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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
PENN STATE HEALTH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
500 UNIVERSITY DRIVE MC H162

City or town, state or province, country, and ZIP or foreign postal code
HERSHEY, PA 17033

D Employer identification number
47-3769205

E Telephone number
(717) 531-8477

G Gross receipts $ 892,817,312

F Name and address of principal officer:
STEPHEN MASSINI
500 UNIVERSITY DRIVE MC H162
HERSHEY, PA 17033

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PENNSTATEHEALTH.ORG

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

L Year of formation: 2014

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO CONTINUALLY IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE OF PENNSYLVANIA, AND BEYOND.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	5,537
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,763,402	117,334,127
9	Program service revenue (Part VIII, line 2g)	306,689,622	386,449,568
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,418,138	27,515,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,021,394	3,073,976
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,892,556	534,372,914
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	509,447	346,370
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	274,894,770	329,743,419
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	251,843,194	281,992,319
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	527,247,411	612,082,108
19	Revenue less expenses. Subtract line 18 from line 12	-102,354,855	-77,709,194

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,010,298,637	1,838,675,424
21	Total liabilities (Part X, line 26)	2,134,356,154	2,023,039,228
22	Net assets or fund balances. Subtract line 21 from line 20	-124,057,517	-184,363,804

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

****** 2022-05-16
Signature of officer Date

PAULA TINCH EVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00288383

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 2001 MARKET STREET SUITE 700
PHILADELPHIA, PA 19103 — Phone no. (215) 561-4200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PENN STATE HEALTH'S MISSION IS TO CONTINUALLY IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE OF PENNSYLVANIA, AND BEYOND. THE ORGANIZATION PROVIDES PATIENTS WITH EXCELLENT, COMPASSIONATE AND EQUITABLE CARE; EDUCATES AND TRAINS HEALTHCARE PROFESSIONALS; AND ADVANCES EVIDENCE-BASED MEDICAL INNOVATION THROUGH RESEARCH AND DISCOVERY.

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 $ 503,127,466 including grants of $ 346,370) (Revenue $ 389,523,544)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 503,127,466

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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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		No
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		No
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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
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	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,537		
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**	No
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**	
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**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
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?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	10		
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		Yes	
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		Yes	
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		Yes	
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		Yes	
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		Yes	
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:
▶STEPHEN MASSINI 500 UNIVERSITY DRIVE HERSHEY, PA 17033 (800) 243-1455

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,928,612	3,514,198	1,541,121

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 ▶ 526

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRANT THORNTON LLP 1901 S MEYERS ROAD SUITE 445 OAKBROOK TERRACE, IL 60181	ADVISORY SERVICES	12,972,383
R1 RCM INC 401 N MICHIGAN AVE SUITE 2700 CHICAGO, IL 60611	IT SERVICES	7,047,317
MERCY SPECIALIZED BILLING SVCS 655 MARYVILLE CENTRE SUITE 100 ST LOUIS, MO 63141	HEALTHCARE CONSULTING	6,127,687
HOGAN LOVELLS US LLP 555 13TH ST NW WASHINGTON, DC 20004	LEGAL SERVICES	3,159,532
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	IT SERVICES	3,068,415

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 ▶ 94

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	87,312,878		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,021,249		
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h Total. Add lines 1a-1f . . . . . ▶		117,334,127		
Program Service Revenue		Business Code			
	2a MANAGEMENT FEE	561000	195,990,147	195,990,147	
	b NET PATIENT SERVICES	621110	118,252,909	118,252,909	
	c SERVICES RENDERED CONT	900099	51,255,703	51,255,703	
	d PHARMACY RETAIL SALES	621110	20,530,755	20,530,755	
	e AMBULANCE SERVICE MEMB	621110	420,054	420,054	
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	386,449,568			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,882,641		13,882,641
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a	372,077,000			
	b Less: cost or other basis and sales expenses 7b	358,306,810	137,588		
	c Gain or (loss) 7c	13,770,190	-137,588		
	d Net gain or (loss) . . . . . ▶		13,632,602		13,632,602
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a				
	b Less: direct expenses . . . 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses . . . 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . 10a				
	b Less: cost of goods sold . . 10b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a FEDERAL INCENTIVE PROG	900099	2,894,609	2,894,609	
	b REBATES/DISCOUNTS/MISC	900099	179,367	179,367	
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		3,073,976		
	12 Total revenue. See instructions . . . . . ▶		534,372,914	389,523,544	0 27,515,243

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	346,370	346,370		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,851,078	1,027,662	5,823,416	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	240,603,553	196,453,625	44,149,928	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,704,545	12,153,836	2,550,709	
9 Other employee benefits	48,122,569	38,590,273	9,532,296	
10 Payroll taxes	19,461,674	15,569,339	3,892,335	
11 Fees for services (non-employees):				
a Management				
b Legal	2,676,891		2,676,891	
c Accounting	388,271		388,271	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,170,381		1,170,381	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,747,714	26,198,171	6,549,543	
12 Advertising and promotion	8,227,023	6,581,618	1,645,405	
13 Office expenses	6,583,424	5,266,739	1,316,685	
14 Information technology	79,436,021	63,548,817	15,887,204	
15 Royalties				
16 Occupancy	29,279,273	23,423,418	5,855,855	
17 Travel	207,691	166,153	41,538	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,909,727	3,909,727		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,557,766	23,646,213	5,911,553	
23 Insurance	3,713,105	2,970,484	742,621	
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	73,073,541	73,073,541		
b TEMPORARY HELP	6,921,435	6,921,435		
c MEMBERSHIP DUES	2,651,966	2,121,573	530,393	
d MERCHANT FEE	1,096,935	877,548	219,387	
e All other expenses	351,155	280,924	70,231	
25 **Total functional expenses.** Add lines 1 through 24e	612,082,108	503,127,466	108,954,642	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	772,058,825	2	776,656,903
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,251,267	4	18,304,197
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	104,123,106	7	97,377,118
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,862,988	9	24,754,320
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 436,228,886			
	b	Less: accumulated depreciation — 10b: 205,650,670	295,349,937	10c	230,578,216
	11	Investments—publicly traded securities	291,193,958	11	130,560,692
	12	Investments—other securities. See Part IV, line 11	273,990,000	12	421,823,444
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	14,895,346	14	12,937,637
	15	Other assets. See Part IV, line 11	222,573,210	15	125,682,897
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,010,298,637	16	1,838,675,424
Liabilities	17	Accounts payable and accrued expenses	65,442,462	17	69,208,966
	18	Grants payable		18	
	19	Deferred revenue	324,097	19	513,881
	20	Tax-exempt bond liabilities	446,124,036	20	444,191,458
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,181,781	23	69,848,867
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,619,283,778	25	1,439,276,056
	26	**Total liabilities.** Add lines 17 through 25	2,134,356,154	26	2,023,039,228
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	-124,057,517	27	-184,363,804
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-124,057,517	32	-184,363,804
	33	Total liabilities and net assets/fund balances	2,010,298,637	33	1,838,675,424

