

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

## A For the 2022 calendar year, or tax year beginning 04-01-2022, and ending 03-31-2023

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization University Health Network		D Employer identification number 98-6000971
Doing business as		E Telephone number (416) 340-4800
Number and street (or P.O. box if mail is not delivered to street address) 190 ELIZABETH STREET FINANCE dept	Room/suite	G Gross receipts \$ 2,203,140,590
City or town, state or province, country, and ZIP or foreign postal code TORONTO, Ontario M5G2C4 Canada		
F Name and address of principal officer: DARLENE DASENT 190 ELIZABETH STREET FINANCE dept TORONTO, Ontario M5G2C4 CA	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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  527J Website: ► [WWW.UHN.CA](http://WWW.UHN.CA)K Form of organization:  Corporation  Trust  Association  Other ►

L Year of formation: 1998 M State of legal domicile: CA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
UNIVERSITY HEALTH NETWORK (UHN) IS CANADA'S LARGEST HEALTHCARE RESEARCH ORGANIZATION. OUR PRIMARY VALUE IS THE NEEDS OF PATIENTS COME FIRST. UHN OPERATES FOUR HOSPITALS. THESE HOSPITALS ARE SEPERATELY IDENTIFIED AS PRINCESS MARGARET CANCER CENTER, TORONTO GENERAL HOSPITAL, TORONTO WESTERN HOSPITAL AND TORONTO REHABILITATION INSTITUTE. UHN IS A TEACHING HOSPITAL FOR THE UNIVERSITY OF TORONTO. UHN'S PURPOSE IS TRANSFORMING LIVES AND COMMUNITIES THROUGH EXCELLENCE in CARE, DISCOVERY AND LEARNING. THE VALUES OF SAFETY, COMPASSION, TEAMWORK, INTEGRITY AND STEWARDSHIP RESONATE WITH UHN STAFF.

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	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	263,847,353	332,447,419
9 Program service revenue (Part VIII, line 2g)	1,966,529,436	1,838,288,327
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,961,320	17,566,554
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,948,426	14,838,290
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,248,286,535	2,203,140,590
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,948,309	60,152,683
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)	1,308,719,687	1,353,769,464
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)	879,616,305	825,490,552
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,241,284,301	2,239,412,699
19 Revenue less expenses. Subtract line 18 from line 12	7,002,234	-36,272,109

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,458,175,417	2,259,810,093
21 Total liabilities (Part X, line 26)	1,981,343,630	1,854,385,576
22 Net assets or fund balances. Subtract line 21 from line 20	476,831,787	405,424,517

Part II Signature Block	2023-08-15
Signature of officer	Date
DARLENE DASENT EXECUTIVE VICE PRESIDENT	
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2023-08-08	Check <input type="checkbox"/> if self-employed	PTIN P01622613
	Firm's name ► ERNST & YOUNG US LLP			Firm's EIN ► 34-6565596	
	Firm's address ► 155 N WACKER DRIVE CHICAGO, IL 60606			Phone no. (312) 879-2000	

May the IRS discuss this return with the preparer shown above? See Instructions.

Yes  No 

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

## 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:

TRANSFORMING LIVES AND COMMUNITIES THROUGH EXCELLENCE IN CARE, DISCOVERY AND LEARNING.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 1,437,938,664 including grants of \$ 60,152,683 ) (Revenue \$ 1,600,627,602 )

UHN CONTINUES TO LEAD THE WAY, BY IMPLEMENTING OUR STRATEGIC PLAN TO CREATE A HEALTHIER WORLD AND ELEVATING OUR PURPOSE: TRANSFORMING LIVES AND COMMUNITIES THROUGH EXCELLENCE IN CARE, DISCOVERY AND LEARNING. UHN HAS BEEN RECOGNIZED BY NEWSWEEK AS ONE OF THE TOP 10 HOSPITALS IN THE WORLD AND CONTINUED TO SHAPE THE HEALTH PROFESSIONALS OF TOMORROW AS CANADA'S LARGEST TRAINING SITE.

**4b** (Code: ) (Expenses \$ 383,104,241 including grants of \$ 0 ) (Revenue \$ 67,049,010 )

UNIVERSITY HEALTH NETWORK (UHN) IS CANADA'S TOP RESEARCH HOSPITAL, AND IT IS FULLY AFFILIATED WITH THE UNIVERSITY OF TORONTO AND A MEMBER OF THE TORONTO ACADEMIC HEALTH SCIENCE NETWORK. UHN COMPRISES FOUR ACADEMIC HOSPITAL SITES, AN EDUCATION INSTITUTE AND SIX RESEARCH INSTITUTES. RESEARCH IS SUPPORTED IN PART BY TWO FOUNDATIONS. THE SCOPE OF RESEARCH AND COMPLEXITY OF CASES AT UHN HAVE MADE IT A NATIONAL AND INTERNATIONAL SOURCE FOR DISCOVERY, EDUCATION AND PATIENT CARE. RESEARCH CONDUCTED AT UHN SPANS THE FULL SPECTRUM OF DISEASES AND DISCIPLINES, INCLUDING CANCER, CARDIOVASCULAR SCIENCES, TRANSPLANTATION, NEURAL AND SENSORY SCIENCES, MUSCULOSKELETAL HEALTH, REHABILITATION SCIENCES, COMMUNITY AND POPULATION HEALTH, AND MORE.

