSPITAL SUBSIDIZES THE COST OF TREATING PATIENTS WHO ARE UNINSURED AND UNABLE TO PAY, OR WHEN GOVERNMENT ASSISTANCE REIMBURSEMENT FALLS BELOW COST PENNSYLVANIA HOSPITAL ACCEPTS PATIENTS IN SERIOUS NEED OF PROFESSIONAL MEDICAL CARE, INDEPENDENT OF THEIR FINANCIAL STATUS THIS DEFINITION INCLUDES THOSE PATIENTS SUFFERING FROM A MEDICAL CONDITION MANIFESTING ITSELF BY ACUTE SYMPTOMS OF SUFFICIENT SEVERITY (INCLUDING SEVERE PAIN) SUCH THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD REASONABLY BE EXPECTED TO RESULT IN (1) PLACING THE HEALTH OF THE INDIVIDUAL (OR, WITH RESPECT TO A PREGNANT WOMAN, THE HEALTH OF THE WOMAN OR HER UNBORN CHILD) IN SERIOUS JEOPARDY, OR (2) SERIOUS IMPAIRMENT TO BODILY FUNCTIONS ACCORDINGLY, PENNSYLVANIA HOSPITAL PROVIDES SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY, WITHOUT CHARGE OR AT AMOUNTS LESS THAN PENNSYLVANIA HOSPITAL'S ESTABLISHED RATES BECAUSE PENNSYLVANIA HOSPITAL DOES NOT PURSUE COLLECTIONS, SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE PENNSYLVANIA HOSPITAL ESTIMATED \$1,093,958 OF COSTS WERE INCURRED DURING 2019 THE ESTIMATED COSTS OF PROVIDING CHARITY SERVICES ARE BASED ON DATA DERIVED FROM A COMBINATION OF THE PENNSYLVANIA HOSPITAL (UPHS) ACCOUNTING SYSTEM AND THE RATIO OF COSTS TO CHARGES PENNSYLVANIA HOSPITAL ALSO PROVIDES CARE TO PATIENTS WHO DO NOT HAVE HEALTH INSURANCE OR MEET THE CRITERIA TO QUALIFY FOR ITS CHARITY CARE POLICY PENNSYLVANIA HOSPITAL PURSUES COLLECTION OF THESE AMOUNTS, HOWEVER CERTAIN AMOUNTS ARE DEEMED TO BE UNCOLLECTIBLE FOR 2019 \$19,987,248 WAS CLASSIFIED AS AN IMPLICIT PRICE CONCESSION WHICH REDUCES NET PATIENT SERVICE REVENUE ADDITIONALLY, THE COSTS OF PROVIDING SERVICES TO ELIGIBLE WELFARE RECIPIENTS, WHO PARTICIPATE IN THE PENNSYLVANIA MEDICAL ASSISTANCE AND LOCAL MANAGED MEDICAID PROGRAMS EXCEEDED REIMBURSEMENT BY \$38,123,781 IN 2019 IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE AND IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, THE HOSPITAL OPERATES AN EMERGENCY DEPARTMENT OPEN TO THE PUBLIC 24 HOURS PER DAY, 7 DAYS PER WEEK, MAINTAINS RESEARCH FACILITIES FOR THE STUDY OF DISEASE AND INJURIES, PROVIDES FACILITIES FOR TEACHING AND TRAINING VARIOUS MEDICAL PERSONNEL, AND FACILITATES THE ADVANCEMENT OF MEDICAL AND SURGICAL EDUCATION THE HOSPITAL ALSO PROVIDES VARIOUS COMMUNITY SERVICES SUCH AS SCREENINGS FOR THE DETECTION OF BREAST, COLORECTAL, AND SKIN CANCER, CAN</p>

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FORM 990, PART III, LINE 4A	<p>CER SUPPORT GROUPS, A TOLL-FREE NUMBER FOR CANCER INFORMATION, FREE IMMUNIZATION SHOTS, TRAINING PROGRAMS FOR THE CITY FIRE AND POLICE DEPARTMENTS, HEALTH EDUCATION CLASSES, SPEECHES AND REGULARLY PROVIDES HEALTH RELATED INFORMATION TO TELEVISION AND RADIO NEWS PROGRAMS AND TO REPORTERS AT NEWSPAPERS AND MAGAZINES. PENNSYLVANIA HOSPITAL PROVIDES A CONTINUUM OF HEALTH CARE SERVICES, INCLUDING EMERGENCY SERVICES, INPATIENT SERVICES, PRIMARY AND SPECIALTY CARE OUTPATIENT SERVICES, AND BEHAVIORAL HEALTH SERVICES. HEALTH SERVICES ARE PROVIDED FOR PERSONS WITHOUT REGARD TO RACE, COLOR, RELIGIOUS BELIEF, ANCESTRY, GENDER, HANDICAP, AGE, OR NATIONAL ORIGIN. IN FISCAL YEAR 2019, PENNSYLVANIA HOSPITAL ADMITTED 17,957 ADULT PATIENTS AND HAD 295,715 OUTPATIENT VISITS. IN ADDITION, 59,912 PSYCHIATRY PATIENTS WERE TREATED. THE EMERGENCY DEPARTMENT TREATED 48,621 PATIENTS IN 2019. THE PENNSYLVANIA HOSPITAL EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO PROVIDE EXCELLENT EMERGENCY MEDICAL CARE 24 HOURS A DAY, SEVEN DAYS A WEEK. ALL PATIENTS ARE EVALUATED REGARDLESS OF THEIR ABILITY TO PAY. THE PENNSYLVANIA HOSPITAL EMERGENCY DEPARTMENT IS RECOGNIZED BY THE EMERGENCY NURSES ASSOCIATION AS A LANTERN-RECOGNIZED EMERGENCY DEPARTMENT. THIS AWARD DISTINGUISHES EMERGENCY DEPARTMENTS FOR EXCELLENCE IN EXCEPTIONAL PRACTICE AND INNOVATIVE PERFORMANCE IN THE CORE AREAS OF LEADERSHIP, PRACTICE, EDUCATION, ADVOCACY AND RESEARCH. ONLY 1% OF EMERGENCY DEPARTMENTS NATIONWIDE HAVE RECEIVED THIS ESTEEMED RECOGNITION. COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN. PENNSYLVANIA HOSPITAL IS AN ENTITY OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM, WHICH ALONG WITH THE PERELMAN SCHOOL OF MEDICINE AT THE UNIVERSITY OF PENNSYLVANIA COMPRISES "PENN MEDICINE." AS A CHARITABLE ORGANIZATION AND NOT-FOR-PROFIT HEALTH CARE PROVIDER, THE HOSPITAL ENTITIES OF PENN MEDICINE CONDUCT A TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE. IN 2019, PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER, AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA CONDUCTED A JOINT CHNA DUE TO THEIR SIMILAR SERVICE AREAS. CHESTER COUNTY HOSPITAL, LANCASTER GENERAL HOSPITAL, AND PRINCETON MEDICAL CENTER CONDUCTED CHNAs FOR THEIR RESPECTIVE COMMUNITIES. 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 COMMUNITY AND SERVICE AREA OF PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HAVE BEEN ASSESSED AND PRIORITIZED. THIS ASSESSMENT WAS COMPLETED IN COLLABORATION WITH PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, AND OTHER REGIONAL HOSPITALS AND HEALTH SYSTEMS. THE RESULTS CAN BE FOUND WITHIN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. THE COMMUNITY HEALTH NEEDS WERE FURTHER PRIORITIZED BASED ON THE SIZE OF HEALTH PROBLEMS.</p>

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FORM 990, PART III, LINE 4A	<p>EM, IMPORTANCE TO THE COMMUNITY, CAPACITY OF HOSPITALS TO ADDRESS, ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION, AND AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS THE RESULTS AND DETAILS OF THIS HEALTH NEED PRIORITIZATION FOR PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA CAN BE FOUND WITHIN THE 2019-2021 IMPLEMENTATION PLAN THE FOLLOWING HEALTH NEEDS HAVE BEEN PRIORITIZED FOR PENNSYLVANIA HOSPITAL 1 SUBSTANCE/OPIOID USE AND ABUSE 2 BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT (E G DEPRESSION, ANXIETY, TRAUMA-RELATED CONDITIONS, ETC) 3 CHRONIC DISEASE PREVENTION (E G OBESITY, HYPERTENSION, DIABETES, AND CARDIO VASCULAR DISEASE (CVD)) 4 MATERNAL MORTALITY AND MORBIDITY 5 ACCESS TO AFFORDABLE PRIMARY AND PREVENTIVE CARE 6 ACCESS TO AFFORDABLE SPECIALTY CARE 7 HEALTHY FOOD ACCESS AND AFFORDABILITY 8 AFFORDABLE AND HEALTHY HOUSING 9 HEALTHCARE AND HEALTH RESOURCES NAVIGATION 10 LINGUISTICALLY- AND CULTURALLY- APPROPRIATE HEALTHCARE 11 RACISM AND DISCRIMINATION IN HEALTHCARE FOLLOWING PLEASE FIND SERVICES AND PROGRAMS COLLECTIVELY BENEFITING THE COMMUNITY AND SERVICE AREA OF PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER AND THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA THESE SERVICES AND PROGRAMS ARE LISTED UNDER THE PRIORITIZED HEALTH NEED THEY SERVE AND ARE PARTIALLY OR FULLY SUBSIDIZED BY PENN MEDICINE</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>1 SUBSTANCE/OPIOID USE AND ABUSE NATIONAL ACADEMY OF MEDICINE ACTION COLLABORATIVE ON COUNTERING THE U S OPIOID EPIDEMIC PENN MEDICINE IS A COMMITTED NETWORK ORGANIZATION MEMBER OF THE NATIONAL ACADEMY OF MEDICINE ACTION COLLABORATIVE ON COUNTERING THE U S OPIOID EPIDEMIC TO IMPROVE COORDINATION AND ACCELERATE THE PACE OF CHANGE, THE NATIONAL ACADEMY OF MEDICINE HAS PARTNERED WITH THE ASPEN INSTITUTE AND MORE THAN 100 OTHER ORGANIZATIONS TO FORM AN ACTION COLLABORATIVE ON COUNTERING THE U S OPIOID EPIDEMIC THIS ONE-OF-A-KIND PUBLIC-PRIVATE PARTNERSHIP COMPRISES GOVERNMENT, COMMUNITIES, HEALTH SYSTEMS, PROVIDER GROUPS, PAYERS, INDUSTRY, NONPROFITS, ACADEMIA, AND MORE - ALL COMMITTED TO SHARING KNOWLEDGE, ALIGNING ONGOING INITIATIVES, AND ADVANCING COLLECTIVE, MULTI-SECTOR SOLUTIONS PENN MEDICINE OPIOID TASK FORCE THE PENN MEDICINE OPIOID TASK FORCE WAS ESTABLISHED IN 2017 AS A SYSTEM-WIDE PROGRAM IN RESPONSE TO THE NATIONWIDE OPIOID CRISIS THE PRINCIPLE OBJECTIVES OF THE TASK FORCE ARE TO ALIGN OPIOID GUIDELINES ACROSS PENN MEDICINE, REDUCE THE TOTAL NUMBER OF OPIOID DOSES PRESCRIBED, DIMINISH DEPENDENCE ON OPIOIDS, AND RAISE THE STANDARD OF CARE FOR PATIENTS WITH ACUTE AND CHRONIC PAIN INITIATIVES LED BY PENN MEDICINE'S OPIOID TASK FORCE INCLUDE DEVELOPMENT OF TARGETED BEHAVIORAL STRATEGIES, INCLUDING ELECTRONIC MEDICAL RECORDS ALERTS TO PROMOTE GUIDELINE CONCORDANT OPIOID DISPENSING FOR PATIENTS WITH ACUTE CONDITIONS, ROUTINE NALOXONE CO-PRESCRIBING FOR PATIENTS AT ELEVATED RISK OF UNINTENDED OVERDOSE, AND CONTROLLED MEDICATION COMPLETION FOR INDICATED PATIENTS THROUGH ALIGNMENT WITH PENN MEDICINE'S ENTERPRISE-WIDE ERAS (ENHANCED RECOVERY AFTER SURGERY) COLLABORATIVE, THE OPIOID TASK FORCE WORKS TO IDENTIFY AND PROMOTE OPIOID-SPARING APPROACHES TO PAIN MANAGEMENT AFTER SURGICAL CASES AND SUPPORT EVIDENCE-BASED POSTOPERATIVE PRESCRIBING PRACTICES THE TASK FORCE ALSO GUIDES ON-GOING EVALUATION AND OPTIMIZATION OF PAIN PROTOCOLS ACROSS EVERY SECTION OF ORTHOPEDIC SURGERY AT PENN MEDICINE IN ORDER TO KEEP THE GOALS OF PAIN MANAGEMENT AND DEPENDENCY AVOIDANCE AT THE FOREFRONT OF EACH PAIN MANAGEMENT PLAN IN-DEVELOPMENT SERVICES INCLUDE A DEDICATED UNIT FOR CARE OF PATIENTS WITH LONG-TERM ACUTE CARE NEEDS RELATED TO SEQUELAE OF OPIOID USE, SUCH AS OSTEOMYELITIS AND ENDOCARDITIS CENTER FOR ADDICTION MEDICINE AND POLICY IN 2019-2020, PENN MEDICINE WILL LAUNCH A NEW CENTER TO BOLSTER OUR ALREADY ROBUST RESPONSE EFFORTS BY PREVENTING THE DEVELOPMENT OF OUD, OFFERING EVIDENCE-BASED TREATMENTS FOR THOSE SUFFERING FROM IT, AND CONTRIBUTING TO BUILDING A CULTURE OF DESTIGMATIZATION BY CARING FOR PATIENTS WITH THESE CHRONIC MEDICAL CONDITIONS JUST AS WE WOULD PATIENTS LIVING WITH DIABETES OR HYPERTENSION THE CENTER'S SPECIFIC FOCUS WILL BE HARM REDUCTION POLICIES AND ADDICTION TREATMENT INITIATIVES IT WILL ENHANCE CLINICAL CARE BY PROVIDING INCREASED ACCESS TO TREATMENT INITIATION AND CONTINUITY FOR PATIENTS WITH SUBSTANCE USE DISORDERS, IMPR</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>OVE PATIENT OUTCOMES THROUGH RESEARCH AND DISSEMINATION OF EVIDENCE-BASED STRATEGIES, AND MITIGATE THE STIGMA OF ADDICTION BY PROMOTING EDUCATION IN SUBSTANCE USE RECOGNITION AND TREATMENT THE CENTER WILL COMPLEMENT THE ONGOING EFFORTS TO ADDRESS THE OPIOID CRISIS BY P ENN MEDICINE'S OPIOID TASK FORCE UPHS' INITIATIVES - WHICH HAVE REDUCED THE NUMBER OF PRE SCRIBED OPIOIDS BY MILLIONS OF TABLETS IN THE PAST TWO YEARS - INCLUDED THE ADOPTION OF "E NHANCED RECOVERY" PROTOCOLS TO REDUCE OPIOID USE IN SURGERY PATIENTS, CHANGES TO DEFAULT S ETTINGS IN ELECTRONIC HEALTH RECORDS TO ENCOURAGE PRESCRIBERS TO CHOOSE ALTERNATIVE PAIN M ANAGEMENT STRATEGIES, AS WELL AS AN ALERT SYSTEM THAT REMINDS DOCTORS TO PRESCRIBE NALOXON E IN THOSE LESS COMMON INSTANCES WHEN HIGHER DOSES OF OPIOIDS ARE PRESCRIBED CENTER FOR O PIOID RECOVERY & ENGAGEMENT (CORE) PENN MEDICINE'S EMERGENCY DEPARTMENTS ARE AT THE FRONT LINES OF THIS CRISIS THE CORE (CENTER FOR OPIOID RECOVERY AND ENGAGEMENT) PROVIDES COMPR EHENSIVE PEER SUPPORT FOR INDIVIDUALS STRUGGLING WITH OPIOID USE, AS WELL AS THEIR LOVED O NES OUR MISSION IS TO SUPPORT ALL PATHWAYS TO RECOVERY, REMOVE BARRIERS, AND INSPIRE HOPE TREATMENTS FOR OPIOID USE DISORDER IS EVOLVING AND PENN MEDICINE IS A LEADER IN INCREASI NG ACCESS TO EVIDENCE-BASED TREATMENTS HISTORICALLY, REHAB AND DETOX WERE THE STANDARD TR EATMENTS, BUT THE SUCCESS RATE FOR THESE MODALITIES ALONE IS ONLY 5-10% HOWEVER, MEDICATI ON-ASSISTED TREATMENT (MAT), WHICH UTILIZES MEDICATIONS LIKE BUPRENORPHINE AND METHADONE, ARE MUCH MORE PROMISING WITH SUCCESS RATES IN THE RANGE OF 60-80% WE HAVE TRANSFORMED THE WAY PENN MEDICINE DELIVERS EMERGENCY DEPARTMENT (ED) CARE TO OUD PATIENTS, BEGINNING WITH ENHANCED PATIENT IDENTIFICATION PENN MEDICINE ALSO EMPLOYS CERTIFIED RECOVERY SPECIALIST S (CRS), WHO PROVIDE OUD PATIENTS WITH BEDSIDE COUNSELING AND PEER SUPPORT AFTER DISCHARGE CONSERVATIVELY, WE ESTIMATE THAT THIS WORK WILL PREVENT 187 OVERDOSES EACH YEAR WE WILL CONTINUE BUILDING UPON THIS IMPORTANT AREA OF WORK PRIMARY CARE MEDICATION ASSISTED TREA TMENT (MAT) PRIMARY CARE PROVIDERS ARE A CRITICAL PART OF OUR RESPONSE TO THE OPIOID EPID EMIC THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH AND THE DIVISION OF GENERAL I NTERNAL MEDICINE