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	534,372,914
2	Total expenses (must equal Part IX, column (A), line 25)	2	612,082,108
3	Revenue less expenses. Subtract line 2 from line 1	3	-77,709,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-124,057,517
5	Net unrealized gains (losses) on investments	5	96,161,440
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	-78,758,533
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-184,363,804

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 47-3769205

Name: PENN STATE HEALTH

Form 990 (2020)

Form 990, Part III, Line 4a:

TO PROMOTE, SUPPORT, AND FURTHER THE PENNSYLVANIA STATE UNIVERSITY; TO PROMOTE HEALTH THROUGH THE MANAGEMENT AND/OR SUPPORT OF FACILITIES AND OTHER ASSETS THAT PROVIDE HEALTH CARE SERVICES; TO INTEGRATE COMMUNITY-BASED AND ACADEMIC MEDICAL CENTER HEALTH CARE IN ORDER TO ACHIEVE IMPROVED OUTCOMES AND LIMIT THE COSTS OF CARE VIA IMPROVED EFFICIENCIES; TO SUPPORT FINANCIALLY AND OPERATIONALLY THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE; TO SUPPORT THE PENNSYLVANIA STATE UNIVERSITY IN THE PERFORMANCE OF ITS DUTIES AS SUCCESSOR TRUSTEE OF THE MILTON S. HERSHEY MEDICAL CENTER PURSUANT TO THAT CERTAIN DECREE OF THE ORPHANS COURT OF DAUPHIN COUNTY, PENNSYLVANIA DATED DECEMBER 17, 1968 (THE MSHMC TRUST); AND TO DO ALL LAWFUL ACTS INCIDENTAL TO THE ACCOMPLISHMENT OF SAID CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES.PENN STATE HEALTH PLAYS A VITAL ROLE IN SUPPORTING, BOTH OPERATIONALLY AND FINANCIALLY, THE PENNSYLVANIA STATE UNIVERSITY'S COLLEGE OF MEDICINE. THE PURPOSES OF THE TWO ORGANIZATIONS ARE INTEGRALLY INTERTWINED AND MUTUALLY SUPPORTIVE. PENN STATE HEALTH OFFERS THE COLLEGE OF MEDICINE ADDITIONAL PLATFORMS FOR EDUCATION AND RESEARCH AS WELL AS GENERATES SHARED REVENUE, WHEREAS THE COLLEGE OF MEDICINE OFFERS PENN STATE HEALTH ACCESS TO INNOVATIONS, CLINICAL TRIALS, DISCOVERIES AND A PIPELINE OF CLINICIANS AND SCIENTISTS.IN RECENT YEARS, THE PENN STATE HEALTH SYSTEM HAS UNDERGONE SUBSTANTIAL GROWTH AND MADE SIGNIFICANT PROGRESS TOWARDS CREATING A HIGH-QUALITY, LARGE SCALE INTEGRATED HEALTH CARE DELIVERY SYSTEM TO SERVE THE POPULATION OF SOUTHCENTRAL PENNSYLVANIA, BY FOCUSING ON BUILDING AN ACADEMIC HEALTH SYSTEM SUPPORTED BY A COMMUNITY NETWORK, ANCHORED BY THE ACADEMIC TERTIARY/QUATERNARY CARE RESOURCES OF ITS RELATED ORGANIZATION, MILTON S. HERSHEY MEDICAL CENTER.PENN STATE HEALTH HAS THREE, NOT-FOR-PROFIT, ACUTE CARE HOSPITALS. THE MILTON S. HERSHEY MEDICAL CENTER (MSHMC) IS A 639-LICENSED BED ACADEMIC MEDICAL CENTER LOCATED IN HERSHEY, PENNSYLVANIA. ST. JOSEPH REGIONAL HEALTH NETWORK (SJRHN) IS A 204-LICENCED BED HOSPITAL IN THE BERKS COUNTY REGION. HOLY SPIRIT MEDICAL CENTER (HSMC) WAS ACQUIRED ON NOVEMBER 1, 2020 AND IS A 306-LICENSED BED HOSPITAL IN CUMBERLAND COUNTY. ALL ACUTE CARE HOSPITALS PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES.AS OF JUNE 30, 2021, PENN STATE HEALTH HAS TWO ACUTE CARE HOSPITALS THAT ARE UNDER CONSTRUCTION, INCLUDING PENN STATE HEALTH HAMPDEN MEDICAL CENTER WHICH WILL BE A 108-LICENSED BED ACUTE CARE HOSPITAL TO BE LOCATED IN CUMBERLAND COUNTY THAT IS SCHEDULED TO OPEN IN FALL OF 2021 AND PENN STATE HEALTH LANCASTER MEDICAL CENTER WHICH WILL BE A 129-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN LANCASTER. ADDITIONALLY, ON JUNE 23, 2020, PENN STATE HEALTH ESTABLISHED PENN STATE HEALTH LIFE LION, LLC (PHSLL). THE PURPOSE OF PSHLL IS TO PROVIDE EMERGENCY MEDICAL SERVICES INTO A BROADER GEOGRAPHIC REGION. ON DECEMBER 1, 2020 PSHLL BEGAN OPERATIONS.PENN STATE HEALTH AND AFFILIATES (PSH) CORONAVIRUS (COVID-19) PANDEMIC:IN MARCH 2020, THE OUTBREAK OF COVID-19 PANDEMIC BEGAN TO IMPACT PSH'S PATIENTS, COMMUNITIES, AND BUSINESS OPERATIONS. THE SPREAD OF COVID-19 AND THE ENSUING RESPONSE OF FEDERAL, STATE AND