HAVE LED EFFORTS TO ADDRESS OUD IN PRIMARY CARE AND INCREASE ACCESS TO CO MPREHENSIVE MEDICATION ASSISTED TREATMENT (MAT) IN PRIMARY CARE IN 2018, TWO PRIMARY CARE CLINICS, PENN FAMILY CARE AND THE PENN CENTER FOR PRIMARY CARE INITIATED A CAMPAIGN TO IN CREASE THE PROPORTION OF PRIMARY CARE FACULTY AND RESIDENTS WHO HAVE A WAIVER TO PRACTICE OPIOID DEPENDENCY TREATMENT WITH APPROVED BUPRENORPHINE MEDICATIONS AS A RESULT, 20 FACUL TY PROVIDERS IN THESE TWO CLINICS AND 49 RESIDENT PROVIDERS CARE FOR PATIENTS LIVING WITH OUD THROUGH MAT IN ADDITION, BOTH CLINICS HAVE EMBEDDED WEEKLY, DEDICATED MAT PATIENT CAR E SESSIONS INTO THEIR CLINICAL OPERATIONS THE GOAL OF THESE PATIENT CARE SESSIONS IS TO I NCREASE ACCESS TO HIGH QUALITY</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>ADDICTION CARE FOR PATIENTS WHILE EXPOSING RESIDENTS TO THIS VULNERABLE POPULATION AND GAINING COMFORT IN PRESCRIBING MAT. WE AIM TO CHANGE PERCEPTIONS ABOUT MAT, DECREASE STIGMA, AND HAVE IT TRULY INTEGRATED INTO THE ROLE OF PRIMARY CARE. TO DATE, 130 PATIENTS HAVE BEEN ABLE TO RECEIVE MAT AT THEIR PRIMARY CARE PROVIDER'S OFFICE. BOTH CLINICS WILL CONTINUE TO OFFER MAT AND WORK WITH CORE AND THE ED PROVIDERS TO INCREASE ACCESS TO CARE. THE HEAL THY LIBRARY INITIATIVE (HLI) PUBLIC LIBRARIES ARE FREE AND ACCESSIBLE TO ALL AND ARE CENT ERS OF COMMUNITY ENGAGEMENT AND EDUCATION, MAKING THEM LOGICAL CHOICES AS PARTNERS FOR IMP ROVING POPULATION HEALTH. LIBRARY STAFF MEMBERS ROUTINELY ASSIST PATRONS WITH UNMET HEALTH AND SOCIAL NEEDS. HLI IS A COLLABORATION BETWEEN THE UNIVERSITY OF PENNSYLVANIA'S PENN CE NTER FOR PUBLIC HEALTH INITIATIVES, PHILADELPHIA'S LIBRARIES, THEIR PROGRAMS, AND STAFF WH O PLAY A ROLE IN PROMOTING HEALTHY COMMUNITIES. WITH THE INFORMATION COLLECTED THROUGH COM MUNITY-BASED PARTICIPATORY RESEARCH, HLI HAS DEVELOPED HEALTH PROGRAMMING AND TRAININGS OF EMPLOYEES THROUGHOUT THE LIBRARY SYSTEM THAT FOCUSES ON ADDRESSING SOCIAL DETERMINANTS OF HEALTH. TWO HLI INITIATIVES TARGET THE OPIOID EPIDEMIC IN PHILADELPHIA. NALOXONE TRAINING S AT PUBLIC LIBRARIES, A CROSS-SECTORAL PARTNERSHIP. WITH THE GOAL OF DEVELOPING A NATIONW IDE NETWORK OF PUBLIC LIBRARIES AS COMMUNITY HEALTH SENTINELS, HLI CONDUCTED A SURVEY OF A LL PENNSYLVANIA LIBRARIES TO ASSESS HOW LIBRARIES SUPPORT THE SOCIAL, PHYSICAL, AND MENTAL HEALTH OF THEIR PATRONS. IN PENNSYLVANIA, 12% OF PUBLIC LIBRARIES EXPERIENCED OVERDOSES O N-SITE IN 2016. CONSIDERING THESE FINDINGS, HLI PARTNERED WITH THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND THE FREE LIBRARY OF PHILADELPHIA TO DEVELOP AND TEST LIBRARY- BASED OVERDOSE PREVENTION TRAININGS FOR STAFF AND PATRONS. THESE TRAININGS HAVE BEEN IN HI GH DEMAND AND ATTRACTED MORE THAN 300 PARTICIPANTS IN THE FIRST YEAR ALONE. GIVEN THE HIGH DEMAND, THE PROGRAM EXPANDED FROM TWO INITIAL LIBRARIES TO 14 LIBRARIES THROUGHOUT PHILAD ELPHIA. PDPH IS ALSO USING FREE LIBRARY BRANCHES FOR MONTHLY "NARCAN GIVEAWAY DAYS," TO DI STRIBUTE FREE NALOXONE TO COMMUNITY RESIDENTS. WE WILL CONTINUE TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED TRAININGS FOR OVERDOSE REVERSAL AND THE DISTRIBUTION OF NALOXONE.</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>CENTER FOR HEALTH INCENTIVES AND BEHAVIORAL ECONOMICS NALOXONE WORK BASED ON INTERVIEW DATA FROM THE LIBRARY-BASED NALOXONE TRAININGS, WE IDENTIFIED BEHAVIORAL BARRIERS AND FACILITATORS TO NALOXONE ACQUISITION AND CARRYING FOLLOWING A TRAINING USING THIS "BEHAVIORAL DIAGNOSIS," WE CONDUCTED TWO SEQUENTIAL PILOT RANDOMIZED TRIALS, TESTING TRAINING ENHANCEMENTS THAT ADDRESS THOSE BARRIERS USING STRATEGIES SUCH AS COMMITMENT PLEDGES AND PLANS, FRAMING, AND TAILORED TEXT MESSAGE NUDGES THE GOAL OF THIS STUDY IS TO DEVELOP NOVEL EVIDENCE-BASED INTERVENTIONS TO INCREASE NALOXONE UPTAKE IN ADDITION TO THE 140 PARTICIPANTS OUR TEAM TRAINED TO USE NALOXONE DURING THE STUDY, WE TRAINED OVER 130 NON-STUDY PARTICIPANTS, INCLUDING STAFF AT THE CENTER FOR HEALTHCARE INNOVATION, STUDENT HEALTH SERVICES, AND MEDICAL STUDENTS PHILLY RESPOND TO RAISE PUBLIC ENGAGEMENT IN OVERDOSE PREVENTION, FACULTY, STAFF AND STUDENTS FROM THE PERELMAN SCHOOL OF MEDICINE OF THE UNIVERSITY OF PENNSYLVANIA AND THE CENTER FOR PUBLIC HEALTH INITIATIVES WORK WITH THE PHILADELPHIA INQUIRER TO LEAD PHILLY RESPOND--A PROJECT THAT INCORPORATES COMMUNITY STORYTELLING, VISUAL IMAGES, AND DATA ANALYSIS TO SHIFT SOCIAL NORMS AND REDUCE THE STIGMA SURROUNDING SUD THE MISSION OF PHILLY RESPOND IS TO REDUCE THE TOLL OF THE OVERDOSE CRISIS BY EMPOWERING PHILADELPHIA CITIZENS TO CARRY NALOXONE AND REVERSE OVERDOSES PHILLY RESPOND MAINTAINS A PUBLICLY AVAILABLE CALENDAR OF NALOXONE TRAININGS, MAINTAINS AN FAQ PAGE ON NALOXONE, AND PROVIDES INFORMATION ON WHERE TO GET NALOXONE WE ALSO FEATURE STORY SLAM, STORYTELLING EVENTS WHERE PARTICIPANTS SHARE STORIES ABOUT THEIR PERSONAL EXPERIENCES WITH NALOXONE IN PHILADELPHIA WITH THE GOAL OF USING STORIES TO ENGAGE PHILADELPHIANS TO CARRY AND USE NALOXONE, TO BE PART OF OUR COMMUNITY'S COLLECTIVE ACTION TO HALT OVERDOSE DEATHS IN OUR CITY THE BETHESDA PROJECT THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING AND PENN MEDICINE PROVIDE TRAINING TO BETHESDA PROJECT STAFF ON NALOXONE RESCUE FOR OPIOID OVERDOSES THE INTENSIVE WORKSHOP INCLUDES A SIMULATION TRAINING IN THE RECOGNITION OF SIGNS AND SYMPTOMS OF OPIOID OVERDOSES AND ADMINISTRATION OF INTRANASAL NALOXONE OVER 50 STAFF AND VOLUNTEERS HAVE COMPLETED THE TRAINING WITH 75% OF PARTICIPANTS REPORTING A MODERATE TO EXCEPTIONAL ADVANCEMENT IN NINE KNOWLEDGE AND COMPETENCY AREAS WE WILL CONTINUE TO SUPPORT THE BETHESDA PROJECT AND THEIR TRAINING NEEDS PREVENTION POINT PHILADELPHIA (PPP) PENN MEDICINE IS WORKING WITH LONG-STANDING COMMUNITY ORGANIZATIONS THAT CARE FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS THE MISSION OF PPP IS TO PROMOTE HEALTH, EMPOWERMENT, AND SAFETY FOR COMMUNITIES AFFECTED BY DRUG USE AND POVERTY PENN MEDICINE WILL CONTINUE THIS WORK ALLOWING US TO PROVIDE MORE ADDICTION COUNSELING SERVICES, CASE MANAGEMENT, FREE AND CLEAN NEEDLE EXCHANGE, LEGAL SERVICES AND OVERDOSE PREVENTION AND REVERSAL TRAINING FACULTY AND RESIDENTS FROM THE DEPARTMENT OF FAMILY MEDICINE AND COMMUN</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>ITY HEALTH ARE PART OF THE CARE TEAM AT PPP AND WILL CONTINUE TO PROVIDE CARE FOR INDIVIDU ALS WITH SUBSTANCE USE DISORDERS IN ADDITION, PERELMAN SCHOOL OF MEDICINE STUDENTS WILL C ONTINUE TO VOLUNTEER AT PREVENTION POINT TO SUPPORT THEIR CARE TEAM AND INCREASE THE NUMBE R OF COMMUNITY MEMBERS WHO ARE SERVED</p> <p>MOTHERS MATTER PENN PRESBYTERIAN MEDICAL CENTER AND MATERNITY CARE COALITION WORK TOGETHER TO INCREASE ACCESS TO MAT FOR PREGNANT WOMEN WITH OUD AS RATES OF MATERNAL OPIOID USE HAVE SURGED OVER THE PAST DECADE, SO TOO HAVE RATES OF ADVERSE PREGNANCY OUTCOMES IN FACT, OPIATE USE IS ASSOCIATED WITH A SIX-FOLD INCREASED RISK FOR MISCARRIAGE, PREMATURITY, DELAYED INFANT NEUROLOGICAL DEVELOPMENT, AND NEONATAL ABSTINENCE SYNDROME (NAS) MOTHERS MATTER OFFERS COMPREHENSIVE, COMPASSIONATE CARE FOR PRE GNANT AND POSTPARTUM WOMEN WHOSE LIVES HAVE BEEN IMPACTED BY OPIOID DEPENDENCE THE PROGRA M AIMS TO REDUCE POST PREGNANCY RELAPSE RATES BY ADDRESSING SOCIAL AND PSYCHOLOGICAL BARRI ERS TO REHABILITATION, WHICH CAN COMPLICATE TREATMENT FOR OPIATE DEPENDENCE PATIENTS ARE SCREENED BY SPECIALISTS AND CONNECTED TO BEHAVIORAL HEALTH SERVICES AND SUPPORT THEY MIGHT NEED BOTH DURING AND AFTER PREGNANCY</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>2 BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT (E G DEPRESSION, ANXIETY, TRAUMA-RELATED CON DITIONS, ETC) PRIMARY CARE SERVICE LINE INTEGRATED BEHAVIORAL HEALTH PROVIDING ADDICTION AND OTHER MENTAL HEALTH CARE IN THE PRIMARY CARE SETTING HAS BEEN DEMONSTRATED TO REDUCE HEALTH CARE COSTS, IMPROVE FUNCTION AND SYMPTOM OUTCOMES FOR PATIENTS, AND IMPROVE PROVIDE R SATISFACTION COLLABORATIVE CARE MODELS HAVE PROVEN TO BE SUCCESSFUL ACROSS THE UNITED S TATES THE MODEL HAS BEEN SHOWN TO CONTROL COSTS, IMPROVE ACCESS TO MENTAL HEALTH CARE, IM PROVE CLINICAL OUTCOMES, AND INCREASE PATIENT SATISFACTION IN A VARIETY OF PRIMARY CARE SE TTINGS - RURAL, URBAN, AND AMONG VETERANS COLLABORATIVE CARE IS ALSO KNOWN TO INCREASE RE SPONSE TO MENTAL HEALTH AND SUBSTANCE USE TREATMENTS BY 60 PERCENT IN 2018, THE PENN MEDI CINE PRIMARY CARE SERVICE LINE PARTNERED WITH THE DEPARTMENT OF PSYCHIATRY TO DEVELOP AND IMPLEMENT AN INTEGRATED MODEL OF BEHAVIORAL HEALTH CARE, THE COLLABORATIVE CARE BEHAVIORAL HEALTH (CCBH) PROGRAM CCBH PUTS LICENSED CLINICAL SOCIAL WORKERS (LCSWS) SPECIALLY TRAIN ED IN MENTAL HEALTH CARE INTO PRIMARY CARE OFFICES FIVE LICENSED SOCIAL WORKERS (LCSW) WO RK IN EIGHT PENN MEDICINE PRIMARY CARE PRACTICES IN WEST PHILADELPHIA AND CENTER CITY AND ARE AVAILABLE TO OVER 100,000 PATIENTS THESE EXPERTS WORK WITH A PRIMARY CARE PROVIDER AN D A PSYCHIATRIST TO ASSESS AND TREAT PATIENTS AS NEEDED DURING THEIR PRIMARY CARE APPOINTM ENTS SERVICES RANGE FROM SCREENING FOR DEPRESSION TO SUPPORTING THOSE WHO ARE STRUGGLING W ITH ADDICTION FURTHERMORE, IF A PATIENT IS IN ACUTE DISTRESS OR HAS A SAFETY CONCERN, SUCH AS SUICIDAL THOUGHTS OR IMPULSIVE BEHAVIOR, A PHYSICIAN WILL FACILITATE A WARM HANDOFF - A REAL-TIME TRANSFER OF CARE - TO THE LCSW FOR ASSESSMENT RISK-STRATIFICATION, AND REFERR AL TO THE APPROPRIATE LEVEL OF CARE THE PROGRAM ALSO WORKS TO PROACTIVELY IDENTIFY PATIEN TS WHO ARE HIGH RISK OR WHO MAY BENEFIT FROM ENROLLMENT IN CCBH DUE TO COMORBID MEDICAL AN D PSYCHIATRIC ISSUES THIS POPULATION-HEALTH STRATEGY EMPHASIS PREVENTION AND ACCESS TO EN SURE THAT PATIENTS' SUFFERING IS ADDRESSED EARLY AND OFTEN THE SYSTEM ALSO INCORPORATES M EASUREMENT TOOLS TO TRACK QUALITY TREATMENT, AND ACCOUNTABILITY METRICS - SUCH AS TIMELINE S OF ACCESS TO CARE, SYMPTOM REMISSIONS, AND USE OF THE EMERGENCY ROOM THE CCBH WILL CON TINUE TO GROW TO MEET THE CARE NEEDS OF OUR COMMUNITY STEVEN A COHEN MILITARY FAMILY CLI NIC THE UNIVERSITY OF PENNSYLVANIA'S STEVEN A COHEN MILITARY FAMILY CLINIC PROVIDES NO C OST, HIGH-QUALITY, INTEGRATED MENTAL HEALTH CARE FOR VETERANS AND MILITARY FAMILY MEMBERS IN AN INDEPENDENT, PRIVATE SETTING OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR MILI TARY FAMILIES AND VETERANS, INCLUDING THOSE FROM THE NATIONAL GUARD AND RESERVES, REGARDLE SS OF ROLE OR DISCHARGE STATUS SERVICES INCLUDE PERSONALIZED, EVIDENCE-BASED BEHAVIORAL H EALTH CARE MENTAL HEALTH TREATMENT IS AVAILABLE AT NO COST AND WITH NO LONG WAITS FOR VET ERANS AND THEIR FAMILY MEMBERS</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>THE CLINIC OFFERS EARLY MORNING AND EVENING HOURS AS WELL AS TRANSPORTATION ASSISTANCE AND TELEHEALTH OPTIONS IN ORDER TO HELP MILITARY FAMILIES ACCESS THE CARE THEY DESERVE. TRAUMA PROGRAM. MANY CHILDREN IN OUR COMMUNITY ARE EXPOSED TO VIOLENCE AND TRAUMA, WHICH CAN HAVE LIFELONG AND DEVASTATING EFFECTS ON THEIR WELL-BEING. PENN MEDICINE WILL CONTINUE TO INVEST IN THE PENN CENTER FOR YOUTH AND FAMILY TRAUMA RESPONSE AND RECOVER, WHICH PROVIDES A RANGE OF INTERVENTIONS FOR CHILDREN AND THEIR FAMILIES AND ADDRESS THE PHYSICAL AND PSYCHOLOGICAL SYSTEMS ASSOCIATED WITH TRAUMA. AS THE ONLY PROVIDER IN THE PHILADELPHIA AREA THAT OFFERS EFFECTIVE EARLY INTERVENTION FOR YOUTH, THE CENTER IS AN ESSENTIAL POINT OF ACCESS TO SPECIALIZED BEHAVIORAL HEALTH SERVICES FOR THOSE IN OUR COMMUNITY. HALL-MERCER COMMUNITY MENTAL HEALTH CENTER. HALL-MERCER CMHC OFFERS OUTPATIENT SERVICES RANGING FROM PSYCHOTHERAPY TO COUNSELING THROUGH A VARIETY OF SPECIALIZED PROGRAMS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, CHRONIC MENTAL ILLNESS, AND RELATED PROBLEMS. THE CENTER RECEIVES THE MAJORITY OF ITS SUPPORT FROM THE CITY AND STATE, BUT PENNSYLVANIA HOSPITAL SUBSIDIZES A SIGNIFICANT PORTION OF ITS SERVICES. MANY OUTPATIENT SERVICES ARE AVAILABLE ON A SLIDING SCALE FEE BASIS. SPECIAL PROGRAMS WITHIN HALL-MERCER INCLUDE ACCESS INTENSIVE CASE MANAGEMENT IS A TARGETED CASE MANAGEMENT PROGRAM WHICH SERVES ADULTS RECOVERING FROM SEVERE MENTAL ILLNESS WITH POSSIBLE CO-OCCURRING SUBSTANCE ABUSE ISSUES. MANY PARTICIPANTS AUTHORIZED TO THIS PROGRAM ARE HOMELESS OR MAY HAVE A HISTORY OF BEING HOMELESS. A TEAM APPROACH AND RECOVERY-BASED MODEL IS USED TO CONNECT PARTICIPANTS WITH SUPPORTIVE SERVICES WHICH ENCOURAGE DAILY STABILITY AND REDUCED PSYCHIATRIC HOSPITALIZATIONS. ADULT MENTAL HEALTH SERVICES PROVIDES COMPREHENSIVE OUTPATIENT MENTAL HEALTH SERVICES IN CENTER CITY, SOUTH PHILADELPHIA AND SURROUNDING AREAS. SPECIFIC SERVICES INCLUDE CRISIS INTERVENTION, EVALUATION, PSYCHOTHERAPY, PHARMACOTHERAPY, AND SOCIAL REHABILITATION. EMPHASIS IS ON PROVIDING ALL PERSONS WHO HAVE SEVERE AND CHRONIC MENTAL ILLNESS WITH OUTSTANDING CARE IN A PLEASANT ENVIRONMENT AND RESPECTFUL MANNER. BEHAVIORAL HEALTH SERVICES AT THE PHILADELPHIA JUVENILE JUSTICE SERVICES CENTER (PJJSC). HALL-MERCER PROVIDES BEHAVIORAL HEALTH SERVICES AT THE PHILADELPHIA JUVENILE JUSTICE SERVICES CENTER (PJJSC). THE CLINICAL TEAM AT THE PJJSC PROVIDES ADJUSTMENT /CRISIS SERVICES, INDIVIDUAL THERAPY FOR YOUTH WITH EXTENDED LENGTH OF STAY, AND PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT. BLENDED CASE MANAGEMENT (BCM) IS A TARGETED CASE MANAGEMENT PROGRAM WHICH SERVES ADULTS RECOVERING FROM SEVERE MENTAL ILLNESS WITH POSSIBLE CO-OCCURRING SUBSTANCE ABUSE ISSUES. MANY PARTICIPANTS IN THE PROGRAM MAY HAVE A HISTORY OF HOMELESSNESS. BCM PARTICIPANTS REQUIRE LESS INTENSIVE CASE MANAGEMENT SERVICES THAN THOSE ENROLLED IN ACCESS. A TEAM APPROACH AND RECOVERY-BASED MODEL IS USED TO CONNECT PARTICIPANTS WITH SUPPORTIVE SERVICES.</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>WHICH ENCOURAGE DAILY STABILITY AND REDUCED PSYCHIATRIC HOSPITALIZATIONS HALL MERCER ALS O OFFERS A SOUTHEAST ASIAN BLENDED CASE MANAGEMENT PROGRAM WHICH PROVIDES BCM TO ADULTS WH O SPEAK CANTONESE, MANDARIN, VIETNAMESE, KHMER, OR LAO CASE MANAGERS IN THIS PROGRAM PROV IDE ENGLISH INTERPRETATION TO HELP PARTICIPANTS CONNECT TO PUBLIC BENEFITS AND OTHER COMMU NITY SUPPORTS CHILD AND FAMILY MENTAL HEALTH SERVICES PROVIDES MENTAL HEALTH EVALUATIONS AND TREATMENT TO CHILDREN AND ADOLESCENTS AGE 3-18 AND THEIR FAMILIES, WHO ARE RESIDENTS O F PHILADELPHIA CHILD AND PARENT CENTER THIS PROGRAM OFFERS PLAY/DISCUSSION EXPERIENCE FOR INFANTS, TODDLERS, THEIR PARENTS AND CAREGIVERS, AND CONSULTATION AND TRAINING TO PARENTS AND PROFESSIONALS ON PARENTING AND CHILD DEVELOPMENT ISSUES THEY INCLUDE WEEKLY PAREN T-CHILD PLAYGROUPS EXPLORING PARENTHOOD DISCUSSION GROUPS FOR FIRST-TIME PARENTS DROP- IN SERVICE FOR MAKEUP GROUPS PARENTING WORKSHOPS THE CENTER HELPS SUBSIDIZE PROGRAM CO STS FOR FAMILIES WHO CANNOT AFFORD TO PAY PROGRAM FEES CHILDREN'S COMMUNITY BASED SERVICE DEPARTMENT WAS ESTABLISHED TO BRING TOGETHER THE COMMUNITY BASED CHILDREN'S SERVICE PROGR AMS THAT PROVIDE CLINICAL AND CASE MANAGEMENT SERVICES IN THE COMMUNITY TO CHILDREN AND TH EIR FAMILIES THE DEPARTMENT IS MADE UP OF CHILDREN'S BLENDED CASE MANAGEMENT AND HOME-SCH OOL CONNECTION THE RANGE OF SERVICES PROVIDED INCLUDES CLINICAL EVALUATIONS AND REFERRALS , INDIVIDUAL AND GROUP THERAPY, FAMILY MEETINGS, CRISIS INTERVENTION AND CASE MANAGEMENT S ERVICES THESE PROGRAMS SERVICE CHILDREN AND ADOLESCENTS THE RANGE OF SERVICES PROVIDED I N THE SCHOOL INCLUDE CLINICAL EVALUATIONS AND REFERRALS, CASE MANAGEMENT SERVICES, BEHAVIO RAL THERAPEUTIC SERVICES AND GROUPS THESE PROGRAMS TARGET CHILDREN AND ADOLESCENTS EARLY CHILDHOOD PROGRAM HALL-MERCER RECENTLY PARTNERED WITH THE PENN CENTER FOR MENTAL HEALTH TO BRING AUTISM SERVICES TO CHILDREN 3-5 YEARS OLD THE EARLY CHILDHOOD PROGRAM SERVES AS A THERAPEUTIC PRESCHOOL FOR CHILDREN WHO STRUGGLE WITH EMOTIONAL AND BEHAVIORAL REGULATION , SOCIAL COMMUNICATION SKILLS, AND PLAY SKILLS - MAKING IT DIFFICULT FOR THEM TO LEARN IN A TRADITIONAL SCHOOL ENVIRONMENT THE PROGRAM HAS THE CAPACITY TO SERVE 32 CHILDREN ON A D AILY BASIS, IN OUR NATURALIST CHILD-LED LEARNING SPACE</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>INTELLECTUAL DISABILITIES PROGRAMS PROVIDE AN ARRAY OF SERVICES TO ADULTS WITH INTELLECTUAL DISABILITIES AND THEIR FAMILIES TO SUPPORT INDIVIDUAL CHOICE, COMMUNITY INVOLVEMENT, AND USE OF TRADITIONAL AND NATURAL RESOURCES. THESE INCLUDE THE INTENSIVE SERVICES CASE MANAGEMENT PROGRAM (ISCM) AND THE COMMUNITY DAY TRAINING PROGRAM FOR ADULTS. THE ISCM PROGRAM IS A CITY-WIDE PROGRAM WHICH WORKS IN COLLABORATION WITH THE PHILADELPHIA OFFICE OF INTELLECTUAL DISABILITIES (IDS) TO PROVIDE EMERGENCY SUPPORTS COORDINATION TO ADULTS WITH INTELLECTUAL DISABILITIES LIVING IN ALL CATCHMENT AREAS. THE PROGRAM OPERATES 24 HOURS A DAY, 7 DAYS PER WEEK AND RESPONDS TO EMERGENCY SITUATIONS SUCH AS EMERGENCY PLACEMENT DUE TO ABUSE, NEGLECT OR DEATH OF A CAREGIVER, MOVING INDIVIDUALS FROM SUBSTANDARD LIVING CONDITIONS INTO A SAFE LIVING ENVIRONMENT. THE ISCM PROGRAM ALSO ASSISTS UNDERSERVED INDIVIDUALS IN THE COMMUNITY TO BECOME REGISTERED AND RECEIVE SERVICES THROUGH IDS. THE COMMUNITY DAY TRAINING PROGRAM PROVIDES PSYCHO-SOCIAL HABILITATION SERVICES, BEHAVIORAL SHAPING AND SUPPORTIVE COUNSELING SERVICES TO ADULTS DIAGNOSED WITH INTELLECTUAL DISABILITIES AND MENTAL ILLNESSES. SERVICES ARE DESIGNED TO PROMOTE THE DEVELOPMENT OF OPTIMAL COMMUNITY ADJUSTMENT AND INTEGRATION. PHICAPS (PHILADELPHIA INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRY SERVICE) PROVIDE INTENSIVE FAMILY TREATMENT AND CASE MANAGEMENT TO 40 FAMILIES AT A TIME. THE CHILD OR ADOLESCENT IS IDENTIFIED TO BE SEVERELY EMOTIONALLY DISTURBED AND AT RISK OF HOSPITALIZATION OR OUT OF HOME PLACEMENT. MODALITIES INCLUDE INDIVIDUAL AND FAMILY THERAPY AND CASE MANAGEMENT IN THE HOME, ENVIRONMENT AND SCHOOL DOMAINS. PHICAPS HAS 2 TEAMS, EACH MADE UP OF 1 MASTER'S LEVEL CLINICIAN AND 1 BACHELOR'S LEVEL MENTAL HEALTH WORKER. PREVENTION AND RECOVERY SERVICES (PARS) IS A 90-DAY TARGETED CASE MANAGEMENT SERVICE WHICH SERVES ADULTS RECOVERING FROM SEVERE MENTAL ILLNESS WITH POSSIBLE CO-OCCURRING SUBSTANCE ABUSE ISSUES. MANY PARTICIPANTS IN THIS PROGRAM MAY HAVE A HISTORY OF HOMELESSNESS. CASE MANAGERS, THROUGH A TEAM APPROACH AND RECOVERY-BASED MODEL, PROVIDE RAPID INTERVENTION TO ASSIST INDIVIDUALS WITH CONNECTING TO SUPPORTS WHICH WILL ALLOW THEM TO REACH THE HIGHEST LEVEL OF INDEPENDENT FUNCTIONING POSSIBLE. TRAUMA PROGRAM. PENN CENTER FOR YOUTH AND FAMILY TRAUMA RESPONSE AND RECOVERY PROVIDES TREATMENT AND INTERVENTIONS FOR CHILDREN AND THEIR FAMILIES SUFFERING FROM A RANGE OF TRAUMATIC STRESS DISORDERS. IN ADDITION TO PROVIDING PROVEN TREATMENTS FOR YOUTH WITH PTSD AND TRAUMATIC STRESS SYMPTOMS, THE CENTER HAS SPECIAL EXPERTISE IN THE PROVISION OF AN EARLY INTERVENTION AFTER A TRAUMATIC EVENT THAT PREVENTS THE DEVELOPMENT OF PTSD IN CHILDREN AND YOUTH. OTHER HALL-MERCER ACTIVITIES -STAFF MEMBER WORK WITH PENN MEDICINE CARES TO VOLUNTEER AT COUNCILWOMAN BLACKWELL'S GIFT WRAP FOR HOMELESS AND DISADVANTAGED CHILDREN, IN PREPARATION FOR HER ANNUAL HOLIDAY PARTY -IN COLLABORATION WITH PA HOSPITAL HOSTED AN ANNUAL F</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>OOD DRIVE (ANNUAL) -HALL MERCER DEVELOPED A CLOTHES ROOM TO ASSIST CONSUMERS IN NEED (ON GOING) -HALL MERCER DEVELOPED A FOOD PANTRY TO ASSIST CONSUMERS IN NEED (ONGOING) -HALL M ERCER HOSTS A THANKSGIVING LUNCHEON FOR OVER 200 CONSUMERS (ANNUAL) -HEALTH AND WELLNESS COMMITTEE - IMPLEMENTED A HALL MERCER CHOIR THAT CONSISTS OF CONSUMERS, LED BY STAFF (ONG OING) -STAFF MEMBER VOLUNTEER COMMUNITY EVENT FOR CHURCH TO PROVIDE HEALTH AND EDUCATION R ESOURCES TO THE COMMUNITY (ANNUAL) -STAFF MEMBER VOLUNTEER AT GILDA CLUB CANCER SUPPORT C ENTER FOR CHILDREN (ONGOING) -STAFF MEMBER VOLUNTEER ONE WEEK A YEAR AT OVERNIGHT SUMMER CAMP FOR CHILDREN WITH CHROME AND COLITIS DISEASE (ANNUAL) -STAFF MEMBER IS ON ASIAN SENI OR COMMITTEE PLANS 911 FUNDRAISING TO ASSIST CHILDREN OF 911 VICTIMS AND HOLIDAY PARTIES FOR CHILDREN (ANNUAL) -STAFF MEMBER OF THE PHILADELPHIA MEDICAL RESERVE CORPS IS A COMMITT ED GROUP OF VOLUNTEERS, WITH AND WITHOUT MEDICAL BACKGROUNDS, WHO HELP KEEP PHILADELPHIA S AFE BY RESPONDING TO PUBLIC HEALTH EMERGENCIES THE PHILADELPHIA MRC HELPS ENSURE THAT ALL PHILADELPHIANS, ESPECIALLY THE MOST VULNERABLE, RECEIVE THE CARE THEY NEED DURING A PUBLI C HEALTH CRISIS (ONGOING) -MEMBER OF THE PHILADELPHIA MRC A GROUP OF MEDICAL, PUBLIC HEA LTH, AND OTHER VOLUNTEERS WHO ARE READY TO SERVE PHILADELPHIA DURING PUBLIC HEALTH EMERGEN CIES OR OTHER TIME OF NEED (ONGOING) -STAFF MEMBER VOLUNTEERS TO RESPOND DURING LARGE AND SMALL-SCALE EMERGENCIES, SUCH AS AN INFLUENZA PANDEMIC, A BIOTERRORISM EVENT, A SEVERE ST ORM THAT REQUIRES THE CITY TO OPEN MASS SHELTERS, OR OTHER EVENT THAT OVERWHELMS COMMUNITY RESOURCES (ONGOING) -THE THERAPIST IN THE DUAL DIAGNOSIS OUTPATIENT PROGRAM HAS ENGAGED THE AA INTERGROUP TO ACCEPT OUR CONSUMERS TO WORK AT THEIR CENTER CITY OFFICES, AIDING IN THEIR RECOVERY (ONGOING) -ADULT OUTPATIENT SERVICES PROVIDE A HOLIDAY PARTY FOR ALL CONS UMERS (ANNUAL) -FRIENDS OF HALL MERCER HOSTED A HOLIDAY MEAL FOR CONSUMERS AND FRIENDS (ANNUAL) -HALL MERCER PARTNER WITH NURSING COUNCIL TO DISTRIBUTE BLESSING BAGS TO THE HOMEL ESS POPULATION (ANNUAL) -COMMUNITY DAY TRAINING CONSUMERS VOLUNTEER AT THE PAH GIFT SHOP, THE BARGAIN SHOP, AND ALSO AT JEFFERSON HOSPITAL (ONGOING) -CONSUMER RUN SNACK STORE (O NGOING) -HALL MERCER IMPLEMENTED A PATIENT RECOVERY MENTAL HEALTH AND HEALTH AND WELLNESS PROGRAM (ONGOING) -STAFF VOLUNTEERS WITH LOCAL ANIMAL RESCUE ORGANIZATION (ONGOING) -THE ISCM PROGRAM HOSTED A TRAINING AND AWARDS LUNCHEON FOR CONSUMERS AND THEIR PERSONAL CARE HOME PROVIDERS CONSUMERS RECEIVED ACHIEVEMENT AWARDS AND GIFT CARDS COMPLIMENTS OF THE PA HOSPITAL AUXILIARY (ANNUAL) -HALL MERCER PROVIDES BEHAVIORAL HEALTH TRAINING AND EDUCATI ON TO THE STAFF OF AREA COMMUNITY RESIDENTIAL PROGRAMS AND HOMELESS SHELTERS (ONGOING) -H ALL MERCER PARTNERED WITH PAH FOOD AND NUTRITION DEPARTMENT TO SPONSOR A FAMILY AT CHRISTM AS -HALL MERCER PROGRAMS ADOPTED FAMILIES DURING THE HOLIDAY SEASON -HEART WALK - PARTIC IPATED IN PAH EVENT -STAFF MEM</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>BERS VOLUNTEERED TO HOST MENTAL HEALTH SCREENING EVENTS IN COLLABORATION WITH THE PHILADELPHIA, DEPARTMENT OF BEHAVIORAL HEALTH -SCREENING OPPORTUNITY *P4P* >NATIONAL DEPRESSION SCREENING DAY >MENTAL HEALTH SCREENING >MEN'S AND VIOLENCE EDUCATION THE MILL CREEK SCHOOL IS A FULLY LICENSED HIGH SCHOOL FOR ADOLESCENTS GRADES 7-12 WHO ARE EXPERIENCING PSYCHIATRIC, EMOTIONAL, BEHAVIORAL OR SOCIAL ADAPTATION PROBLEMS AND WHO ARE UNABLE TO FUNCTION IN A LARGE GROUP SETTING THE SCHOOL PROVIDES A COMPLETE COLLEGE-BOUND CURRICULUM AND MULTIPLE THERAPEUTIC AND EMOTIONAL SUPPORTS SOCIAL-SKILLS ARE DEVELOPED THROUGH PARTICIPATION IN COMMUNITY SERVICE PROJECTS AND CLASS TRIPS FOR FISCAL YEAR 2019, THE FOLLOWING COMMUNITY SERVICE PROJECTS WERE COMPLETED HATS FOR THE HOMELESS- STUDENTS KNIT WINTER HAT AND DONATE THEM TO THE BROAD STREET MINISTRY, AN AGENCY SERVING PHILADELPHIA HOMELESS CRADLES TO CRAYONS- STUDENTS VOLUNTEERED AND PROVIDED SUPPLIES TO CHILDREN FROM BIRTH THROUGH AGE 12, LIVING IN HOMELESS SITUATIONS HEART WALK- STUDENTS PARTICIPATED IN THE EVENT ON THE PENNSYLVANIA HOSPITAL TEAM PHILABUNDANCE- STUDENTS PACKED MEALS FOR THIS HUNGER RELIEF ORGANIZATION AT ITS WAREHOUSE PENNIES FOR PATIENTS- PENNIES WERE COLLECTED BY THE STUDENTS TO BENEFIT LEUKEMIA LYMPHOMA SOCIETY AMERICAN HEART ASSOCIATION- STUDENTS FUNDRAISED FOR FISCAL YEAR 2019, THE MILL CREEK SCHOOL PROVIDED THE FOLLOWING CLASS TRIPS FOR ITS STUDENTS ANNENBERG THEATER & LANTERN THEATER BARNES FOUNDATION MUTTER MUSEUM DREXEL UNIVERSITY PHYSICS PHILADELPHIA MUSEUM OF ART THE ROCK SCHOOL OF BALLET'S PRESENTATION OF THE NUTCRACKER</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>3 CHRONIC DISEASE PREVENTION (E G OBESITY, HYPERTENSION, DIABETES, AND CARDIO VASCULAR D ISEASE (CVD)) COLORECTAL CANCER SCREENING OUTREACH AND NAVIGATION PROGRAM THIS INNOVATIVE COMMUNITY-BASED PROGRAM MAKES COLON CANCER SCREENING CONVENIENT, ACCESSIBLE, AND AFFORDAB LE THE PROGRAM HAS EXPANDED SCREENING OPTIONS OFFERED AT PENN MEDICINE REACHING OVER 3,80 0 PEOPLE IN THE COMMUNITY, INCLUDING HEALTH CENTERS, WITH A CONVENIENT