LOCAL AUTHORITIES, BEGINNING IN MARCH 2020, RESULTED IN A SIGNIFICANT REDUCTION IN THE NUMBER OF SURGERIES, PHYSICIAN OFFICE VISITS AND EMERGENCY ROOM VOLUMES AT PSH. THIS WAS DUE TO MEASURES MEANT TO SLOW THE SPREAD OF THE VIRUS, INCLUDING QUARANTINES AND STAY-AT-HOME AND SHELTER-IN-PLACE ORDERS, AS WELL AS THE COMMUNITY'S GENERAL CONCERNS RELATED TO THE RISK OF CONTRACTING COVID-19. DUE TO COVID-19, PSH MAY, GOING FORWARD, EXPERIENCE SUPPLY CHAIN DISRUPTIONS, INCLUDING DELAYS AND PRICE INCREASES IN EQUIPMENT, PHARMACEUTICALS AND MEDICAL SUPPLIES DUE TO THE PANDEMIC. STAFFING, EQUIPMENT, AND PHARMACEUTICAL AND MEDICAL SUPPLIES SHORTAGES MAY ALSO INFLUENCE OUR ABILITY TO ADMIT AND TREAT PATIENTS. PSH HAS INCURRED, AND MAY CONTINUE TO INCUR, INCREASED EXPENSES ARISING FROM THE COVID-19 PANDEMIC, INCLUDING ADDITIONAL SUPPLY CHAIN AND OTHER EXPENDITURES.ADDITIONALLY, BROAD ECONOMIC FACTORS RESULTING FROM THE COVID-19 PANDEMIC, INCLUDING HIGH UNEMPLOYMENT AND UNDEREMPLOYMENT LEVELS AND REDUCED CONSUMER SPENDING AND CONFIDENCE, COULD ALSO AFFECT OUR SERVICE MIX, REVENUE MIX, PAYOR MIX AND PATIENT VOLUMES, AS WELL AS OUR ABILITY TO COLLECT OUTSTANDING RECEIVABLES. BUSINESS CLOSURES AND LAYOFFS ACROSS OUR SERVICE AREA MAY, IN FUTURE REPORTING PERIODS, LEAD TO INCREASES IN THE UNINSURED AND UNDERINSURED POPULATIONS AND ADVERSELY AFFECT DEMAND FOR OUR SERVICES, AS WELL AS THE ABILITY OF PATIENTS AND OTHER PAYERS TO PAY FOR SERVICES RENDERED. ANY INCREASE IN THE AMOUNT OR DETERIORATION IN THE COLLECTABILITY OF PATIENTS ACCOUNTS RECEIVABLE COULD ADVERSELY AFFECT PSH'S FINANCIAL RESULTS.FORTUNATELY, THE FEDERAL GOVERNMENT HAS TAKEN SEVERAL ACTIONS TO PROVIDE FINANCIAL ASSISTANCE TO HEALTHCARE PROVIDERS DURING THIS PANDEMIC. PSH HAS RECEIVED, AND MAY CONTINUE TO RECEIVE, PAYMENTS AND ADVANCES UNDER THE CARES ACT OR ANY OTHER GOVERNMENTAL ASSISTANCE PROGRAM, WHICH WILL BE BENEFICIAL IN ADDRESSING THE IMPACT OF THE NOVEL CORONAVIRUS PANDEMIC ON PSH'S RESULTS OF OPERATIONS AND FINANCIAL POSITION. AT THIS TIME, PSH IN UNABLE TO QUANTIFY THE IMPACT THAT THE COVID-19 PANDEMIC WILL HAVE ON THE CONTINUING FINANCIAL RESULTS DURING FISCAL YEAR 2022, AS THE IMPACT OF COVID-10 WILL DEPEND ON FUTURE DEVELOPMENTS, INCLUDING THE DURATION OF THE OUTBREAK AND THE RELATED ADVISORIES AND RESTRICTIONS. HOWEVER, PSH HAS TAKEN, AND WILL CONTINUE TO TAKE, VARIOUS ACTIONS TO INCREASE LIQUIDITY AND MITIGATE THE IMPACT OF REDUCTIONS IN PATIENT VOLUMES AND OPERATING REVENUES FROM THE COVID-19 OUTBREAK.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN MASSINI DIRECTOR/PRESIDENT/CEO	44.00 6.00	X		X				1,317,348	0	150,412
DR ERIC BARRON DIRECTOR (PSU EMPLOYEE)	1.00 49.00	X						0	1,129,005	48,380
KEVIN P BLACK MD DIRECTOR/INTERIM DEAN (MSHMC)	1.00 49.00	X						0	941,479	54,306
DAVID GRAY DIRECTOR (PSU EMPLOYEE) (THRU 2/21)	1.00 49.00	X						0	641,339	202,698
DAVID C HAN MD DIRECTOR/PHYSICIAN (MSHMC EMPLOYEE)	1.00 49.00	X						0	476,208	82,931
KATHLEEN CASEY DIRECTOR/CHAIR	1.00 0.00	X		X				0	0	0
PETER M CARLINO DIRECTOR	1.00 1.00	X						0	0	0
CLIFFORD G BENSON JR DIRECTOR	1.00 0.00	X						0	0	0
TIMOTHY P BROWN DIRECTOR	1.00 0.00	X						0	0	0
MARK DAMBLY DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH MASSER DIRECTOR	1.00 0.00	X						0	0	0
DEBORAH RICE-JOHNSON DIRECTOR	1.00 0.00	X						0	0	0
PETER G TOMBROS DIRECTOR	1.00 0.00	X						0	0	0
KAREN HANLON DIRECTOR	1.00 0.00	X						0	0	0
DR SARA THORNDIKE DIRECTOR (PSU EMPLOYEE) (BEG 2/21)	1.00 49.00	X						0	0	0
TOM VANKIRK DIRECTOR	1.00 0.00	X						0	0	0
PAULA TINCH EVP & CFO	44.00 6.00			X				606,379	0	121,832
ERIC STRUCKO CHIEF FINANCIAL OFFICER (MSHMC)	1.00 49.00			X				0	326,167	43,750
ALAN BRECHBILL CHIEF OPERATING OFFICER	49.00 1.00				X			1,520,564	0	67,436
PETER DILLON MD CHAIR OF DEPARTMENT OF SURGERY	1.00 39.00				X			829,140	0	119,389