AT-HOME SCREENING O PTION FOR PEOPLE WHO WOULD NOT OTHERWISE HAVE BEEN SCREENED THIS PROGRAM HAS PROVIDED 763 PATIENTS WITH FREE COLONOSCOPY AND 43% WERE FOUND TO HAVE ONE CONDITION FIVE PATIENTS WE RE DIAGNOSED WITH COLORECTAL CANCER AND TREATED PENN MEDICINE BREAST HEALTH INITIATIVE I N RECOGNITION OF THE BARRIERS TO SCREENING AND TREATMENT FOR BREAST CANCER, PENN MEDICINE OFFERS BREAST SCREENINGS AS WELL AS DIAGNOSTIC AND TREATMENT SERVICES TO UNDERSERVED AND U NINSURED WOMEN IN PARTNERSHIP WITH MORE THAN A DOZEN NONPROFITS AND CLINICS IN THE REGION SINCE THE PROGRAM'S INCEPTION IN 2014, IT HAS PROVIDED FREE MAMMOGRAMS TO OVER 3,000 WOMEN OVER 50% OF THE WOMEN IN THIS PROGRAM ARE LATINA AND 28% ARE AFRICAN AMERICAN, 56% DO N OT SPEAK ENGLISH TO DATE, 35 CASES OF BREAST CANCER HAVE BEEN IDENTIFIED AND TREATED CAN PREVENT CANCER PENN MEDICINE OFFERS AN ANNUAL COMMUNITY BASED CONFERENCE FOCUSED ON CANC ER EDUCATION AND AWARENESS INCLUDING COLON, BREAST AND LUNG CANCER THIS YEAR 8,350 PATIEN TS AND CAREGIVER PARTICIPATED IN THIS EDUCATIONAL EVENT SAVE TO SCREEN THIS FAITH-BASED OUTREACH PROGRAM TARGETS AFRICAN AMERICAN COMMUNITIES IN PHILADELPHIA THE GOAL IS TO PROV IDE DIVERSE COMMUNITIES AND FAITH-BASED LEADERS WITH CANCER EDUCATION, OUTREACH AND SCREEN ING THIS YEAR SAVE TO SCREEN HOSTED SEVEN EVENTS WHICH ATTRACTED 2,700 ATTENDEES FURTHER , OUR PROGRAM PROVIDED 195 FREE ON-SITE CANCER SCREENINGS STROKE COMMUNITY EDUCATION PROGRAM IN RECOGNITION THAT STROKE IS THE NUMBER ONE PREVENTABLE CAUSE OF DISABILITY, PENN ME DICINE OFFERS COMMUNITY EDUCATIONAL PROGRAMMING AT EVERY HOSPITAL STROKE HAS MANY RISK FA CTORS, INCLUDING HIGH BLOOD PRESSURE AND DIABETES THESE FACTORS ARE AN IDENTIFIED NEED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT, SO EFFORTS ARE MADE TO ASSIST THE COMMUNITY IN COM BATING THESE RISK FACTORS ALONG WITH INCREASING THE AWARENESS OF STROKE SYMPTOMS WALK WIT H A FUTURE DOC (WWFD) THIS PLACE-BASED PROGRAM AIMS TO PROMOTE PHYSICAL ACTIVITY AND PROM OTE WELL-BEING IN NEIGHBORHOODS, TARGETING OBESITY, HYPERTENSION, AND DIABETES PENN'S CEN TER FOR PUBLIC HEALTH INITIATIVES, IN PARTNERSHIP WITH MEDICAL STUDENTS FROM THE PERELMAN SCHOOL OF MEDICINE, CREATED ONE OF THE FIRST WWFD CHAPTERS IN THE COUNTRY THESE BIWEEKLY WALKS START WITH A SHORT TALK FROM A MEDICAL STUDENT ON A RELEVANT HEALTH TOPIC, FOLLOWED BY A BRIEF Q&A SESSION THE ONE-HOUR WALK AROUND THE NEIGHBORHOOD IS VERY INFORMAL, AND DU RING THE WALK, MEDICAL STUDENTS TALK WITH THE PARTICIPANTS ABOUT HEALTH TOPICS RELATED TO CHRONIC DISEASE THE PERELMAN</p>

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FORM 990, PART III, LINE 4A (CONT)	SCHOOL OF MEDICINE FACULTY AND MEDICAL STAFF OF THE PENN MEDICINE HOSPITALS MENTOR THE MED ICAL STUDENTS AND PROVIDE OVERSIGHT FOR THE EDUCATIONAL CONTENT COMMUNITY-ACADEMIC PARTNE RSHIPS TO INCREASE PHYSICAL ACTIVITY (CAP-IPA) AND DANCE FOR HEALTH THE UNIVERSITY OF PEN NSYLVANIA SCHOOL OF NURSING'S STUDENT-LED COMMUNITY CHAMPIONS PROGRAM-WHICH COMPRISES 15 I NITIATIVES-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 IS THE VEHICLE BY WHICH THE SCHOOL OF NURSING PROMOTES HEALTHY LIFESTYLES AND PROV IDES COMMUNITY MEMBERS ACROSS THE LIFESPAN WITH HEALTH SCREENING AND INFORMATION ABOUT NUT RITION AND DIET, PHYSICAL ACTIVITY, NEWBORN CARE, BREAST CANCER AWARENESS, AND SEXUAL HEAL TH ONE PROGRAM, DANCE FOR HEALTH, IS A PROGRAM FOR ALL AGES THAT HAS ENGAGED OVER 1,000 C OMMUNITY MEMBERS, FOUR SITES AND OFFERS FREE DANCE FITNESS CLASSES AIMED TO EMPOWER COMMUN ITY MEMBERS CLASSES ARE OFFERED IN CONCERT WITH LOCAL COMMUNITY ORGANIZATIONS

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FORM 990, PART III, LINE 4A (CONT)	<p>4 MATERNAL MORTALITY AND MORBIDITY THE HEART SAFE MOTHERHOOD PROGRAM FOR WOMEN THAT HAVE BEEN DIAGNOSED WITH PREECLAMPSIA DURING THEIR PREGNANCY, CLINICAL RECOMMENDATIONS ENCOURAGE NEW MOMS TO SCHEDULE A FOLLOW-UP VISIT WITH THEIR DOCTOR WITHIN A WEEK OF DELIVERY TO HAVE THEIR BLOOD PRESSURE CHECK FOR MANY WOMEN, COMING TO THE OFFICE AFTER HAVING A NEWBORN IS DIFFICULT FOR A VARIETY OF REASONS THIS PROGRAM IS A FIRST-OF-ITS-KIND TEXT-MESSAGE BASED PROGRAM THAT MAKES POSTPARTUM BLOOD PRESSURE MONITORING MORE CONVENIENT FOR WOMEN DIAGNOSED WITH PREECLAMPSIA AND OTHER BLOOD PRESSURE DISORDERS DURING PREGNANCY AND PROMOTES COMMUNICATION WITH THEIR CARE TEAM WITHOUT VISITING A DOCTOR'S OFFICE OBSTETRIC CARE AT PHILADELPHIA FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) DESPITE PENN MEDICINE'S EXTENSIVE NETWORK OF INPATIENT AND OUTPATIENT CLINICAL SERVICES AND PARTNERSHIPS, ACCESS ISSUES TO WOMEN'S HEALTH SERVICES PERSIST IN OUR CATCHMENT AREA TO RESPOND TO THIS NEED, CLINICIANS FROM THE DEPARTMENTS OF FAMILY MEDICINE AND COMMUNITY HEALTH, AND OBSTETRICS AND GYNECOLOGY HAVE ESTABLISHED PARTNERSHIPS WITH FQHCs IN WEST PHILADELPHIA TO PROVIDE TIMELY PRENATAL CARE, FAMILY PLANNING SERVICES, SCREENING FOR CANCER AND SEXUALLY TRANSMITTED DISEASES INCLUDING HIV, AND URGENT AND EMERGENCY OBSTETRIC CARE AS A RESULT OF THIS PARTNERSHIP, 280 DELIVERIES IN THE PAST YEAR ALONE WERE FACILITATED THROUGH THIS PARTNERSHIP SAFE SLEEP AWARENESS FOR EVERY WELL NEWBORN (SAFE) THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING RECEIVED A THREE-YEAR GRANT FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH TO DESIGN AND INNOVATE A NEW PROGRAM MODEL FOR PROMOTING SAFE SLEEP PRACTICES FOR NEWBORNS TO TAKE OUR COMMITMENT FURTHER, THE SCHOOL ROLLED OUT THE MODEL TO THE PENN MEDICINE HOSPITALS, AS WELL AS ITS COMMUNITY PARTNERS, COMMUNITY ORGANIZATIONS AND PROVIDE CONTINUING EDUCATION TO CASCADE THIS IMPORTANT RESEARCH 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 CERTIFIED IN OBSTETRICS AND GYNECOLOGY IN PHILADELPHIA AS WELL AS THE FIRST TO BE NAMED A FELLOW OF THE AMERICAN COLLEGE OF SURGEONS SHE WORKED TO EDUCATE YOUNG WOMEN ABOUT THEIR REPRODUCTIVE HEALTH IN ORDER TO REDUCE THE INCIDENCE OF TEEN PREGNANCY AND SEXUALLY TRANSMITTED DISEASES THE DICKENS CENTER SERVES MAINLY MEDICARE, MEDICAID AND UNINSURED PATIENTS PENN MEDICINE OFFERS UNCOMPENSATED AND UNDERCOMPENSATED CARE FOR THOSE WHO QUALIFY, BASED ON FINANCIAL COUNSELING THE CENTER OFFERS PRENATAL CARE, GYNECOLOGY AND COLPOSCOPY SERVICES THE CENTER HAS ESTABLISHED WORKING RELATIONSHIPS AND PROGRAMS WITH CITY AND COMMUNITY AGENCIES, STATE-FUNDED PROGRAMS AND MANAGED CARE ORGANIZATIONS, TO ENSURE THAT WOMEN HAVE ACCESS TO THE SERVICES</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>HAT FIT THEIR EDUCATIONAL, FINANCIAL AND PSYCHOSOCIAL NEEDS THE CENTER ALSO PROVIDES CARE AT THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH'S HEALTH CENTER 3 AND OFFERS CONSULTATION S AND CARE FOR WOMEN WITH COMPLEX MEDICAL AND OBSTETRIC CONDITIONS OR FETAL ANOMALIES THE CENTER'S INTEGRATED HIGH-RISK PROGRAM COMBINES CARE COORDINATORS, PHYSICIANS AND NURSE PR ACTIONERS ALLOWING US TO PROVIDE A UNIQUE LEVEL OF CONTINUITY FOR OUR PATIENTS PENN MAT ERNAL FETAL MEDICINE FOR HIGH RISK PREGNANCY OBSTETRICIANS AND MIDWIVES CAN CARE FOR MOST WOMEN DURING PREGNANCY HOWEVER, SOMETIMES HAVING A BABY IS MORE COMPLICATED A PREGNANCY IS CONSIDERED HIGH RISK WHEN THERE ARE POTENTIAL COMPLICATIONS THAT COULD AFFECT THE MOTH ER, THE BABY OR BOTH PENN MEDICINE MATERNAL FETAL MEDICINE SPECIALISTS WORK TO EVALUATE D IAGNOSE AND MONITOR HIGH-RISK PREGNANCIES AND DEVELOP INITIATIVES PENN PREMATURETY PREVEN TION PROGRAM IS DEDICATED TO REDUCING PRETERM BIRTHS ACROSS THE PHILADELPHIA COMMUNITY PR EMATURE BABIES ARE AT INCREASED RISK FOR NEWBORN MEDICAL COMPLICATIONS AND FACE AN INCREAS ED RISK OF LIFELONG HEALTH PROBLEMS A PREMATURE DELIVERY OCCURS BEFORE A MOTHER HAS COMPL ETED HER 37TH WEEK OF PREGNANCY IN THE UNITED STATES, ABOUT 12 8 PERCENT OF BABIES (MORE THAN HALF A MILLION A YEAR) ARE BORN PREMATURELY THE PROGRAM'S HIGH-RISK PREGNANCY SPECIA LISTS EDUCATE, EVALUATE, DIAGNOSE AND TREAT WOMEN AT RISK FOR PRETERM DELIVERY PENN PERIN ATAL DIABETES PROGRAM IS DEDICATED TO SERVING WOMAN WHO EXPERIENCE TYPE 1 OR TYPE 2 DIABET ES DURING PREGNANCY THE GOAL OF THE PENN PERINATAL DIABETES PROGRAM IS TO KEEP MOTHER AND BABY HEALTHY THROUGHOUT THE PREGNANCY PREGNANT WOMEN IN THIS PROGRAM RECEIVE INTENSIVE C ARE COORDINATION, NUTRITION EDUCATION AND MATERNAL FETAL MEDICINE POSTPARTUM CARE BREASTF EEDING SUPPORT SERVICES AT PENN IS A FOCUSED EFFORT TO PROVIDE EDUCATION AND LITERACY ABOU T THE BENEFIT OF BREASTFEEDING PENN MEDICINE PROVIDES BREASTFEEDING SUPPORT VIA COMMUNITY CLASSES, DISCUSSION GROUPS, LACTATION CONSULTANTS AND A VARIETY OF COMMUNITY HEALTH LITER ACY SEMINARS THE PENN CENTER FOR WOMEN'S BEHAVIORAL WELLNESS IS A RESOURCE FOR WOMEN WITH PERINATAL DEPRESSION WE OFFER CLINICAL CONSULTATION, EVALUATION, DIAGNOSIS AND TREATMENT OF BEHAVIORAL ISSUES ACROSS THE LIFESPAN SPECIALISTS ARE AVAILABLE TO DISCUSS DEPRESSION , MOOD AND ANXIETY CONCERNS, INCLUDING TREATMENT DURING PREGNANCY THE LUDMIR CENTER FOR W OMEN'S HEALTH (LCWH) IS AN AMBULATORY HEALTHCARE FACILITY THAT SPECIALIZES IN THE PROVISIO N OF OBSTETRICAL, GYNECOLOGIC AND REPRODUCTIVE HEALTH SERVICES LCWH PROVIDES QUALITY MEDI CAL CARE TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY MOST PATIENTS HAVE LOW TO MO DERATE INCOMES AS A COMMUNITY BASED PRACTICE, LCWH OFFERS MORE THAN TRADITIONAL MEDICAL S ERVICES LCWH EMPLOYEES A FULL-TIME SOCIAL WORKER WHO PROVIDES PSYCHOSOCIAL SUPPORT SERVIC ES ADDITIONALLY, LCWH ADDRESSES SOME OF THE DIVERSE NEEDS OF ITS PATIENTS AND THEIR PARTN ERS THROUGH THE FOLLOWING SERV</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>ICES AND PROGRAMS LATINA COMMUNITY HEALTH SERVICES (LCHS) IS AN INNOVATIVE PROGRAM THAT OFFERS PRENATAL AND GYNECOLOGIC SERVICES TO WOMEN WHO ARE UNABLE TO OBTAIN MEDICAL INSURANCE IT IS FUNDED BY GRANTS AND CONTRIBUTIONS AND STAFFED BY PHYSICIANS, A NURSE PRACTITIONER, MEDICAL ASSISTANT AND PATIENT SERVICES COORDINATOR FROM PENN MEDICINE MEDICAL GROUP OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM LCHS ALSO PARTNERS WITH OTHER ENTITIES SUCH AS PENNSYLVANIA HOSPITAL'S DIABETES EDUCATION CENTER AND WOMEN'S SERVICES DEPARTMENT AS WELL AS COMMUNITY ORGANIZATIONS INCLUDING CASA DEL CARMEN AND HEALTH PROMOTIONS COUNCIL THE SE SERVICES INCLUDE INDIVIDUAL DIABETIC TEACHING, INFANT FEEDING CLASSES, FAMILY SERVICES AND HEALTHCARE NAVIGATION ASSISTANCE CHILDBIRTH EDUCATION CLASSES ARE TAUGHT BY LCWH REGISTERED NURSES WHO HAVE ALSO EARNED CHILDBIRTH EDUCATOR CERTIFICATION THE CLASSES COVER SUCH TOPICS AS WHAT TO EXPECT FROM AND HOW TO RECOGNIZE LABOR, RELAXATION TECHNIQUES AND MEDICAL OPTIONS FOR PAIN RELIEF IN LABOR, THE IMPORTANCE OF POST-PARTUM CARE, AND EARLY INFANT CARE/DEVELOPMENT MALE PARTNERS SERVICES THE MALE PARTNERS OF LCWH FEMALE PATIENTS WHO TESTED POSITIVE FOR A SEXUALLY TRANSMITTED INFECTION ARE ABLE TO RECEIVE TREATMENT THROUGH THIS SENSITIVE AND CONFIDENTIAL SERVICE BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM IS A PENNSYLVANIA STATE-FUNDED PROGRAM THAT PROVIDES FREE CERVICAL CANCER AND BREAST SCREENINGS (INCLUDING PELVIC EXAMINATIONS, CLINICAL BREAST EXAMINATIONS, AND PAP SMEAR TESTING AND DIAGNOSTIC SERVICES) TO UNINSURED WOMEN BETWEEN THE AGES 21-64 TOBACCO SMOKING CESSATION IS OFFERED IN THE 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 PHILADELPHIA DEPARTMENT OF HEALTH TO PROVIDE COUNSELING ON SMOKING CESSATION AND REDUCTION IN EXPOSURE TO ENVIRONMENTAL SMOKE</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>5 ACCESS TO AFFORDABLE PRIMARY AND PREVENTIVE CARE AND 6 ACCESS TO AFFORDABLE SPECIALTY CARE</p> <p>PRIMARY CARE SERVICE LINE SINCE OUR FY16 IMPLEMENTATION PLAN, PENN MEDICINE HAS ESTABLISHED A PRIMARY CARE SERVICE LINE (PCSL) TO ADVANCE COLLABORATION BETWEEN FAMILY MEDICINE AND INTERNAL MEDICINE CLINICAL SERVICES ACROSS THE ENTERPRISE WE CONTINUE TO MEASURE AND COORDINATE OPERATIONAL EFFORTS TO DEVELOP STRATEGIES FOR GROWTH IN OUR AREAS OF GREATEST NEED FOR EXAMPLE, IN 2017, THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH INCREASED ACCESS TO PRIMARY CARE IN SOUTH PHILADELPHIA BY OPENING THE PENN FAMILY MEDICINE PRACTICE AT PENNSYLVANIA HOSPITAL (PAH) THIS SITE PROVIDES BOTH FAMILY MEDICINE, AND NON-OPERATIVE SPORTS MEDICINE, INCLUDING MUSCULAR SKELETAL (MSK) ULTRASOUND SERVICES THE PRACTICE HAS GROWN TO OVER 3,000 ACTIVE PATIENTS, AND REGULARLY ACCEPTS NEW PATIENTS FROM THE PENN URGENT CARE SITE IN SOUTH PHILADELPHIA THE PRACTICE HAS ALSO DEVELOPED A STRONG RELATIONSHIP WITH THE EMERGENCY DEPARTMENT AT PAH TO ENSURE THAT PATIENTS WHO ARE AT-RISK FOR READMISSION HAVE AN OPPORTUNITY TO ESTABLISH A PRIMARY CARE HOME COMMUNITY CLINIC/PROVIDER PARTNERSHIPS FOR FAMILIES AND INDIVIDUALS WHO LIVE IN AREAS OF THE CITY WHERE ACCESS TO MEDICAL SERVICES IS LIMITED - AND IN MANY CASES, NONEXISTENT - A TRIP TO THE DOCTOR CAN MEAN TRAVELING ACROSS THE CITY FOR BASIC CARE TO INCREASE ACCESS OF AFFORDABLE PRIMARY AND SPECIALTY CARE OUTSIDE OF PENN MEDICINE'S MEDICAL CAMPUSES, WE WILL CONTINUE TO ENGAGE WITH COMMUNITY-BASED PARTNERS TO DELIVER CARE IN AREAS WITH LIMITED ACCESS AND RESOURCES ATTENDING AND RESIDENT PHYSICIANS FROM THE DEPARTMENTS OF MEDICINE AND FAMILY MEDICINE AND COMMUNITY HEALTH WILL CONTINUE TO PROVIDE PRIMARY CARE HEALTH EDUCATION, AND HEALTH-RELATED SOCIAL SERVICES TO MEMBERS OF THE COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY OUR CLINICIANS AND LEARNERS PROVIDE CARE IN MANY COMMUNITY-BASED SETTINGS INCLUDING FOUR FQHC PARTNERS ACROSS THE CITY, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH'S AMBULATORY HEALTH CENTERS, PREVENTION POINT PHILADELPHIA, AND AT PUENTES DE SALUD, WHICH FOCUSES ON THE WELLNESS OF THE LATINO IMMIGRANT POPULATION IN SOUTH PHILADELPHIA, WITH OVER 10,000 PATIENT VISITS PER YEAR IN ADDITION TO PROVIDING PRIMARY CARE, PENN MEDICINE WILL CONTINUE TO GROW OUR CANCER SCREENING PROGRAMS AT FQHCs AND ENSURE THAT PATIENTS HAVE IMMEDIATE REFERRAL CARE COORDINATION TO OUR HOSPITAL CAMPUSES THIS EFFORT BUILDS ON AN EXISTING PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY THAT HOSTS FREE MAMMOGRAM CLINICS, PART OF THE PENN MEDICINE BREAST HEALTH INITIATIVE, AND CERVICAL CANCER SCREENINGS TO UNINSURED OR UNDERINSURED WOMEN IN OUR COMMUNITY DR BERNETT L JOHNSON JR SAYRE HEALTH CENTER (SHC) ANSWERING A DUAL MISSION TO PROVIDE QUALITY CLINICAL CARE TO ALL RESIDENTS REGARDLESS OF ABILITY TO PAY AND ALSO PROVIDE HEALTH SERVICES EDUCATION HIGH SCHOOL STUDENTS, UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS, THE UNIVERSITY</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>Y OF PENNSYLVANIA AND PENN MEDICINE PARTNERED WITH THE PHILADELPHIA SCHOOL DISTRICT'S SAYRE SCHOOL TO ESTABLISH THE SHC IN A MEDICALLY UNDERSERVED COMMUNITY IN WEST PHILADELPHIA. SHC IS A FULL-SERVICE, PRIMARY CARE HEALTH FACILITY LOCATED AT 59TH AND LOCUST STREETS, BEHIND SAYRE HIGH SCHOOL, IN THE COBBS CREEK NEIGHBORHOOD OF WEST PHILADELPHIA. THE CENTER HAS BEEN SERVING THE NEEDS OF AREA RESIDENTS SINCE THE SUMMER OF 2006 AND ITS SERVICES ARE DESIGNED TO BE SENSITIVE TO PATIENTS' NEEDS, TO INSPIRE TRUST AND ENGAGEMENT, AND TO BE ACCESSIBLE TO THE MOST VULNERABLE AND UNDERSERVED MEMBERS OF ITS CATCHMENT AREA. THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH HAS PHYSICIAN SERVICE CONTRACTS TO PROVIDE EXECUTIVE LEADERSHIP FOR AN INTERDISCIPLINARY TRAINING PROGRAM AT SHC, SUPPORTING THE MEDICAL DIRECTOR, AND DIRECTOR OF GRADUATE NURSING FOR THE SITE. THE SHC HAS BEEN RECOGNIZED FOR ITS HIGH ADOLESCENT IMMUNIZATION RATES THAT EXCEED 95% FOR SEVERAL VACCINES. ADDITIONALLY, SHC HAS ONE OF THE LOWEST MISSED VACCINATION RATES IN THE CITY OF PHILADELPHIA AND ACHIEVED ONE OF THE HIGHEST INFLUENZA VACCINE UPTAKE RATES AMONG AFRICAN AMERICANS. THE UNIVERSITY OF PENNSYLVANIA'S SCHOOL OF DENTAL MEDICINE, DIVISION OF COMMUNITY ORAL HEALTH PROVIDES DENTAL CARE AT SHC, BRINGING A MUCH NEEDED ACCESS POINT FOR THE COMMUNITY. THE PAVILION, THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA'S NEW STATE-OF-THE-ART HOSPITAL FACILITY, SCHEDULED TO OPEN IN 2021, WILL INCREASE ACCESS TO SPECIALTY CARE FOR PATIENTS, ENHANCE OPPORTUNITIES FOR COLLABORATIVE CARE DELIVERY, AND ADVANCE TELEMEDICINE FUNCTIONALITY THAT ALLOWS FOR REMOTE MONITORING AND CONSULTATIONS BETWEEN PATIENTS AND THEIR CARE TEAMS. PENN'S SCHOOL OF DENTAL MEDICINE (PSDM) PSDM IS COMMITTED TO IMPROVING ORAL HEALTH FOR OUR COMMUNITY AND OPERATES A NUMBER OF PROGRAMS FOR PATIENTS TRADITIONALLY UNDERSERVED BY DENTISTRY, SUCH AS LOW-INCOME ADULTS AND CHILDREN, INCLUDING PRE-SCHOOL AND SCHOOL AGE CHILDREN, ELDERLY, AND THOSE PATIENTS WITH MEDICAL COMPLEX CONDITIONS. THE PENN DENTAL CLINIC EXISTS TO PROVIDE ACCESS AND LOW-COST DENTAL CARE TO PHILADELPHIA RESIDENTS. EVERY YEAR THE CLINIC CONTINUES TO GROW ACCESS TO AFFORDABLE DENTAL CARE THROUGH ITS TEACHING CLINICS. PSDM OPERATES THE PENN SMILES BUS, A MOBILE DENTAL OFFICE PROVIDING DENTAL CARE TO CHILDREN. PENNSMILES VISITS ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN PRIVATE AND CHARTER SCHOOLS IN WEST AND SOUTHWEST PHILADELPHIA. PENNSMILES ALSO PROVIDES DENTAL CARE AT MERCY LIFE, A PROGRAM OF COMPREHENSIVE CARE FOR LOW INCOME ELDERLY, AND AT SAYRE HEALTH CENTER, A COMPREHENSIVE COMMUNITY HEALTH CENTER. EACH DAY THE BUS GOES OUT, PENN'S DENTAL STUDENTS AND FACULTY PROVIDE CARE FOR UP TO 12 PATIENTS ON THE BUS AS OTHER PUBLIC HEALTH DENTAL HYGIENISTS PROVIDE PREVENTIVE DENTAL CARE EDUCATION. SINCE 1994, PENN DENTAL MEDICINE STUDENTS AND FACULTY HAVE WORKED WITH PHILADELPHIA SCHOOL DISTRICT OFFICIALS TO COMPLETE CLASSROOM EDUCATION AND MANDATED DENTAL EXAMINATIONS.</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>ON AT 22 ELEMENTARY AND HIGH SCHOOL PUBLIC AND PAROCHIAL SCHOOLS RESIDENT AND STUDENT RUN CLINICS THAT PROMOTE ACCESS AND COLLABORATION ACCORDING TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, COMPASSION AND SERVICE ARE ESSENTIAL COMPONENTS OF BEING A DOCTOR THE PERLMAN SCHOOL OF MEDICINE STUDENTS' COMMITMENT TO COMMUNITY SERVICE DEMONSTRATES THIS BELIEF THEIR SERVICE PROVIDES SUPPORT TO COMMUNITIES THAT TOO OFTEN ARE LEFT OUT OF THE HEALTH CARE SYSTEM, WHILE ALLOWING STUDENTS TO LEARN VALUABLE SKILLS THE REFUGEE CLINIC AT THE PENN CENTER FOR PRIMARY CARE IS A COLLABORATIVE EFFORT BETWEEN THE PRIMARY CARE AND GLOBAL HEALTH TRACKS OF THE INTERNAL MEDICINE RESIDENCY PROGRAM IN PENN MEDICINE, AND OUR PARTNER RESETTLEMENT AGENCY, HIAS PENNSYLVANIA OPENED ON OCTOBER 15, 2010 AS A PARTNERSHIP BETWEEN PCPC AND HIAS PENNSYLVANIA, THE CLINIC CURRENTLY OPERATES EVERY MONDAY AFTERNOON WITH OVER 20 ROTATING RESIDENTS, AND SEES OVER 75 NEW ARRIVALS EACH YEAR FIVE ATTENDING PHYSICIANS PRECEPT IN THE CLINIC, ALL OF WHOM ARE EXPERIENCED IN GLOBAL HEALTH, TRAVEL MEDICINE OR INFECTIOUS DISEASES OVER THIRTY DIFFERENT LANGUAGES ARE SPOKEN IN CLINIC BY REFUGEE POPULATIONS FROM BHUTAN, BURMA, ERITREA, LIBERIA, DARFUR, SOUTH SUDAN, RUSSIA, UKRAINE, THE DEMOCRATIC REPUBLIC OF THE CONGO AND MANY OTHER COUNTRIES THE CLINIC HOSTS A ONCE-MONTHLY WOMEN'S HEALTH CLINIC SPECIFICALLY FOCUSING ON THE HEALTH NEEDS OF REFUGEE WOMEN AND A WEEKLY LATENT TUBERCULOSIS INFECTION (LTBI) CLINIC, RUN BY A PHARMACIST AND PHARMACY STUDENTS, FOCUSING ON LTBI DIAGNOSIS AND TREATMENT HEART HEALTH BRIDGES TO CARE (HHBC) IS A FREE, STUDENT-RUN CLINIC THAT PROVIDES CONTINUOUS CARE TO PATIENTS FROM OUR LOCAL COMMUNITY LIVING WITH HYPERTENSION AND TYPE 2 DIABETES THIS CLINIC PROVIDES CARE AND NAVIGATION - ASSISTING PATIENTS TO ACQUIRE MEDICAL INSURANCE AND PERMANENT LONG-TERM CARE STUDENT DOCTORS WORK ALONGSIDE SUPERVISING PHYSICIANS TO PROVIDE THOROUGH, HIGH QUALITY CARE WITH INDIVIDUALIZED COURSES OF TREATMENT HHBC OFFERS PATIENTS MEDICATIONS TO CONTROL THEIR HYPERTENSION AND DIABETES, AND REFERRALS TO OTHER HEALTH SERVICES, SUCH AS OPTOMETRY, PODIATRY, AND DENTISTRY TO PREVENT ANY COMPLICATIONS ARISING FROM THEIR CHRONIC CONDITIONS EVERY YEAR, THIS PROGRAM CONTINUES TO GROW, AND WE WILL WORK TO INCORPORATE SOCIAL DETERMINANTS OF HEALTH REFERRAL RELATED SERVICES UNITED COMMUNITY CLINIC (UCC) IS A FREE HEALTH CLINIC COORDINATED WEEKLY BY UNIVERSITY OF PENNSYLVANIA STUDENTS FROM THE SCHOOLS OF MEDICINE, DENTISTRY, NURSING, AND SOCIAL WORK UCC IS AN INTERDISCIPLINARY STUDENT-RUN CLINIC THAT BELIEVES HEALTH IS MORE THAN THE ABSENCE OF DISEASE IT COLLABORATES WITH RESIDENTS AND COMMUNITY PARTNERS TO ADDRESS THE MEDICAL AND SOCIAL HEALTH NEEDS, WITH THE GOAL OF BUILDING A STRONGER AND HEALTHIER COMMUNITY SERVICES INCLUDE HEALTH PHYSICALS, ACUTE CARE, DENTAL CARE, EYE CARE, SOCIAL WORK RESOURCES, AND HEALTH INSURANCE ASSISTANCE</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>UNITY HEALTH CLINIC IS A FREE CLINIC THAT PRIMARILY SERVES UNINSURED INDONESIAN IMMIGRANTS OF CHINESE DESCENT. MEDICAL STUDENT VOLUNTEERS ASSIST AND SHADOW PENN FACULTY AND RESIDENTS. ON CLINIC EVENINGS, MEDICAL STUDENTS ARE INVOLVED IN MEDICAL SCRIBING, TAKING PATIENT HISTORIES, CHECKING BLOOD PRESSURE, CALCULATING BMI, RETRIEVING MEDICATIONS, AND MORE. VOLUNTEERS ALSO GIVE PRESENTATIONS TO SMALL GROUPS OF PATIENTS ON BASIC TOPICS IN HEALTH AND MEDICINE. CUT HYPERTENSION PROGRAM IS A PROGRAM STARTED BY PENN MEDICINE'S CHAPTER OF THE STUDENT NATIONAL MEDICAL ASSOCIATION (SNMA). MEDICAL STUDENTS AND UNDERGRADUATE VOLUNTEERS PROVIDE BLOOD PRESSURE SCREENINGS AND INFORMATION ABOUT THE RISKS OF HYPERTENSION, ESPECIALLY AMONG BLACK MALES, EVERY SATURDAY IN A BARBER SHOP IN THE HEART OF WEST PHILADELPHIA.</p> <p>7. HEALTHY FOOD ACCESS AND AFFORDABILITY: THE AGASTON URBAN NUTRITION INITIATIVE (AUNI). A UNI IS A PROGRAM OF UNIVERSITY OF PENNSYLVANIA'S NETTER CENTER FOR COMMUNITY PARTNERSHIP AND WAS CREATED TO SUSTAIN HEALTHY COMMUNITY BY PROVIDING HEALTHY FOOD EDUCATION AND GOOD NUTRITION IN WEST PHILADELPHIA. AUNI'S ACTIVITIES ARE FULLY INTEGRATED INTO THE UNIVERSITY ASSISTED COMMUNITY SCHOOL MODEL. AUNI ORGANIZES SCHOOL DAY, AFTER SCHOOL AND SUMMER LEARNING OPPORTUNITIES FOR MORE THAN 10,000 STUDENTS AND THEIR FAMILIES AT 20 PUBLIC SCHOOLS AND COMMUNITY CENTERS IN PHILADELPHIA. AUNI'S ECOLOGICAL APPROACH TO FOOD AND NUTRITION EDUCATION INCLUDES HANDS-ON EXPERIENCES FOR PROGRAM PARTICIPANTS TO GROW, COOK, CONSUME AND SELECT HEALTHY FOODS. AUNI HAS SCHOOL FOOD EDUCATION PROGRAMS, YOUTH DEVELOPMENT PROGRAMS, AND AN ADULT & SENIOR NUTRITION PROGRAM. THE URBAN TREE CONNECTION (UTC) COMMUNITY-BASED AGRICULTURE PROGRAM. UTC SEEKS TO IMPROVE COMMUNITY HEALTH IN HADDINGTON - A NEIGHBORHOOD IN WEST PHILADELPHIA WHERE 80% OF THE CHILDREN LIVE IN FAMILIES ELIGIBLE FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP). BECAUSE THE NEIGHBORHOOD LACKS A HIGH-QUALITY SUPERMARKET, UTC PRODUCES MORE THAN 10,000 POUNDS OF SUSTAINABLY GROWN PRODUCE AND DISTRIBUTES IT TO 850 LOW-INCOME FAMILIES EACH YEAR. UTC WORKS TO SUPPORT COMMUNITY-BASED FARM STANDS, IMPROVE COMMUNITY OUTREACH, AND PROVIDES STIPENDS TO COMMUNITY LEADERS WHO OPERATE FARM STANDS. SUPPORTING OLDER ADULTS AT RISK (SOAR). SOAR ASSISTS SENIOR PATIENTS WHO ARE EXPERIENCING FOOD INSECURITY, BY LINKING THEM TO COMMUNITY RESOURCES IN PHILADELPHIA. A GERIATRIC INTAKE ASSESSMENT IS COMPLETED IN THE HOSPITAL BY A CASE MANAGER OR SOCIAL WORKER AND PATIENTS ARE EVALUATED FOR FOOD ACCESS PROGRAMS SUCH AS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, COALITION AGAINST HUNGER, MANNA AND MORE. BASED ON THE PROGRAM THAT BEST FITS THE NEEDS OF THE PATIENT, PENN MEDICINE STAFF WORK TO LINK RESOURCES TO THE PATIENT TO ADDRESS NUTRITION AND HUNGER. GOOD FOOD, HEALTHY HOSPITALS. THIS NATIONAL HOSPITAL INITIATIVE TAKES STRIDES TO ENSURE FOOD IS ALIGNED WITH A POPULATION HEALTH MISSION. PENN MEDICINE IS COMMITTED TO ELIMINATING SODAS.</p>

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