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS STOESSEL EXEC VP & CHIEF STRATEGY OFFICER	40.00 0.00				X			512,116	0	86,830
CLETIS EARLE SENIOR VP & CIO	40.00 0.00				X			492,626	0	59,881
KIMBERLY LANSFORD CHIEF COMPLIANCE AND BUSINESS RISK	40.00 0.00				X			444,008	0	100,994
JUDITH HLAFCSAK CHIEF OF STAFF	38.00 2.00				X			386,716	0	41,497
JOHN WEAVER MD PHYSICIAN	40.00 0.00					X		767,141	0	82,460
GREG THOMPSON MD PHYSICIAN	40.00 0.00					X		753,162	0	87,441
KARTIK SHAH MD PHYSICIAN	40.00 0.00					X		697,311	0	69,707
LOUIS BORGATTA MD PHYSICIAN	39.00 1.00					X		670,703	0	82,949
ANAHITA PARSEE MD PHYSICIAN	40.00 0.00					X		705,866	0	30,423
RODNEY C DYKEHOUSE FORMER OFFICER (THRU 6/2019)	0.00 0.00						X	225,532	0	7,805

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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 instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An 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 1

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) THE PENNSYLVANIA STATE UNIVERSITY	246000376	6	Yes		582,524,342	0
Total 1					582,524,342	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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 . . . . . ▶ ☐

b **33 1/3% support test—2019.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	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)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
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? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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? *If "Yes," provide detail in* ***Part VI.***	9b		No
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? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		**No**
b	A family member of a person described in 11a above?	**11b**		**No**
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		**No**

Section B. Type I Supporting Organizations

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

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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			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 line 2a 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 lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" 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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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				
b Buildings		113,506,433	6,609,832	106,896,601
c Leasehold improvements				
d Equipment		258,605,586	199,040,838	59,564,748
e Other		64,116,867		64,116,867
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				230,578,216

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		
See Additional Data Table		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	421,823,444	

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

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

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

(a) Description	(b) Book value
(1)OTHER ASSETS	2,988,522
(2)HAMPDEN MED CENTER BUILDING PROJECT	27,504,215
(3)457(B) NONQUALIFIED DEFINED CONTRIBUTION PLAN	95,190,160
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	125,682,897

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	
(2) DUE TO AFFILIATES	1,260,773,131
(3) OTHER LIABILITIES	24,472,292
(4) RETIREMENT PLAN LIABILITY	95,190,160
(5) THIRD PARTY SETTLEMENTS	-86,251,300
(6) LINE OF CREDIT	100,000,000
(7) OTHER ACCRUED PAYABLES	45,091,773
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,439,276,056

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-3769205
Name: PENN STATE HEALTH

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
NON-US EQUITY	66,880,250	F
FIXED INCOME	140,498,067	F
GUARANTEED INTEREST FUND	6,888,765	F
EQUITY HEDGE FUNDS	52,182,434	F
EVENT DRIVEN FUNDS	29,458,391	F
MACRO FUNDS	19,101,107	F
MARKET NEUTRAL FUNDS	14,709,238	F
MORTGAGE FUNDS	19,397,511	F
MULTI-STRATEGY FUNDS	35,606,988	F
REAL ESTATE FUNDS	30,413,904	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
PRIVATE EQUITY	6,686,789	F

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 13

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

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
PART I, LINE 2:	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE THE U.S.: GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE AND ACCOUNTING PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

Additional Data

Software ID:
Software Version:
EIN: 47-3769205
Name: PENN STATE HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CUMBERLAND AREA ECON 53 W SOUTH ST CARLISLE, PA 17013	20-2254486	501(C)(3)	15,000				PROGRAM SUPPORT
DOWNTOWN HERSHEY ASSOCATION 600 CLEARWATER ROAD HERSHEY, PA 17033	46-4743064	501(C)(3)	7,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR ENHANCING COMMUNITY 200 N 3RD STREET 8TH FLOOR PO BOX 678 HARRISBURG, PA 17108	01-0564355	501(C)(3)	21,500				PROGRAM SUPPORT
FRIENDS OF DERRY TOWNSHIP PARKS & RECREATION 600 CLEARWATER ROAD HERSHEY, PA 17033	25-1622608	501(C)(3)	20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPDEN TOWNSHIP VETERANS 4900 CARLISLE PIKE PMB 267 MECHANICSBURG, PA 17050	46-0748011	501(C)(3)	13,500				PROGRAM SUPPORT
HARRISBURG AREA YMCA 123 FORSTER ST 2ND FLOOR HARRISBURG, PA 17102	23-1665437	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARRISBURG REGIONAL CHAMBER 3211 NORTH FRONT ST STE 201 HARRISBURG, PA 17110	25-1750121	501(C)(3)	19,150				PROGRAM SUPPORT
HERSHEY VOLUNTEER FIRE CO 21 WEST CARACAS AVE HERSHEY, PA 17033	23-1360560	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LANCASTER CHAMBER OF COMMERCE 115 EAST KING STREET LANCASTER, PA 17602	13-1353776	501(C)(6)	15,000				PROGRAM SUPPORT
LEBANON VALLEY COLLEGE 101 N COLLEGE AVE ANNVILLE, PA 17003	23-1352354	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PA COALITION AGAINST RAPE 2101 N FRONT STREET HARRISBURG, PA 17110	23-2067636	501(C)(3)	7,500				PROGRAM SUPPORT
RONALD MCDONALD HOUSE 745 WEST GOVERNOR ROAD HERSHEY, PA 17033	23-2204761	501(C)(3)	12,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF THE CAPITAL REGION ONE UNITED WAY HARRISBURG, PA 17110	23-1352095	501(C)(3)	12,500				PROGRAM SUPPORT
VICKIES ANGEL FOUNDATION 511 BRIDGE STREET PO BOX 174 CUMBERLAND, PA 17070	20-8755452	501(C)(3)	20,000				PROGRAM SUPPORT

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE CALENDAR YEAR ENDING WITHIN THIS FISCAL YEAR ENDED JUNE 30, 2021: - ALAN BRECHBILL - $348,256 - RODNEY C. DYKEHOUSE - $225,532 DURING THE CALENDAR YEAR ENDING WITHIN THIS FISCAL YEAR ENDED JUNE 30, 2021, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE BELOW LISTED INDIVIDUALS' CONTRIBUTIONS HAVE VESTED; VESTED CONTRIBUTIONS ARE REPORTED AS TAXABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION. - ALAN BRECHBILL - $306,536 DURING THE CALENDAR YEAR ENDING WITHIN THIS FISCAL YEAR ENDED JUNE 30, 2021, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE BELOW LISTED INDIVIDUALS' CONTRIBUTIONS HAVE NOT YET VESTED; UNVESTED CONTRIBUTIONS ARE REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION. - STEPHEN MASSINI - $81,924 - PETER DILLON - $55,892 - PAULA TINCH - $34,003 - THOMAS STOESSEL - $24,842 - CLETIS EARLE - $20,540 - KIMBERLY LANSFORD - $17,836 - JUDITH HLAFCSAK - $11,334
PART I, LINE 7	BONUSES ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE APPLICABLE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS.
PART VII/SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN DIRECTORS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION. PLEASE NOTE THAT REMUNERATION FOR DIRECTORS BARRON AND GRAY WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF A RELATED ORGANIZATION, NOT FOR SERVICES RENDERED AS DIRECTORS OF THE FILING ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 47-3769205
Name: PENN STATE HEALTH

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				
1ALAN BRECHBILL CHIEF OPERATING OFFICER	(i)	622,049	0	898,515	49,631	17,805	1,588,000	306,536
	(ii)	0	0	0	0	0	0	0
1STEPHEN MASSINI DIRECTOR/PRESIDENT/CEO	(i)	1,285,930	0	31,418	129,539	20,873	1,467,760	0
	(ii)	0	0	0	0	0	0	0
2DR ERIC BARRON DIRECTOR (PSU EMPLOYEE)	(i)	0	0	0	0	0	0	0
	(ii)	855,228	200,000	73,777	26,477	21,903	1,177,385	0
3KEVIN P BLACK MD DIRECTOR/INTERIM DEAN (MSHMC)	(i)	0	0	0	0	0	0	0
	(ii)	924,599	0	16,880	45,615	8,691	995,785	0
4PETER DILLON MD CHAIR OF DEPARTMENT OF SURGERY	(i)	806,961	0	22,179	103,507	15,882	948,529	0
	(ii)	0	0	0	0	0	0	0
5JOHN WEAVER MD PHYSICIAN	(i)	670,410	80,000	16,731	67,115	15,345	849,601	0
	(ii)	0	0	0	0	0	0	0
6DAVID GRAY DIRECTOR (PSU EMPLOYEE) (THRU 2/21)	(i)	0	0	0	0	0	0	0
	(ii)	537,372	0	103,967	195,818	6,880	844,037	0
7GREG THOMPSON MD PHYSICIAN	(i)	657,459	80,000	15,703	67,115	20,326	840,603	0
	(ii)	0	0	0	0	0	0	0
8KARTIK SHAH MD PHYSICIAN	(i)	627,272	63,195	6,844	60,615	9,092	767,018	0
	(ii)	0	0	0	0	0	0	0
9LOUIS BORGATTA MD PHYSICIAN	(i)	440,959	213,018	16,726	67,115	15,834	753,652	0
	(ii)	0	0	0	0	0	0	0
10ANAHITA PARSEE MD PHYSICIAN	(i)	607,469	92,000	6,397	21,615	8,808	736,289	0
	(ii)	0	0	0	0	0	0	0
11PAULA TINCH EVP & CFO	(i)	593,613	0	12,766	101,118	20,714	728,211	0
	(ii)	0	0	0	0	0	0	0
12THOMAS STOESSEL EXEC VP & CHIEF STRATEGY OFFICER	(i)	492,264	0	19,852	65,957	20,873	598,946	0
	(ii)	0	0	0	0	0	0	0
13DAVID C HAN MD DIRECTOR/PHYSICIAN (MSHMC EMPLOYEE)	(i)	0	0	0	0	0	0	0
	(ii)	448,799	12,640	14,769	67,115	15,816	559,139	0
14CLETIS EARLE SENIOR VP & CIO	(i)	452,872	25,000	14,754	38,655	21,226	552,507	0
	(ii)	0	0	0	0	0	0	0
15KIMBERLY LANSFORD CHIEF COMPLIANCE AND BUSINESS RISK	(i)	426,748	0	17,260	84,951	16,043	545,002	0
	(ii)	0	0	0	0	0	0	0
16JUDITH HLAFCSAK CHIEF OF STAFF	(i)	369,935	0	16,781	32,949	8,548	428,213	0
	(ii)	0	0	0	0	0	0	0
17ERIC STRUCKO CHIEF FINANCIAL OFFICER (MSHMC)	(i)	0	0	0	0	0	0	0
	(ii)	308,405	0	17,762	41,115	2,635	369,917	0
18RODNEY C DYKEHOUSE FORMER OFFICER (THRU 6/2019)	(i)	0	0	225,532	0	7,805	233,337	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

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	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	230614PD5	11-07-2019	249,998,409	CONSTRUCTION AND EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	251,061,294			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	223,567,136			
12	Other unspent proceeds	27,494,158			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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?	X							
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	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								
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								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 12/01/2020