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FORM 990, PART III, LINE 4A (CONT)	<p>UDING ACCESSING BEHAVIORAL HEALTH, ADDRESSING SUBSTANCE ABUSE, CONNECTING TO HEALTHY FOOD, HOUSING, TRANSPORTATION, AND ENGAGING IN CHRONIC DISEASE PREVENTION THE PROGRAM HAS BEEN DELIVERED TO NEARLY 10,000 HIGH-RISK PATIENTS AND PROVEN IN THREE RANDOMIZED CONTROLLED T RIALS TO IMPROVE CHRONIC DISEASE CONTROL, MENTAL HEALTH AND QUALITY OF CARE WHILE REDUCING TOTAL HOSPITAL DAYS BY 65% IN ADDITION, CHWS FACILITATE MEET UP GROUPS FOR COMMUNITY MEM BERS WHICH INCLUDE THINGS LIKE COOKING DEMONSTRATIONS, FINANCIAL PLANNING, BEREAVEMENT SUP PORT ETC (PATIENTS CHOOSE THE TOPICS, CHWS ARRANGE GUEST SPEAKERS AND FACILITATE) IMPACT ALSO SUPPORTS THE VETERAN COMMUNITY THROUGH CREATING COMMUNITY GARDENS, CONNECTING THEM T O EDISON HIGH SCHOOL TO DO MENTORING, BOWLING EVENTS, ETC) MORE THAN 1,000 ORGANIZATIONS HAVE ACCESSED OUR CHW TOOLKIT AND WE PROVIDE TECHNICAL ASSISTANCE TO HELP ORGANIZATIONS AR OUND THE COUNTRY CREATE, LAUNCH AND SUSTAIN EFFECTIVE CHW PROGRAMS SOCIAL DETERMINANTS OF HEALTH SCREENING AND REFERRAL TOOL IN PARTNERSHIP WITH THE PENN CENTER FOR HEALTH EQUITY , A SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL AND REFERRAL PROGRAM WILL LAUNCH IN THE F IRST QUARTER OF 2020 THIS FREE TOOL FOR THE PATIENT COMMUNITY WILL BE BUILT BY OUR SOFTWA RE PARTNER AND ASSIST IN OUR EFFORTS TO HELP PROVIDE RESOURCE INFORMATION AND HEALTHCARE S ERVICES ON THE WEB FOR PATIENTS SERVICES AND RESOURCE INFORMATION WILL INCLUDE LOCATING F OOD PANTRIES, UTILITY ASSISTANCE, FLU SHOT CLINICS, AND MORE PHILADELPHIA PROMISE ZONE F ACULTY AND STAFF FROM ACROSS THE UNIVERSITY OF PENNSYLVANIA AND PENN MEDICINE HAVE BEEN EN GAGED IN THE WEST PHILADELPHIA PROMISE ZONE, ONE OF TWENTY-TWO UNDERSERVED AREAS IN THE CO UNTRY DESIGNATED BY THE OBAMA ADMINISTRATION THE PROMISE ZONE AIMS TO REDUCE POVERTY AND BRING GREATER OPPORTUNITY TO PEOPLE LIVING AND WORKING IN WEST PHILADELPHIA THE INITIATIV E HELPS ORGANIZATIONS WORK TOGETHER TO CONNECT RESIDENTS TO HIGH QUALITY EDUCATION, WELL-P AYING JOBS, AFFORDABLE HOUSING, HEALTH SERVICES, AND SAFE, ECONOMICALLY HEALTHY PLACES TO LIVE LED BY THE MAYOR'S OFFICE OF COMMUNITY EMPOWERMENT AND OPPORTUNITY, OVER 100 LOCAL P ARTNER ORGANIZATIONS, INCLUDING PUBLIC AGENCIES, SERVICE PROVIDERS, CIVIC GROUPS, UNIVERSI TIES, AND HOSPITALS, MEET MONTHLY TO ADVANCE WORK IN AREAS THAT INCLUDE EDUCATION, ECONOMI C OPPORTUNITY, HEALTH AND WELLNESS, HOUSING, AND PUBLIC SAFETY</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>10 LINGUISTICALLY- AND CULTURALLY- APPROPRIATE HEALTHCARE AND 11 RACISM AND DISCRIMINATION IN HEALTHCARE THE CENTER FOR HEALTH EQUITY ADVANCEMENT (CHEA) CHEA IS THE CORNERSTONE FOR ADVANCING HIGH QUALITY PATIENT/FAMILY-CENTERED CARE FOR ALL, REGARDLESS OF THEIR PERSONAL CHARACTERISTICS, SUPPORTS COMMUNITY PARTNERSHIPS TO TACKLE BARRIERS TO ACHIEVING OPTIMAL HEALTH FOR ALL COMMUNITIES WE SERVE, AND AIMS TO PROVIDE EQUITABLE HEALTHCARE WITHIN INCLUSIVE ENVIRONMENTS THAT SUPPORT A DIVERSE WORKFORCE AND STUDENT BODY IN ORDER TO BUILD SUPPORT FOR AND ALIGN MUTUALLY REINFORCING EQUITY INITIATIVES ACROSS THE ENTERPRISE, PENN MEDICINE INCORPORATES ITS CENTER FOR HEALTH EQUITY ADVANCEMENT BLUEPRINT FOR EQUITY AND INCLUSION (APPENDIX B) INTO ITS CHIP WITHIN THE FOLLOWING INITIATIVE AREAS CARE TRANSFORMATION CHEA WILL ESTABLISH SYSTEM-WIDE STRUCTURES FOR ROUTINE MEASUREMENT AND REPORTING OF QUALITY AND PATIENT EXPERIENCE METRICS BY PERSONAL CHARACTERISTICS AS WELL AS LEVERAGE EXISTING QUALITY AND PATIENT EXPERIENCE IMPROVEMENT INFRASTRUCTURE TO ADDRESS IDENTIFIED DIFFERENCES IN CARE BY PERSONAL CHARACTERISTICS COMMUNITY ENGAGEMENT CHEA WILL BUILD COMMUNITY PARTNERSHIPS TO ADDRESS IDENTIFIED SOCIAL NEEDS AT BOTH THE PATIENT- AND POPULATION-LEVEL AND THE COMMUNITY FACING INITIATIVES TO CARE TRANSFORMATION GOALS AND IMPROVING HEALTH OUTCOMES WORKFORCE CHEA WILL CONTINUE TO DRIVE UNDERSTANDING OF INCLUSIVE BEHAVIORS THROUGH ALIGNMENT WITH CURRENT HR INITIATIVES AND POLICIES AND SKILLS TRAINING AND EDUCATION ON INCLUSIVE LEADERSHIP RESEARCH AND EVALUATION CHEA WILL SUPPORT EVALUATION AND RELATED SCHOLARSHIP OF ALL ACTIVITIES DESCRIBED ABOVE AND FURTHER, BUILD RESEARCH AND DEVELOPMENT CAPACITY TO ADVANCE THE SCIENCE OF HEALTH EQUITY AND INCLUSION EDUCATION AND TRAINING CHEA TRAINS HUNDREDS OF CLINICIANS ANNUALLY AND OFFERS A VARIETY OF WORKSHOPS CHEA DEVELOPS AND DEPLOYS MESSAGING CAMPAIGNS ON HEALTH EQUITY AND INCLUSION (HE&I) CONCEPTS AND ITS ALIGNMENT WITH HEALTH SYSTEM OPERATIONAL GOALS AND INVEST IN RELATED WORKFORCE CAPACITY BUILDING AND SKILLS TRAINING TRAINING TOPICS INCLUDE FOUNDATIONS OF UNCONSCIOUS BIAS, BEYOND BIAS ADVANCING DIVERSITY AND INCLUSION, UNCONSCIOUS BIAS FOR LEADERS IMPACT ON DECISION MAKING, IMPACT OF UNCONSCIOUS BIAS FACULTY SEARCH AND SELECTION PROCESS, VIRTUAL FOUNDATIONS OF UNCONSCIOUS BIAS PENN OB/GYN HEALTH EQUITY TASKFORCE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY THE PENN OB/GYN HEALTH EQUITY TASKFORCE WAS FORMED IN JANUARY 2019 TO ADDRESS REPRODUCTIVE HEALTH DISPARITIES IN A MEANINGFUL WAY THE TASK FORCE INCLUDES REPRESENTATION FROM ALL THE DIVISIONS WITHIN THE DEPARTMENT OUR WORKING GROUP MEMBERS SERVE AS THE LEADERS WITHIN THE DEPARTMENT FOR EDUCATION ON HEALTH EQUITY, AND FOR IDENTIFYING AREAS OF QUALITY IMPROVEMENT AND INTERVENTION THAT WILL REDUCE HEALTH INEQUITIES IN OUR DEPARTMENT 12 OTHER COMMUNITY SERVICES & PROGRAMS SUPPORTED BY PENNSYLVANIA HOSPITAL DIABETES EDUCATION CENTER-PENNSYLVANIA HOSPITAL THE</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>DIABETES EDUCATION CENTER PROVIDES COMPREHENSIVE OUTPATIENT EDUCATION AND TRAINING FOR DIABETICS, FAMILY MEMBERS, AND MEMBERS OF THE COMMUNITY. OUR TEAMS CONSIST OF A REGISTERED NURSE, CERTIFIED DIABETES EDUCATOR, REGISTERED LICENSED DIETITIAN AND A CERTIFIED PUBLIC HEALTH EDUCATOR. THE CENTER PROVIDES ITS SERVICES, REGARDLESS OF INSURANCE STATUS OR ABILITY TO PAY FOR SERVICES. SERVICES PROVIDED IN FY19 INCLUDED: COMPREHENSIVE DIABETES SELF-MANAGEMENT EDUCATION IN GROUPS OR INDIVIDUAL SETTINGS. THE PROGRAM HOLDS "RECOGNITION STATUS" FROM THE AMERICAN DIABETES ASSOCIATION AND IS TAUGHT BY A MULTIDISCIPLINARY TEAM INCLUDING MEMBERS OF THE DEPARTMENTS OF MEDICINE, NURSING, PHYSICAL THERAPY, FOOD AND NUTRITION, PHARMACY, AND SURGERY AT PENNSYLVANIA HOSPITAL. INDIVIDUAL EDUCATION FOR SPECIFIC DIABETES MANAGEMENT TASKS SUCH AS SELF BLOOD-GLUCOSE MONITORING AND MEDICATION ADMINISTRATION. DIABETES AWARENESS EDUCATION FOR LOCAL CIVIC, BUSINESS, AND SOCIAL GROUPS. PROFESSIONAL EDUCATION FOR NURSES, ADVANCE PRACTICE PRACTITIONERS, PHARMACISTS, DIETICIANS, AND DISABLED AND BEHAVIORAL HEALTH CLINICIANS. IN ADDITION, GRADUATE AND UNDERGRADUATE STUDENTS IN THE HEALTH PROFESSION, INCLUDING NURSES, HEALTH EDUCATORS AND DIETICIANS, COMPLETE DEGREE REQUIREMENTS AND OBTAIN PRACTICAL EXPERIENCE WITH THE CENTER. DIABETES PREVENTION PROGRAM (DPP) FULLY RECOGNIZED PROGRAM FROM THE CENTER FOR DISEASE CONTROL (CDC) OFFERING A YEAR-LONG PROGRAM FOR PARTICIPANTS WHO MEET THE CRITERIA SET FORTH BY THE CDC. PROGRAM STATISTICS FOR FY19 ARE AS FOLLOWS: GROUP CLASS PARTICIPANTS 621 VISITS. INDIVIDUAL CONSULTATIONS 180 VISITS. MNT INDIVIDUAL CONSULTS 371 VISITS. TOTAL NUMBER OF BILLABLE VISITS 117.2 VISITS. FREE PREDIABETES CLASS 75 VISITS. DPP VISITS 300 VISITS. INPATIENT CONSULTS 8 VISITS. LATINA COMMUNITY (LCHS) 70 VISITS. COMMUNITY EDUCATION 95. PROFESSIONAL EDUCATION 125. DIABETES FOLLOW-UP & MANAGEMENT-TELECOMMUNICATION 2,500. DIABETES FOLLOW-UP & MANAGEMENT-IN PERSON CONSULT 35. FAMILY MEMBERS WHO ATTENDED CLASS 25. HEALTH PROFESSIONAL STUDENTS PARTICIPATED IN PROGRAM ACTIVITIES IN COMPLETION OF DEGREE REQUIREMENTS 10. ABRAMSON CANCER CENTER AT PENNSYLVANIA HOSPITAL AS PART OF THE ABRAMSON CANCER CENTER AT PENNSYLVANIA HOSPITAL, THE JOAN KARNELL SUPPORTIVE CARE PROGRAM OFFERS SUPPORT TO HELP CANCER PATIENTS AND THEIR FAMILIES COPE WITH THE DIAGNOSIS OF CANCER. LED BY TRAINED PROFESSIONALS, THESE GROUPS OFFER EMOTIONAL SUPPORT, EDUCATION, OPPORTUNITIES TO LEARN WAYS OF COPING WITH UNCERTAINTY AND CHANGE, AND A CHANCE TO MEET OTHERS WHO FACE SIMILAR ISSUES. THE CENTER ALSO SUPPORTS ADVOCACY GROUPS WHO PROVIDE PROGRAMS AND SUPPORT TO MUTUAL PATIENTS, THROUGH SHARING OF RESOURCES AND STAFF VOLUNTEERING. WEEKLY SUPPORT GROUPS (SEASONALLY). FEELING HEARD AND MAKING MEANING OF THE CANCER EXPERIENCE SUPPORT GROUP 7 PARTICIPANTS FOR 7 WEEKS. CARING FOR THE CAREGIVER SUPPORT GROUP 4 PARTICIPANTS FOR 6 WEEKS. FREQUENTLY SPEAKING, JOURNAL THROUGH</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>CANCER A GUIDED LIFE REVIEW WRITING SUPPORT GROUP FOR PEOPLE AFFECTED BY CANCER 6 PARTICIPANTS FOR 5 WEEKS INDIVIDUAL SUPPORT THE STORIES THAT BIND US WHAT I WANT YOU TO KNOW INDIVIDUAL LEGACY PROJECTS LED BY CHAPLAIN TO GUIDE PATIENTS TO CREATE A WRITTEN LEGACY 18 PARTICIPANTS BIENNIAL SUPPORT GROUPS COOKING NUTRITIOUS AND NUTRITIOUS FOOD (HANDS- ON EXPERIENCE IN INCORPORATING CANCER-FIGHTING FOODS INTO EVERY DAY EATING) 14 PARTICIPANTS LOOK GOOD, FEEL BETTER (AN EDUCATIONAL SEMINAR ON MAINTAINING OPTIMAL HEALTH AND PHYSICAL APPEARANCE DURING AND AFTER CANCER TREATMENT, IN COLLABORATION WITH THE AMERICAN CANCER SOCIETY) 15 PARTICIPANTS EAT YOUR HERBS - THE CULINARY USE OF CANCER FIGHTING HERBS 8 PARTICIPANTS ANNUAL SERIES HOLISTIC LIVING CHALLENGE EDUCATION AND SUPPORT FOR A PREVENTIVE LIFESTYLE (HELD WEEKLY FOR 7 WEEKS) 12 PARTICIPANTS FOR 7 WEEKS EAT YOUR HERBS IS A DEMONSTRATION COOKING PROGRAM FOCUSING ON THE BENEFITS OF USING HERBS IN COOKING 8 PARTICIPANTS STRENGTH AND HEALING AFTER CANCER IS A MULTIDISCIPLINARY ONE-DAY PROGRAM FOR WOMEN WHO ARE BEING TREATED FOR BREAST OR GYN CANCER 16 PARTICIPANTS CANCER SURVIVORSHIP CELEBRATION, A PROGRAM WHICH FOCUSES ON CANCER SURVIVORSHIP HIGHLIGHTING THE SUPPORTIVE CARE SERVICES PROVIDED AT THE CANCER CENTER 40 PARTICIPANTS AWARENESS PROGRAMS/COMMUNITY PARTNERSHIPS WEAR BLUE DAY FOR COLON CANCER AWARENESS 50 PARTICIPANTS GET YOUR REAR IN GEAR WALK FOR COLON CANCER AWARENESS NATIONAL HEALTHCARE DECISION DAY 60 PARTICIPANTS GREAT AMERICAN SMOKEOUT 50 PARTICIPANTS 17TH ANNUAL FOCUS ON MELANOMA - PROVIDED A NUTRITION INFO TABLE BREAST CANCER AWARENESS INFORMATION EVENT 100 PARTICIPANTS LADIES OF PORT RICHMOND BREAST CANCER WALK - PROVIDED EDUCATION FOCUSED ON BREAST CANCER, HPV AND SKIN CANCER PREVENTION 200 PARTICIPANTS SISTERS R US CIRCLE OF SURVIVORS PROGRAM BE YOUR OWN CHAMPION 8 PARTICIPANTS SISTERS R US CIRCLE OF SURVIVORS PROGRAM REDISCOVERING JOY IN MOVEMENT 4 PARTICIPANTS SUSAN G KOMEN MORE THAN PINK PHILADELPHIA WALK PU RPLE STRIDE WALK BENEFITTING PANCREATIC CANCER ACTION NETWORK LIGHT THE NIGHT WALK BENEFITTING LEUKEMIA AND LYMPHOMA SOCIETY SENIOR EXPO AT COHOX RECREATION CENTER - PROVIDED EDUCATIONAL/PREVENTION MATERIAL RELATED TO CANCER, HPV AND SMOKING CESSATION 400 PARTICIPANTS MOTHER'S DAY FREE MAMMOGRAPHY EVENT ANNUAL FOCUS ON LUNG CANCER</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>NEWBORN CARE THE SECTION ON NEWBORN MEDICINE, THE INTENSIVE CARE NURSERY, AND THE ASSOCIATED DELIVERY AND TERM NURSERIES SERVE MORE THAN 5,000 INFANT-MOTHER PAIRS ANNUALLY OF THE SE, ROUGHLY 40 TO 60 PER YEAR ARE WITHOUT ANY MEANS OF SUPPORT FREQUENTLY, THERE ARE VARYING PSYCHOSOCIAL REASONS THAT IMPAIR THE MOTHER'S ABILITY TO TAKE THEIR BABIES HOME IN ALL OF THESE CASES THE PHYSICIAN AND NURSING SUPPORT AND HOSPITAL CARE ARE GIVEN WITHOUT COMPENSATION THESE SITUATIONS, BECAUSE OF THEIR INEVITABLE PSYCHOSOCIAL COMPLEXITY, CONSUME A GREATER SHARE OF RESOURCES THAN DO MOST COMPENSATED CASES THE AMOUNT OF CARE RENDERED VARIES, BUT BASED UPON LENGTH OF STAY, CHARGES CAN BE CALCULATED TO APPROXIMATELY \$100,000 PER YEAR THIS FIGURE DOES NOT INCLUDE DONATED PHYSICIAN TIME NURSE-MIDWIFERY PENN OB/GYN AND MIDWIFERY CARE, A PRACTICE OF PENNSYLVANIA HOSPITAL, INCLUDES 12 MIDWIVES WHO WORK COLLABORATIVELY WITH PHYSICIANS IN THE DEPARTMENT OF OBSTETRICS AND GYNCOLOGY TO PROVIDE CARE TO LOW-INCOME WOMEN WITH AND WITHOUT MEDICAL RISK FACTORS A FULL SPECTRUM OF INDIVIDUALIZED, FAMILY-CENTERED REPRODUCTIVE AND GYNCOLOGIC HEALTHCARE IS PROVIDED BASED ON THE PHILOSOPHY OF MUTUAL RESPECT, CLIENT PARTICIPATION, AND EDUCATION SERVICES ARE PROVIDED WITHIN THE HOSPITAL AS WELL AS IN THE OUTPATIENT OFFICE SETTING THE MIDWIVES PROVIDE FREE COMMUNITY EDUCATION WITH SPEAKING ENGAGEMENTS TO BREASTFEEDING AND PARENTING GROUPS, NURSING AND UNDERGRADUATE STUDENTS, AND THE GENERAL COMMUNITY THE MIDWIVES ARE ACTIVE PARTICIPANTS IN THE TRAINING OF MIDWIFERY AND MEDICAL STUDENTS, AS WELL AS OBGYN RESIDENTS AT PENNSYLVANIA HOSPITAL PARENT EDUCATION, BREASTFEEDING