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3:	PROCEEDS REPORTED ON PART II, LINE 3 EXCEED PART I, COLUMN (E) AS A RESULT OF INVESTMENT EARNINGS.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 6	ESTIMATED NUMBER OF VOLUNTEERS: 7 PENN STATE HEALTH IS REPORTING THE NON-COMPENSATED COMMUNITY VOLUNTEER MEMBERS OF ITS GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	EFFECTIVE NOVEMBER 1, 2020, PSH ACQUIRED HOLY SPIRIT MEDICAL CENTER (HSMC) AND SPIRIT PHYSICIANS SERVICES, INC. (SPSI). THE ACQUISITION IS EXPECTED TO HAVE A POSITIVE IMPACT ON THE QUALITY, ACCESS AND AFFORDABILITY OF THE HEALTHCARE IN THE WEST SHORE PENNSYLVANIA REGION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CERTAIN LISTED OFFICERS AND BOARD MEMBERS ALSO SERVE AS OFFICERS AND BOARD MEMBERS OF A TAXABLE ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE FILING ORGANIZATION AMENDED THE BYLAWS. THE AMENDMENT WAS MADE MAY 8, 2020 AND CAME INTO EFFECT ON JUNE 30, 2021. ARTICLE 2, SECTIONS 2.3(D) WAS REVISED TO PROVIDE HIGHMARK HEALTH WITH THE POWER TO APPROVE CERTAIN ACQUISITIONS BY THE CORPORATION WITHIN SPECIFIED COUNTIES OF PENNSYLVANIA OF ANY EQUITY, MEMBERSHIP OR GOVERNANCE INTEREST IN OR THE RIGHT TO RECEIVE ANY DISTRIBUTIONS/FUNDS FROM ANY HOSPITAL, HEALTH SYSTEM, AMBULATORY CARE FACILITY, SKILLED NURSING FACILITY, HOME HEALTH AGENCY, HOSPICE, PHYSICIAN PRACTICE, OR OTHER HEALTH CARE PROVIDER ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS: THE FILING ORGANIZATION'S TWO MEMBERS ARE THE PENNSYLVANIA STATE UNIVERSITY, A PENNSYLVANIA NONPROFIT CORPORATION AND INSTRUMENTALITY OF THE COMMONWEALTH OF PENNSYLVANIA, AND HIGHMARK HEALTH, A PENNSYLVANIA NONPROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTING MEMBERS OF GOVERNING BODY: DIRECTORS SHALL BE ELECTED BY THE CORPORATE MEMBERS. PURSUANT TO SPECIFICATIONS DEFINED IN THE BYLAWS, THE CORPORATE MEMBERS MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS: DESCRIBED IN THE BYLAWS DATED MAY 8, 2020 AND OTHER APPLICABLE DOCUMENTS, THE MEMBERS OF PENN STATE HEALTH ARE THE PENNSYLV ANIA STATE UNIVERSITY ("PSU") AND HIGHMARK HEALTH ("HH"). SUBJECT TO CERTAIN LIMITATIONS A ND CONDITIONS DESCRIBED IN THE BYLAWS AND OTHER APPLICABLE DOCUMENTS, THE MEMBERS HAVE RES ERVED POWERS AS FOLLOWS: PSU: - TO DETERMINE THE NUMBER OF DIRECTORS THAT WILL COMPRISE TH E BOARD OF DIRECTORS OF THE CORPORATION, AND TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, A SPECIFIED NUMBER OF DIRECTORS OF THE CORPORATION; - TO APPROVE AMENDMENTS TO THE ARTICL ES OF INCORPORATION AND BYLAWS OF THE CORPORATION; - TO APPROVE ALL FUNDAMENTAL CHANGE TRA NSACTIONS AND ALL OTHER TRANSACTIONS NOT IN THE ORDINARY COURSE OF BUSINESS, INCLUDING WIT HOUT LIMITATION, ALL MERGERS, CONSOLIDATIONS, DIVISIONS, SALES OF SUBSTANTIALLY ALL ASSETS , AND THE LIQUIDATION OR DISSOLUTION OF THE CORPORATION; - TO APPROVE ANY INDEBTEDNESS OF THE CORPORATION OR ITS CONTROLLED AFFILIATES THAT WOULD CAUSE THE DEBT TO CAPITALIZATION R ATIO OF THE CORPORATION ON A CONSOLIDATED BASIS TO BE HIGHER THAN A SPECIFIED LEVEL; - TO APPROVE CERTAIN CAPITAL PROJECTS; - TO APPROVE THE SALE, LEASE, TRANSFER OR OTHER DISPOSIT ION, AND CERTAIN USES, OF THE LAND OR BUILDINGS LOCATED ON THE EAST CAMPUS OF THE MILTON S . HERSHEY MEDICAL CENTER; - TO APPROVE ANY CHANGE IN THE MISSION OF THE MILTON S. HERSHEY MEDICAL CENTER; - TO EXERCISE THE CORPORATION'S POWER TO APPOINT AND REMOVE DIRECTORS OF T HE MILTON S. HERSHEY MEDICAL CENTER; - TO APPROVE ANY CHANGE IN THE ACADEMIC AFFILIATION O F THE CORPORATION OR ANY OF ITS CONTROLLED AFFILIATES; AND - SUBJECT TO SECTION 2.2 AND 2. 3, THE MEMBER SHALL HAVE THE RIGHT AND POWER TO GIVE SUCH APPROVALS AND TAKE SUCH OTHER AC TIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NONPROFIT CORPORATIONS UNDER THE PENNSYLVANIA NONPROFIT CORPORATION LAW. HH: - TO APPROVE: (I) THE CONVERSION OF THE C ORPORATION TO A FOR-PROFIT ENTITY OR THE MERGER OF THE CORPORATION UNLESS IT IS THE SURVIV ING ENTITY, (II) VOLUNTARY DISSOLUTION OF THE CORPORATION, (III) FILING OF A VOLUNTARY PET ITION FOR RELIEF UNDER ANY BANKRUPTCY LAWS OR APPOINTMENT OF A RECEIVER OR LIQUIDATOR FOR ANY PART OF THE CORPORATION'S ASSETS OR PROPERTY OR THE MAKING OF A GENERAL ASSIGNMENT FOR THE BENEFIT OF ITS CREDITORS, OR (IV) ADMISSION OF A NEW MEMBER TO THE CORPORATION; - TO APPROVE ANY CHANGE TO THE NUMBER OF DIRECTORS APPOINTED BY HH IF SUCH CHANGE RESULTS IN A DILUTION OF HH'S BOARD REPRESENTATION; - TO APPROVE CERTAIN AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION; - TO APPROVE CERTAIN ACQUISITIONS BY THE CORP ORATION WITHIN A SPECIFIED REGION OF ANY AN EQUITY, MEMBERSHIP OR GOVERNANCE INTEREST IN O R THE RIGHT TO RECEIVE ANY DISTRIBUTIONS/FUNDS FROM ANY HOSPITAL, HEALTH SYSTEM, AMBULATOR Y CARE FACILITY, SKILLED NURSING FACILITY, HOME HEALTH AGENCY, HOSPICE, PHYSICIAN PRACTICE , OR OTHER HEALTHCARE PROVIDER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ENTITY; - TO APPROVE CERTAIN CORPORATION BORROWINGS OR GUARANTEES; - TO APPROVE CERTAIN C HANGES TO THE AGREEMENT BETWEEN PSU AND THE CORPORATION RELATED TO THEIR ACADEMIC AFFILIAT ION; - TO APPROVE CERTAIN CHANGES TO THE STRATEGIC PLAN FOR THE COMMUNITY-BASED CARE DELIV ERY NETWORK COMPONENT OF CORPORATION AND RELATED COMMITTEE CHARTER; - TO APPROVE CERTAIN I NVESTMENTS IN EXCESS OF SPECIFIED AMOUNTS; - TO APPROVE THE ENTRY INTO CERTAIN NEW ARRANGE MENTS BETWEEN PSU AND THE CORPORATION OR CERTAIN MODIFICATIONS TO EXISTING ARRANGEMENTS BE TWEEN PSU AND THE CORPORATION; - WITH CERTAIN EXCEPTIONS, TO APPROVE THE DIVESTITURE OF AL L OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS OR A CONTROLLING MEMBERSHIP INTEREST IN THE CORPORATION TO AN UNAFFILIATED THIRD PARTY; AND - SUBJECT TO SECTION 2.2 AND 2.3, THE MEMBER SHALL HAVE THE RIGHT AND POWER TO GIVE SUCH APPROVALS AND TAKE SUCH OTHER ACTIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NONPROFIT CORPORATIONS UNDER THE P ENNSYLVANIA NONPROFIT CORPORATION LAW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY: THE FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM; IT IS REVIEWED BY ACCOUNTING/FINANCE DEPARTMENT PERSONNEL AND THE CHIEF FINANCIAL OFFICER, AND THEN DISTRIBUTED TO ALL MEMBERS OF THE BOARD FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY: THE FILING ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST (COI) POLICIES FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES (COVERED PERSONS). PER THE POLICY, NO COVERED PERSONS MAY ENGAGE IN ANY TRANSACTION OR ARRANGEMENT OR UNDERTAKE POSITIONS WITH OTHER ORGANIZATIONS THAT INVOLVE A CONFLICT OF INTEREST, EXCEPT IN COMPLIANCE WITH THE POLICY. EVERY COVERED PERSON SHALL DISCLOSE ALL ACTUAL AND POTENTIAL CONFLICTS THROUGH AN ANNUAL WRITTEN DISCLOSURE STATEMENT AND AS MATTERS INVOLVING AN ACTUAL OR POTENTIAL CONFLICT ARISE. THE BOARD WILL EVALUATE THE DISCLOSURES AND THE MATERIAL FACTS RELATING TO THE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE POTENTIAL CONFLICT TO DETERMINE WHETHER THEY INVOLVE ACTUAL CONFLICTS OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT FROM THE TRANSACTION OR ARRANGEMENT. A COVERED PERSON WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR OR SHALL LEAVE ANY PORTION OF A MEETING AT WHICH THE BOARD OF DIRECTORS OR A COMMITTEE IS VOTING TO DETERMINE WHETHER A CONFLICT EXISTS, BUT MAY BE PRESENT PRIOR TO THE VOTE TO MAKE PRESENTATION TO THE BOARD OR COMMITTEE TO DISCLOSE ADDITIONAL FACTS, OR TO RESPOND TO QUESTIONS. THE FILING ORGANIZATION MAY ENTER INTO A TRANSACTION OR ARRANGEMENT IN WHICH A COVERED PERSON HAS AN ACTUAL CONFLICT OF INTEREST IF A MAJORITY OF DIRECTORS WHO HAVE NO INTEREST IN THE TRANSACTION OR ARRANGEMENT APPROVE THE TRANSACTION OR ARRANGEMENT AT A BOARD OR COMMITTEE MEETING AFTER DETERMINING THAT THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE CORPORATION, ANY COVERED PERSON WHO HAS A CONFLICT WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT DOES NOT PARTICIPATE IN AND IS NOT PRESENT FOR THE VOTE REGARDING SUCH TRANSACTION OR ARRANGEMENT (EXCEPT THAT THE COVERED PERSON MAY APPEAR AT A MEETING TO ANSWER QUESTIONS), AND IF THE TRANSACTION OR ARRANGEMENT INVOLVES COMPENSATION OR OTHER FINANCIAL BENEFIT TO THE COVERED PERSON, THE BOARD RELIES ON APPROPRIATE COMPARABILITY DATA TO DETERMINE REASONABLENESS. THE FILING ORGANIZATION WILL DOCUMENT THE FOREGOING IN THE MINUTES OF BOARD AND COMMITTEE MEETINGS, AS APPLICABLE. EACH COVERED PERSON MUST SIGN A STATEMENT THAT AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE COI POLICY, HAS READ AND UNDERSTANDS IT, AND HAS AGREED TO COMPLY WITH IT. IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO COMPLY WITH THE POLICY, THE BOARD MAY COUNSEL THE COVERED PERSON REGARDING SUCH FAILURE AND, IF THE ISSUE IS NOT RESOLVED TO THE BOARD'S SATISFACTION, MAY CONSIDER ADDITIONAL CORRECTIVE ACTION, INCLUDING REMOVAL FROM THE BOARD OF DIRECTORS OR OTHER POSITION WITH THE FILING ORGANIZATION, AS APPROPRIATE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS USED TO ESTABLISH COMPENSATION OF CEO, OFFICERS, AND KEY EMPLOYEES: THE BOARD COMPENSATION COMMITTEE IS DELEGATED RESPONSIBILITY BY THE BOARD TO MAKE AND RECOMMEND TO THE BOARD THE COMPENSATION DECISIONS FOR ITS KEY EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, OTHER OFFICERS AND ALL DISQUALIFIED PERSONS (AS DEFINED BY TREASURY REGULATIONS). THE COMMITTEE HAS STRONG GOVERNANCE PROCESSES IN PLACE TO ENSURE BEST PRACTICES AND THAT COMPENSATION DECISIONS FOR EXECUTIVES ARE REASONABLE AND SUPPORTIVE OF THE ORGANIZATION'S LEADERSHIP TALENT NEEDS. THE COMMITTEE'S COMPENSATION REVIEW PROCESS IS STRUCTURED TO SATISFY AND COMPLY WITH THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS, UNDER THE INTERMEDIATE SANCTION REGULATIONS (IRC SECTION 4958). 1. THE COMMITTEE OF THE BOARD IS AUTHORIZED BY THE BOARD OF DIRECTORS TO REVIEW AND APPROVE ALL COMPENSATION (INCLUDING EXECUTIVE BENEFITS) ARRANGEMENTS. 2. THE COMMITTEE IS COMPRISED OF DIRECTORS THAT ARE FREE OF MATERIAL FINANCIAL CONFLICT WITH RESPECT TO THE COMPENSATION BEING REVIEWED. 3. ANNUALLY, THE COMPENSATION COMMITTEE, ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A TOTAL COMPENSATION ANALYSIS FOR THE ORGANIZATION'S EXECUTIVES. 4. THE COMMITTEE REVIEWS AND APPROVES THESE COMPENSATION ARRANGEMENTS IN ADVANCE OF IMPLEMENTATION BY REVIEWING MARKET COMPARABILITY DATA PROVIDED BY ITS INDEPENDENT THIRD-PARTY CONSULTANT AND DOCUMENTED IN COMPREHENSIVE REPORTS. 5. THE COMMITTEE DOCUMENTS ITS DECISIONS, AND THE BASIS FOR ITS DECISIONS, IN A TIMELY MANNER WITHIN MEETING MINUTES. 6. THE COMMITTEE ALSO RECEIVES PROFESSIONAL OPINIONS WITH RESPECT TO REASONABLENESS FROM ITS INDEPENDENT COMPENSATION CONSULTANT, AS SUCH TERM IS DEFINED WITHIN INTERMEDIATE SANCTIONS REGULATIONS. 7. THE COMMITTEE REPORTS ITS ACTIONS ON A REGULAR BASIS TO THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE PENNSYLVANIA STATE UNIVERSITY AND ITS SUBSIDIARIES (WHICH INCLUDES PENN STATE HEALTH) ARE AVAILABLE AT WWW.PSU.EDU.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO THE PENN STATE COLLEGE OF MEDICINE -77,456,574. HAMPDEN MEDICAL CENTER LLC NET ASSETS TRANSFERRED TO PSH HAMPDEN MED CTR -1,292,553. LPADC LLC NET ASSETS TRANSFERRED TO PSH LANCASTER MEDICAL CENTER -9,406.