SUPPORT AND CHILDBIRTH EDUCATION FREE WEEKLY SUPPORT GROUPS FOR MOTHERS OF BREASTFEEDING INFANTS ARE OFFERED BY THE FAMILY EDUCATION DEPARTMENT EACH MEETING LASTS APPROXIMATELY 90 MINUTES THE PROGRAM INCLUDES BREASTFEEDING ADVICE AND EDUCATION, FOLLOWED BY PEER DISCUSSION ABOUT BREASTFEEDING RELATED ISSUES IN FY19, OVER 187 WOMEN ATTENDED THESE GROUPS FREE POSTPARTUM CLASSES ARE SPONSORED BY THE FAMILY EDUCATION DEPARTMENT TO SUPPORT, EDUCATE, AND ENCOURAGE BREASTFEEDING MOTHERS THE CLASS IS OFFERED 6 DAYS A WEEK AND IS OPEN TO NEW PARENTS AND THEIR SUPPORT PEOPLE APPROXIMATELY 1,400 NEW MOTHERS AND SUPPORT PEOPLE/FAMILY MEMBERS ATTENDED THE BREASTFEEDING WARMLINE IS STAFFED BY CERTIFIED LACTATION CONSULTANTS AND IS AVAILABLE DAILY TO ANSWER QUESTIONS AND CONCERNS ABOUT BREASTFEEDING IN FY19, WE RECEIVED APPROXIMATELY 425 CALLS FROM WOMEN IN OUR COMMUNITY, AS WELL AS FROM PHYSICIANS, MIDWIVES, INSURANCE COMPANIES, AND OTHERS IN THE COMMUNITY SOLUTIONS FOR WOMEN PENNSYLVANIA HOSPITAL PROVIDES BREAST PUMPS, BABY SCALES AND BREASTFEEDING ACCESSORIES FOR SALE/RENT TO PATIENTS A PRODUCT SPECIALIST IS AVAILABLE TO ANSWER QUESTIONS AND CONCERNS FREE WEIGHT CHECKS FOR INFANTS AND OUTPATIENT LACTATION CONSULTATIONS ARE ALSO AVAILABLE PENNSYLVANIA HOSPITAL ALSO HAS A WIG SALON WHICH IS RUN THROUGH THE AME</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>RICAN CANCER SOCIETY ALL WIGS ARE PROVIDED AT NO COST IN FY19, 71 WOMEN WITH MEDICAL HAIR LOSS WERE GIVEN BRAND NEW WIGS AT NO CHARGE IN FY19, 820 PATIENTS CAME IN FOR OUTPATIENT CARE, INCLUDING 5 PATIENTS WITH NO INSURANCE COVERAGE WHO RECEIVED CARE AT NO COST TO THEM ADDITIONALLY, THE STORE SPONSORED A HOSPITAL-WIDE DIAPER DRIVE IN FY19 AS A RESULT, OVER 2500 DIAPERS WERE DONATED TO THE PHILADELPHIA DIAPER BANK FOR LOW INCOME FAMILIES, AS WELL AS COMMUNITY ORGANIZATIONS LACTATION COUNSELING IN SPANISH AN INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT AND A SPANISH-SPEAKING PEER COUNSELOR MEET WITH A GROUP OF SPANISH-SPEAKING EXPECTANT MOTHERS FROM A LATINA HEALTH CLINIC EACH MONTH TO ENCOURAGE BREASTFEEDING AND ANSWER QUESTIONS ABOUT INFANT FEEDING APPROXIMATELY 75 EXPECTANT MOTHERS BENEFITED FROM THIS SUPPORT BREAST PUMPS (HOSPITAL GRADE) WERE PROVIDED AS LOANERS TO LOW-INCOME WOMEN WITH MEDICAL NEED WE WERE ABLE TO PROVIDE 4 MONTHS OF "RENTAL" AT NO COST ADDITIONALLY, 36 MANUAL BREAST PUMPS WERE PROVIDED AT NO COST TO LOW-INCOME FAMILIES IN NEED BREAST MILK TRANSPORT BAGS WERE PROVIDED TO MOTHERS WHOSE INFANTS WERE ILL OR PRETERM AND NEEDED TO STAY IN THE HOSPITAL AFTER THE MOTHER'S DISCHARGE SEVENTY MOTHERS RECEIVED THE BAGS AT NO CHARGE CHILDBIRTH AND PRENATAL EDUCATION IS PROVIDED BY THE FAMILY EDUCATION DEPARTMENT TO FAMILIES IN OUR COMMUNITY IN FY19, WE HAD 4,068 CLASS PARTICIPANTS CLASSES INCLUDED THE FOLLOWING CHILDBIRTH PREP 101 PREPARED CHILDBIRTH PLUS BABY CARE BASICS LABOR LAB BEGINNING BREASTFEEDING INFANT/CHILD CPR BABY WHISPERER WORKSHOP BECOMING GRAND JUNIOR COLLEGE SIBLING CLASS EXPECTANT PARENTS' ORIENTATION STRONGER AFTER PREGNANCY BREASTFEEDING AND BACK TO WORK ONLINE CHILDBIRTH EDUCATION AN ONLINE E-CLASS CALLED UNDERSTANDING BIRTH THE INTENSIVE CARE NURSERY (ICN) PROVIDES COMPREHENSIVE INTENSIVE CARE TO CRITICALLY ILL AND SICK NEONATES AND THEIR FAMILIES THE UNIT SPECIALIZES IN PROVIDING CARE TO INFANTS WHO ARE BORN LESS THAN 36 WEEKS GESTATIONAL AGE, AS WELL AS TO INFANTS OF ALL GESTATIONAL AGES WHO REQUIRE INTENSIVE CARE DUE TO CONDITIONS SUCH AS HYPOXIC-ISCHEMIC INJURY, CARDIAC DYSFUNCTION, RESPIRATORY DISTRESS, SEPSIS, HYPOGLYCEMIA, HYPERBILIRUBINEMIA, NEONATAL ABSTINENCE SYNDROME, SEIZURES, OR CONGENITAL ANOMALIES AFTER DISCHARGE FROM THE INTENSIVE CARE NURSERY, THE DEVELOPMENTAL FOLLOW-UP PROGRAM AT PENNSYLVANIA HOSPITAL PROVIDES OUTPATIENT NEURODEVELOPMENTAL ASSESSMENTS TO ALL INFANTS WHO WERE BORN AT < 32 WEEKS GESTATION, AND/OR THOSE WITH BIRTH WEIGHT < 1500 GRAMS, AS WELL AS OLDER INFANTS WITH HYPOXIC ISCHEMIC ENCEPHALOPATHY, NEONATAL ABSTINENCE SYNDROME, OR SEVERE RESPIRATORY FAILURE THIS PROGRAM OFFERS SERIAL ASSESSMENTS THROUGH 2 YEARS OF AGE DURING FY19, FORMER ICN INFANTS FOR ~500 VISITS TWO OTHER POST-DISCHARGE PROGRAMS ARE OFFERED TO FAMILIES OF ICN INFANTS EVERY OTHER YEAR, THE INTENSIVE CARE NURSERY HOSTS FORMER ICN BABIES AND THEIR PARENTS FOR A DAY</p>

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FORM 990, PART III, LINE 4A (CONT)	<p>Y-LONG REUNION THIS MOST RECENT EVENT WAS HELD ON SEPTEMBER 14, 2019 OVER 700 FAMILIES, THEIR GUESTS AND STAFF WERE IN ATTENDANCE THIS YEAR, THE LARGEST TURNOUT FOR THIS EVENT IN ITS HISTORY THE REUNION IS FREE FOR ICN FAMILIES, AND PROVIDES AN IMPORTANT OPPORTUNITY TO FAMILIES TO CONNECT WITH CAREGIVERS AND WITH ONE ANOTHER, TO REFLECT ON THEIR SHARED EXPERIENCES AND CELEBRATE THEIR PROGRESS THE INTENSIVE CARE NURSERY FAMILY ADVISORY COUNCIL , FORMED IN FY14, HAS CONTINUED TO BE VERY ACTIVE THIS COUNCIL OF APPROXIMATELY 20 FORMER ICN PARENTS AND STAFF MEETS REGULARLY TO FUNDRAISE AND PROVIDE SUPPORT TO CURRENT ICN PARENTS WORKING WITH ICN MEDICAL AND NURSING PARTNERS, THIS GROUP IDENTIFIED A NEED FOR ONGOING PSYCHOSOCIAL SUPPORT FOR ICN PARENTS, MANY OF WHOM STRUGGLE WITH DEPRESSION AND ANXIETY DURING THE OFTEN PROLONGED HOSPITALIZATION OF THEIR SICK AND PREMATURE INFANTS PSYCHOLOGY SUPPORT SERVICES ARE CURRENTLY PROVIDED TO ICN FAMILIES WITH STAFFING FROM THE DEPARTMENT OF PSYCHIATRY PSYCHOLOGY INTERNS PROVIDE 8-10 HOURS OF CLINICAL TIME FOR THE SUPPORT OF ICN PARENTS WEEKLY CURRENTLY, THE DEPARTMENT OF NURSING PROVIDES THE FUNDING FOR THIS PROGRAM FINALLY, THE INTENSIVE CARE AND LABOR FLOOR NURSES HOLD A YEARLY INFANT LOSS AND REMEMBRANCE CEREMONY EACH OCTOBER, ATTENDED BY FAMILIES WHOSE INFANTS PASSED AWAY AFTER BIRTH AT PENNSYLVANIA HOSPITAL PHARMACY THE HARRISON SPECIALTY GRANT PROVIDES COPAY ASSISTANCE IN SITUATIONS WHERE THE COPAY IS THE ONLY BARRIER TO OBTAINING THE MEDICATIONS THE GRANT ALSO PROVIDES FOR MEDICATION WHEN THE ONLY BARRIER TO DISCHARGE IS THAT COST 448 PATIENTS BENEFITTED FROM THIS GRANT FOR FISCAL YEAR 2019 PATIENT AND GUEST RELATION WORKS TO ENSURE EVERY PATIENT RECEIVES THE BEST POSSIBLE CARE AND TREATMENT AT PENNSYLVANIA HOSPITAL REPRESENTATIVES OF THE PATIENT AND GUEST RELATIONS DEPARTMENT SERVE AS A SOURCE OF INFORMATION AND RESOURCES TO HELP PATIENTS, FAMILIES, AND VISITORS IN ADDITION TO CHAPLAIN SERVICES, THE FOLLOWING WAS PROVIDED BY THE PATIENT AND GUEST RELATIONS DEPARTMENT PATIENT CONCERN/COMPLAINT RESOLUTION 2,126 INTERPRETER SERVICES 10,379 MEAL VOUCHERS 1,049 PARKING VOUCHERS 675 NOTARY SERVICE 121 BEST POSSIBLE CARE AND TREATMENT AT PENNSYLVANIA HOSPITAL REPRESENTATIVES OF THE PATIENT AND GUEST RELATIONS DEPARTMENT SERVE AS A SOURCE OF INFORMATION AND RESOURCES TO HELP PATIENTS, FAMILIES, AND VISITORS IN ADDITION TO CHAPLAIN SERVICES, THE FOLLOWING WAS PROVIDED BY THE PATIENT AND GUEST RELATIONS DEPARTMENT PATIENT CONCERN/COMPLAINT RESOLUTION 2,126 INTERPRETER SERVICES 10,379 MEAL VOUCHERS 1,049 PARKING VOUCHERS 675 NOTARY SERVICE 121 MEETING FACILITIES PENNSYLVANIA HOSPITAL PROVIDES A WIDE RANGE OF SUPPORT SERVICES AT NO COST TO NEIGHBORHOOD CIVIC ASSOCIATIONS, COMMUNITY GROUPS AND SUPPORT GROUPS, THESE SERVICES RANGE FROM THE COORDINATION OF AN ENTIRE EVENT (ARRANGING FOR SPACE, PROVIDING REFRESHMENTS AND PHOTOGRAPHERS, ALERTING SECURITY, ETC) TO PROVIDE</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	<p>GROUPS SUPPORTED ARE THE FOLLOWING SOCIETY HILL CIVIC ASSOCIATION, PHILADELPHIA POLICE, D ELAWARE VALLEY COUNCIL OF CITIZENS LOW VISION MEETING COMMUNITY OUTREACH PENNSYLVANIA HO SPITAL EMPLOYEES SUPPORT A WIDE RANGE OF COMMUNITY PROJECTS AS REPRESENTATIVES OF THE HOSP ITAL DURING THIS PAST FISCAL YEAR, EMPLOYEES RAISE \$41,899 FOR THE AMERICAN HEART ASSOCIA TION THROUGH THE PHILADELPHIA HEART WALK IN ADDITION, EMPLOYEES FROM ALL OF PENN MEDICINE , INCLUDING PENNSYLVANIA HOSPITAL, CONTRIBUTED \$286,088 FOR MULTIPLE SCLEROSIS THROUGH THE ANNUAL MS 150 BIKE RACE PLEASE SEE THE LIST BELOW FOR OTHER PROJECTS AIMED TO SUPPORT LO CAL BRANCHES OF NONPROFITS AND LOCAL NONPROFITS UNITED WAY MARCH OF DIMES JUVENILE DIABETES FOUNDATION PHILADELPHIA AIDS CONSORTIUM BREAST HEALTH INSTITUTE/RACE FOR THE CURE OUT OF DARKNESS SUICIDE PREVENTION WALK BENEFITTING THE AMERICAN FOUNDATION FOR SUI CIDE PREVENTION ADDITIONALLY, PENNSYLVANIA HOSPITAL IS AN ACTIVE PARTICIPANT IN LOCAL NEIG HBORHOOD CLEANUP EVENTS, HEALTH FAIRS, AND COMMUNITY HEALTH EDUCATION SESSIONS, AS WELL AS CONDUCTING VARIOUS FOOD AND SUPPLY DRIVES FOR THOSE IN NEED PLEASE SEE FY19 OUTREACH OUT LINED BELOW DEPARTMENT OF NURSING PARTNERED WITH HALL-MERCER TO SPONSOR > FOOD DRIVES FOR FAMILIES IN NEED > BLANKET DRIVE FOR THE HOMELESS > "BLESSING BAGS" FOR THE HOMELESS CAR SEAT SAFETY PROGRAM PROVIDED HEALTHCARE EDUCATION SESSIONS AT THE FOLLOWING > OLD ST JOSEPH'S CHURCH FOOD > MENTAL HEALTH PARTNERSHIP > WOMEN OF HOPE SHELTER > ADDICTION CENTER AT PENN PRESBYTERIAN PARTICIPATED IN THE MCCALL ELEMENTARY SCHOOL ANNUAL WOMAN'S CAREER DAY WOMAN'S HEALTH OUTREACH TEAM 2 VOLUNTEER DAYS AT MANNA PACKAGING UP OVER 1,0 00 MEALS EACH TIME SCHOOL SUPPLY DRIVE FOR EDWIN M STANTON SCHOOL, WHERE APPROXIMATELY 400 STUDENTS FROM K-8TH GRADE ATTEND FIRST AID KIT SUPPLY (BAND AIDS, ACE BANDAGES, GAUZ E, SPLINTS, CHILDREN'S TYLENOL, ETC) DRIVE FOR THE SCHOOL NURSE OF STANTON SCHOOL GIFT DRIVE (GAMES, BOOKS, TOYS, ART SUPPLIES) TO DONATE TO CAMP ERIN, AN ANNUAL, WEEK-LONG SUMM ER CAMP FOR CHILDREN GRIEVING THE LOSS OF A PARENT OR GUARDIAN FOOD & NUTRITION CONDUCT ED HOSPITAL-WIDE FOOD DRIVE FOR MARCH, NATIONAL NUTRITION MONTH FOR LOW-ECONOMIC FAMILIES OF HALL MERCER HOSTED HOSPITAL-WIDE SCHOOL DRIVE FOR LOW-ECONOMIC FAMILIES OF HALL MERCE R PARTNERED WITH COMMON MARKET, A NONPROFIT LINKING LOCAL FARMS AND THEIR FRESH, HEALTHY PRODUCTS WITH CUSTOMERS THROUGH CAF 1715, THE CAFETERIA AT PENNSYLVANIA HOSPITAL ADOPTED TWO FAMILIES FROM HALL MERCER FOR THE HOLIDAY CULTURAL & COMMUNITY AWARENESS COUNCIL PAR TICIPATED IN THE FOLLOWING PROJECTS FOR FY19 VOTER REGISTRATION DRIVE TABLED IN CAFETERIA AND OUTSIDE BY BEN'S DEN, CAPTURING PATIENT, THEIR FAMILY, COMMUNITY, PEDESTRIAN TRAFF IC, AND HOSPITAL STAFF CLOTHING DRIVE HOSTED A CLOTHING DRIVE THAT BENEFITTED PATIENTS /CLIENTS OF HALL MERCER WHILE PATIENTS AND CLIENTS 'SHOPPED' THROUGH THE CLOTHING, 70 CAR E PACKAGES OF SNACKS ALONG WIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	<p>H RESOURCES INFORMATION FOR THE HOUSING INSECURE WERE OFFERED LEFT OVER CLOTHING WAS DISTRIBUTED TO SHELTERS IN THE SURROUNDING COMMUNITY FOOD DRIVE COLLECTED SEVERAL LARGE BOXES OF FOOD DURING MLK DAY WEEK TO BENEFIT HALL MERCER'S PANTRY LGBTQ HEALTH AWARENESS TABLED IN CAFETERIA WITH INFORMATION SPECIFIC TO THE LGBTQ COMMUNITY, INCLUDING SEPARATE INFORMATION SHEETS FOR MEMBERS OF EACH CONSTITUENT PART OF THE LGBTQ COMMUNITY AND WHAT INFORMATION THEY MIGHT DISCUSS WITH THEIR HEALTH PROVIDERS DIVERSITY DAY HOSTED AN EDUCATION FAIR COMPRISED OF LOCAL COMMUNITY ORGANIZATIONS FOR THE PUBLIC AND HOSPITAL STAFF GAMES, ENTERTAINMENT, FOOD, AND INFORMATION ON LOCAL COMMUNITY ORGANIZATIONS WERE OFFERED THE HALL MERCER CHILDREN'S CHOIR PERFORMED ORGANIZATIONS REPRESENTED INCLUDED THE FOLLOWING -PHILADELPHIA CORPORATION FOR THE AGING -PHILADELPHIA FIGHT -PENNSYLVANIA HOSPITAL DIABETES EDUCATION CENTER -AQUINAS CENTER -MANNA -RESOURCES FOR HUMAN DEVELOPMENT -SICKLE CELL DISEASE ASSOCIATION OF PHILADELPHIA -WOMEN'S CENTER OF MONTGOMERY COUNTY -CENTER FOR TRANSFUSION FREE MEDICINE PENN MEDICINE CARES GRANT THIS GRANT IS OFFERED TO PENN MEDICINE EMPLOYEES AND MEDICAL STUDENTS FOR THEIR VOLUNTEER EFFORTS THAT SEEK TO IMPROVE COMMUNITY HEALTH AND EASE SOCIAL DETERMINANTS OF HEALTH THE FOLLOWING PROJECTS/PROGRAMS ARE OUTREACH SPECIFIC TO PENNSYLVANIA HOSPITAL EMPLOYEES AND WE AWARDED FUNDING IN FY19 FITNESS CLUB AT PANTOJA CHARTER SCHOOL, OVI MEDINA-ESTEVEZ OVI IS A VOLUNTEER IN THE AFTER-SCHOOL FITNESS PROGRAM AT THIS NORTH PHILADELPHIA CHARTER SCHOOL THERE, SHE PARTNERS FOUR TIMES A WEEK WITH THE SCHOOL'S PHYSICAL EDUCATION TEACHER TO LEAD THE STUDENTS