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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

2020

Open to Public Inspection

Name of the organization
PENN STATE HEALTH

Employer identification number
47-3769205

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CENTRAL PA HEALTH NETWORK LLC 2500 BERNVILLE ROAD READING, PA 19605 46-5750407	CLINICAL NTWK	PA	950,009	156,119	PSH
(2) PENN STATE HEALTH COMM MED GRP LLC 500 UNIVERSITY DRIVE HERSHEY, PA 17033 30-0976099	PHYSICIAN PRACTICES	PA	187,669,727	77,069,050	PSH
(3) PENN STATE HEALTH LIFE LION LLC 100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 85-1607822	LIFE SUPPORT TRANSPORTATION SVCS	PA	6,576,621	4,838,301	PSH
(4) HAMPDEN MEDICAL CENTER LLC (END 123120) 500 UNIVERSITY DRIVE HERSHEY, PA 17033 82-3189759	REAL ESTATE	PA	0	0	PSH
(5) LPADC LLC (END 5312021) 500 UNIVERSITY DRIVE HERSHEY, PA 17033 83-2746880	REAL ESTATE	PA	0	0	PSH

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	(g) 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.

(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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HERSHEY OUTPATIENT SURGERY CENTER LP 15305 DALLAS PKWY ADDISON, TX 75001	HEALTHCARE	PA	NITTANY HLTH					No			No	
(2) CGH REALTY ASSOCIATES 145 N 6TH STREET READING, PA 19601	REAL ESTATE	PA	CGH REALTY CO					No			No	
(3) NITTANY HEALTH - VALUEHEALTH JOINT 11221 ROE AVE LEAWOOD, KS 66211 85-1154159	HEALTHCARE	PA	NITTANY HLTH					No			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.

(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	(i) No
(1)NITTANY HEALTH INC 500 UNIVERSITY DRIVE HERSHEY, PA 17033 25-1769611	HOMECARE INTEGRTN	PA	PSH	C	3,960,409	31,393,075	100.000 %	Yes	
(2)CGH REALTY CO INC 2500 BERNVILLE ROAD READING, PA 19605 23-2326801	REAL ESTATE	PA	SJRHN	C					No
(3)HOLY SPIRIT VENTURES INC 100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 23-2407709	REAL ESTATE	PA	PSHHSMC	C	1,174,743	10,647,621	100.000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART II:	EFFECTIVE NOVEMBER 1, 2020, PENN STATE HEALTH ACQUIRED HOLY SPIRIT HEALTH SYSTEM AND ITS AFFILIATES.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION:	SCHEDULE R LISTS ONLY THOSE RELATED ORGANIZATIONS THAT RELATE TO THE HEALTH CARE OPERATIONS UNDER THE COMMON CONTROL OF THE PENNSYLVANIA STATE UNIVERSITY.

Additional Data

Software ID:
Software Version:
EIN: 47-3769205
Name: PENN STATE HEALTH

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
2500 BERNVILLE RD PO BOX 316 READING, PA 19605 23-1352211	HEALTHCARE	PA	501(C)(3)	LINE 3	PSH	Yes	
2500 BERNVILLE RD PO BOX 316 READING, PA 19605 23-2649362	FUNDRAISING	PA	501(C)(3)	LINE 12A, I	SJRHN	Yes	
2500 BERNVILLE RD PO BOX 316 READING, PA 19605 20-8544021	HEALTHCARE	PA	501(C)(3)	LINE 10	PSH	Yes	
ONE OLD MAIN UNIVERSITY PARK, PA 16802 24-6000376	EDUCATION	PA	115		N/A		No
90 HOPE DRIVE HERSHEY, PA 17033 25-1854772	HEALTHCARE	PA	115		PSH	Yes	
220 GOOD HOPE RD ENOLA, PA 17025 85-1608328	HEALTHCARE	PA	501(C)(3)	LINE 3	PSH	Yes	
2160 STATE ROAD LANCASTER, PA 17601 85-1620900	HEALTHCARE	PA	501(C)(3)	LINE 3	PSH	Yes	
100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 23-1512747	HEALTHCARE	PA	501(C)(3)	LINE 3	PSH	Yes	
100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 23-2214540	REAL ESTATE	PA	501(C)(2)		PSHHSMC	Yes	
100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 25-1766971	PHYSICIAN SERVICES	PA	501(C)(3)	LINE 10	PSH	Yes	
100 CRYSTAL A DRIVE MC CA210 HERSHEY, PA 17033 25-1865142	PHILANTHROPY	PA	501(C)(3)	LINE 12A, I	PSH	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PENN STATE HEALTH HAMPDEN MEDICAL CENTER	R	1,292,553	NET ASSETS BOOK VALUE
PENN STATE HEALTH LANCASTER MEDICAL CENTER	R	9,406	NET ASSETS BOOK VALUE
MILTON S HERSHEY MEDICAL CENTER	R	231,107,322	CASH
MILTON S HERSHEY MEDICAL CENTER	O	63,111,455	CASH
ST JOSEPH REGIONAL HEALTH NETWORK	R	24,911,617	CASH
ST JOSEPH REGIONAL HEALTH NETWORK	O	4,088,193	CASH
PENN STATE HEALTH HAMPDEN MEDICAL CENTER	S	143,700,142	CASH
PENN STATE HEALTH HAMPDEN MEDICAL CENTER	O	49,101	CASH
PENN STATE HEALTH LANCASTER MEDICAL CENTER	S	126,166,335	CASH
PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER	S	4,361,263	CASH
PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER	O	7,393,394	CASH