IN PHYSICAL ACTIVITY AND TEACHES HEALTHY EATING AND HEALTHY HABITS BUT AS SHE'S LEARNED, THE SCHOOL LACKS A PROPER GYMNASIUM AND PROPER EQUIPMENT HER FUNDS PURCHASED ITEMS TO PROVIDE HEALTHY WORKOUTS IN A LIMITED SPACE HEIMLICH HEROES, SARA COHEN SARA HAS BEEN A VOLUNTEER WITH THE PHILADELPHIA PUBLIC SCHOOLS IN VARIOUS CAPACITIES INCLUDING PRESENTING INFORMATION ON HEALTH CARE CAREERS HOWEVER, SARA RECEIVED A GRANT FOR CONTINUED TRAINING OF STUDENTS IN GRADES 5TH THROUGH 7 OF PHILADELPHIA PUBLIC SCHOOLS IN THE LIFESAVING HEIMLICH MANEUVER SO FAR, SHE HAS TRAINED 700 STUDENTS WITH THIS LIFE-SAVING EFFORT ST WILDRIDS CLINIC, MELINDA LAMB FOR SEVERAL YEARS, MELINDA HAS PARTNERED WITH GRACE CHURCH IN HADDONFIELD TO HOST ST WILFRIED'S OPEN DOOR CLINIC IN CAMDEN THERE, NURSES, INCLUDING MELINDA, HEAR MEDICAL CONCERNS EVERY THIRD SATURDAY OF THE MONTH, AND FOOD AND PERSONAL HYGIENE PRODUCTS ARE AVAILABLE FOR THOSE WHO COME TO THE CLINIC MELINDA'S CURRENT GRANT WENT TOWARD CREATING A MUCH-NEEDED PRIVATE SPACE FOR THE CLINIC'S CLIENTS TO MEET WITH THE HEALTH-CARE PROFESSIONALS SOUTHWARK LICE PREVENTION AND TREATMENT, OWAIN WILDE HEAD LICE IN CHILDREN IS A LEADING CAUSE OF ABSENTEEISM FROM SCHOOLS OF ALL COMMUNICABLE CHILDHOOD DISEASES, ONLY THE COMMON COLD OCCURS MORE OFTEN THAN HEAD LICE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	<p>IN ACCORDANCE WITH SCHOOL DISTRICT POLICY, WHEN A SOUTHWARK SCHOOL STUDENT IS IDENTIFIED WITH HEAD LICE, THAT STUDENT IS EXCLUDED FROM SCHOOL UNTIL ADEQUATE TREATMENT HAS BEGUN O WAIN'S GRANT HELPS TO ENABLE THE SCHOOL NURSE TO GIVE FREE LICE TREATMENT KITS TO FAMILIES WHO HAVE KNOWN CASES OF HEAD LICE FUNDING ALSO GOES TOWARD FLYERS THAT PROVIDE INFORMATION IN THE MANY DIVERSE LANGUAGES OF THE STUDENTS AND THEIR FAMILIES AND FOR SHAMPOO AND TREATMENT COMBS TO THOSE WHO BECOME INFECTED IT IS HOPEFUL THAT THIS EDUCATION IN FAMILIES' NATIVE LANGUAGE COUPLED WITH ON-HAND TREATMENT WILL DECREASE THE NUMBER OF DAYS STUDENTS ARE ABSENT FROM SCHOOL THE LIBRARIES AT PENNSYLVANIA HOSPITAL ARE LOCATED ON THE 2ND AND 3RD FLOOR OF THE HISTORIC PINE BUILDING THE MODERN LIBRARY IS AN ON-SITE, VITAL REFERENCE CENTER INCORPORATING MODERN INFORMATION TECHNOLOGY THE COLLECTIONS INCLUDE THE CLINICAL LIBRARY AND THE PSYCHIATRIC LIBRARY THE HISTORIC LIBRARY AND HISTORIC COLLECTIONS CONTAIN MANUSCRIPTS, RARE BOOKS, ART, AND ARTIFACTS RELATED TO THE HISTORY OF MEDICINE AND PENNSYLVANIA HOSPITAL THESE COLLECTIONS ARE USED BY LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL RESEARCHERS THE LIBRARY OFFERS AN ARRAY OF SERVICES, INCLUDING PROFESSIONAL SEARCHING OF THE MEDICAL LITERATURE THE HISTORIC LIBRARY AND HISTORIC COLLECTIONS ARE OPEN BY APPOINTMENT ONLY HISTORIC COLLECTIONS AND TOURS THE PENNSYLVANIA HOSPITAL IS THE NATION'S FIRST HOSPITAL AND A DESIGNATED NATIONAL HISTORIC LANDMARK FOUNDED BY DR THOMAS BOND AND BENJAMIN FRANKLIN, THE HOSPITAL WAS CHARTERED IN 1751 BY THE COLONIAL GOVERNMENT AS THE FIRST INSTITUTION IN AMERICA ORGANIZED EXCLUSIVELY FOR THE TREATMENT AND CARE OF THE SICK POOR AND MENTALLY ILL THE PENNSYLVANIA HOSPITAL OFFERS THE PUBLIC A VIEW OF THE HISTORY OF MEDICINE IN A WAY UNLIKE ANY OTHER INSTITUTION IN THE UNITED STATES, PROVIDING PRE-ARRANGED GUIDED TOURS OF THE NATION'S FIRST MEDICAL LIBRARY AND SURGICAL AMPHITHEATRE WE ARE A BLUE STAR MUSEUM, PROVIDING FREE TOURS FOR MILITARY PERSONNEL AND THEIR FAMILIES THE HISTORIC COLLECTIONS, HOUSED IN THE ORIGINAL EAST WING OF THE PINE BUILDING, HOLDS A COLLECTION OF RECORD THAT REFLECTS THE DEVELOPMENT OF HEALTHCARE AND MEDICAL EDUCATION FROM THE EIGHTEENTH TO THE TWENTY-FIRST CENTURIES OUR COLLECTIONS ARE HIGHLIGHTED IN OUR CHANGING EXHIBITIONS, WHICH HAVE INCLUDED THE HISTORY OF EARLY MEDICAL EDUCATION AND COLONIAL MEDICINE THE HISTORIC COLLECTIONS HOSTS RESEARCHERS WHO UTILIZE THESE IMPORTANT MANUSCRIPTS, AS WELL AS HOSTING CONFERENCES ON A VARIETY OF HISTORIC MEDICAL ISSUES, BRINGING TOGETHER HISTORICAL SCHOLARS AND MEDICAL PRACTITIONERS FROM ACROSS THE COUNTRY ALSO, PENNSYLVANIA HOSPITAL PROVIDES TOURS OF ITS HISTORIC BUILDINGS AND HISTORIC COLLECTIONS FOR A SUGGESTED DONATION OF \$5 PER PERSON TOTAL FY19 PARTICIPANTS 994 TOTAL FY19 PROFITS \$2,573 -----</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED BY FINANCE STAFF AND PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR REVIEW AND RETURN PREPARATION A DRAFT COPY OF THE 2018 FORM 990 WAS REVIEWED BY VARIOUS SENIOR FINANCIAL MANAGEMENT OFFICIALS BEFORE IT WAS SUBMITTED TO THE BOARD FOR THEIR REVIEW A COPY OF THE FINAL 2018 FORM 990 WAS THEN MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO THE FILING DEADLINE -----

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C LINE 19	DOCUMENTS AVAILABILITY TO PUBLIC OUR FORMS 990, GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST NOTE THAT SINCE THE ORGANIZATION HAS BEEN IN EXISTENCE SINCE 1751, IT WAS NOT REQUIRED TO FILE A FORM 1023 APPLICATION INSTEAD, THE ORGANIZATION'S IRC SECTION 501(C)(3) TAX-EXEMPT STATUS WAS GRANDFATHERED BY THE IRS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS OTHER CHANGES IN TEMP & PERM RESTRICTED NET ASSETS \$1,541,281 TRANSFERS TO AFFILIATES (586,501) ----- TOTAL OTHER CHANGES IN NET ASSETS \$954,780 -----

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Employer identification number
31-1538725

Part I

Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1538725
Name: PENNSYLVANIA HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA		No
C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		No
250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(c)(3)	10	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(c)(3)	12, II	PA HOSPITAL	Yes	
555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES		No
306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147	FUNDRAISING	PA	501(C)(3)	7	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1365353	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1525 W WT HARRIS BLVD CHARLOTTE, NC 28262 23-6210940	SUPPORT TRUST	PA	501(C)(3)	12, III-FI	NA		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS		No
3451 WALNUT STREET ROOM 748 PHILADELPHIA, PA 19104 23-1986931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3609 CHESTNUT STREET PHILADELPHIA, PA 19104 23-2422635	HEALTHCARE	PA	501(c)(3)	3	PMC		No
30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	NA		No
210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL		No
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501(c)(3)	12, I	NA		No
3001 MARKET STREET 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573	SUPPORT ORG	PA	501(c)(3)	12, I	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501(c)(3)	10	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501(c)(3)	12, I	PMC		No
3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325	EDU SUPPORT	PA	501(c)(3)	12, I	NA		No
1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464	BUS TRUST	PA	501(c)(3)	8	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		No
217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868	SUPPORT ORG	PA	501(C)(3)	10	NA		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508	FAC CLUB	PA	501(c)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744	BENEFITS	PA	501(c)(3)	12, I	TRUSTEES		No
150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662	HOSPICE CARE	PA	501(c)(3)	10	TRUSTEES		No
700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956	HEALTHCARE	PA	501(c)(3)	3	PA HOSPITAL		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	SUPPORT ORG	NJ	501(C)(3)	12, I	TRUSTEES		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HEALTHCARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HEALTHCARE	NJ	501(C)(3)	10	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 21-0635009	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		No
1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572	HOME HEALTH	PA	501(c)(3)	7	LG HEALTH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARI 1740 FUND N SETSON AVE STE 5500 CHICAGO, IL 60601 32-0472404	INVESTMENT	IL	NA	N/A							No	
(1) DVG 1740 FUND LP ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539	INVESTMENT	CT	NA	N/A							No	
(2) EAST MARSHALL STREET PARTNERSHIP LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-2902742	INVESTMENT	PA	NA	N/A							No	
(3) FERN HILL PARTNERSHIP III LP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 30-0409614	RENTAL	PA	NA	N/A							No	
(4) FERN HILL LLC 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-3005147	RENTAL	PA	NA	N/A							No	
(5) GALLOPAVO LP 2000 MCKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967	INVESTMENT	TX	NA	N/A							No	
(6) JOG V C LIMITED PARTNERSHIP 2300-440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA	N/A							No	
(7) LANCASTER PET PARTNERSHIP LLP PO BOX 4216 LANCASTER, PA 17604 23-3102793	MEDICAL SERVICES	PA	NA	N/A							No	
(8) LG HEALTH COMMUNITY CARE COLLABORATIVE 555 NORTH DUKE STREET LANCASTER, PA 17604 45-5542179	ACO	PA	NA	N/A							No	
(9) LIONVILLE MED OFFICE BLDG PARTNERSHIP 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 16-1640799	INVESTMENT	PA	NA	N/A							No	
(10) MRI GROUP LLP PO BOX 4216 LANCASTER, PA 17604 33-1011386	MEDICAL SERVICES	PA	NA	N/A							No	
(11) NEIGHBRHD PRES & DEV FUND LP 240 NEW YORK DRIVE SUITE 1 FORT WASHINGTON, PA 19034 23-3037919	RENTAL	PA	NA	N/A							No	
(12) OAKLANDS WAY MEDICAL BUILDING ASSOCIATES 929 SOUTH HIGH STREET WEST CHESTER, PA 19382 83-0490251	RENTAL	PA	NA	N/A							No	
(13) SRP INVESTORS FUND A LP 2001 ROSS AVE SUITE 2800 DALLAS, TX 75201 61-1748291	INVESTMENT	TX	NA	N/A							No	
(14) TURK'S HEAD SURGERY CENTER 915 OLD FERN HILL ROAD BLDG B STE WEST CHESTER, PA 19380 20-0184603	MEDICAL SERVICES	PA	NA	N/A							No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CYRUS 1740 MASTER FUND LP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1361754	INVESTMENT	CJ	NA	N/A							No	
(1) JOG VI C LIMITED PARTNERSHIP STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA	N/A							No	
(2) LIFT REAL ESTATE PARTNERS FUND I LP 180 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94104 83-1339929	INVESTMENT	CA	NA	N/A							No	
(3) LG HEALTH COMM CARE COLLAB II 555 NORTH DUKE STREET LANCASTER, PA 17604 82-3809581	ACO	PA	NA	N/A							No	
(4) CYRUS 1740 FUND LP 65 E 55TH STREET 35TH FLOOR NEW YORK, NY 10022 82-1211542	INVESTMENT	NY	NA	N/A							No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BARGE GANSE VENACARE BUS INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017	HEALTHCARE	PA	LGSBT	C-CORP					No
(1) CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2865181	PHYS MGMT	PA	CCA	C-CORP					No
(2) DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP	5,939,680	5,709,499	100 000 %	Yes	
(3) FRANKLIN CASUALTY INSURANCE CO PO BOX 350 BURLINGTON, VT 05402 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
(4) LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
(5) LANCASTER GENERAL SERVICES INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128	PROPERTY SVCS	PA	LG HEALTH	C-CORP					No
(6) NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	INVESTMENT	CJ	TRUSTEES	C-CORP					No
(7) PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST, BEIJING 100004 CH	BUS CONSULTING	CH	UPENN INT'L	C-CORP					No
(8) PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991	HEALTHCARE	PA	PMC	C-CORP					No
(9) UPENN HOSPITALITY 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No
(10) QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST ROOM 329 PHILADELPHIA, PA 19104 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
(11) THE PAM 1740 FUND LTD PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 CJ	INVESTMENT	CJ	TRUSTEES	C-CORP					No
(12) TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SERVICES	PA	CCH&HS	C-CORP					No
(13) LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	TRUST	PA	LG HEALTH	TRUST					No
(14) PRINCETON HEALTH INC & SUBSIDIARIES ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					No

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

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