**4c** (Code: ) (Expenses \$ 119,981,859 including grants of \$ 0 ) (Revenue \$ 119,982,085 )

The UHN/MOUNT SINAI HOSPITAL DEPARTMENT OF MEDICINE PRACTICE PLAN IS THE VEHICLE FOR SUPPORTING 386 ACADEMIC PHYSICIANS AT TWO OF THE UNIVERSITY OF TORONTO'S TEACHING HOSPITALS. THE PURPOSE OF THE PLAN IS TO SUPPORT CLINICAL, EDUCATIONAL AND RESEARCH ACTIVITIES OF THE GROUP.

(Code: ) (Expenses \$ 44,361,300 including grants of \$ 0 ) (Revenue \$ 50,629,630 )

OTHER SERVICE PROGRAMS INCLUDE ALTUM HEALTH. ALTUM HEALTH OPERATES THROUGH A NETWORK OF HIGHLY EXPERIENCED AND TRAINED HEALTH CARE PROFESSIONALS AND PHYSICIANS IN 12 REGIONAL SITES ACROSS ONTARIO IN ADDITION TO THE HEADQUARTERS AT TORONTO WESTERN HOSPITAL AND PROVIDES A RANGE OF HEALTHCARE SERVICES TO CLIENTS OR PATIENTS WITH THIRD PARTY HEALTH CARE COVERAGE AND EXTENDED HEALTH COVERAGE.

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

(Expenses \$ 44,361,300 including grants of \$ 0 ) (Revenue \$ 50,629,630 )

**4e** **Total program service expenses ►** 1,985,386,064

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. . . . .

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 . . . . .

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 . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

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 . . . . .

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. . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .
- 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)? . . . . .

12a If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .

- 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 . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

- 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 . . . . .

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 . . . . .

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 . . . . .

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. . . . .

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 . . . . .

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 . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

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 . . . . .

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	
21		No

## Part IV Checklist of Required Schedules (continued)

**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 . . . . .

**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 . . . . .

**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 . . . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

**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? . . . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**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 . . . . .

**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

**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?

**27** If "Yes," complete Schedule L, Part II. 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 . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see the 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 . . . . .

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .

**c** A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?

**31** If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**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?

**34** If "Yes," complete Schedule R, Part I. 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 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**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 . . . . .

**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 . . . . .

**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 . . . . .

**38** Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.

	Yes	No
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>	Yes	
<b>36</b>		No
<b>37</b>		No
<b>38</b>	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 

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>		
<b>4a</b> 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)? Enter the name of the foreign country: <b>C A</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	<b>4a</b>	Yes	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		
<b>15</b> 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? . . . . .			
<b>16</b> Is the organization subject to and files Form 4720, Schedule O, Section 4968 excise tax on net investment income? . . . . .			
<b>17</b> If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.			

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. 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>1a</b>	<b>17</b>	
<b>1b</b>	<b>1b</b>	<b>17</b>	
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	No
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## Section C. Disclosure

<b>17</b> List the states with which a copy of this Form 990 is required to be filed	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records:	
► DARLENE DASENT 190 ELIZABETH STREET FINANCE DEPT	TORONTO, ONTARIO M5G 2C4 C A

## Part VII

**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee Highest compensated			
(1) dr cheryl regehr TRUSTEE	0.5 ..... 0.0	X				0	0	0
(2) dr trevor young TRUSTEE	0.5 ..... 0.0	X				0	0	0
(3) G Barbara Stymiest trustee (END 6/22/2022)	0.5 ..... 0.0	X				0	0	0
(4) MR ajay virmani TRUSTEE	0.5 ..... 0.0	X				0	0	0
(5) MR BRIAN PORTER TRUSTEE	0.5 ..... 0.0	X				0	0	0
(6) MR cornell wright TRUSTEE	0.5 ..... 0.0	X				0	0	0
(7) MR DEAN a CONNOR TRUSTEE	0.5 ..... 0.0	X				0	0	0
(8) MR jamie watt TRUSTEE	0.5 ..... 0.0	X				0	0	0
(9) MR LAWRENCE PENTLAND TRUSTEE	0.5 ..... 0.0	X				0	0	0
(10) MR PETER MENKES TRUSTEE	0.5 ..... 0.0	X				0	0	0
(11) MR peter wallace TRUSTEE	0.5 ..... 0.0	X				0	0	0
(12) MR ROSS BAKER TRUSTEE	0.5 ..... 0.0	X				0	0	0
(13) MR STU KEDWELL TRUSTEE	0.5 ..... 0.0	X				0	0	0
(14) MR TODD HALPERN TRUSTEE	0.5 ..... 0.0	X				0	0	0
(15) mrs janet rossant TRUSTEE	0.5 ..... 0.0	X				0	0	0
(16) mrs shirlee sharkey TRUSTEE	0.5 ..... 0.0	X				0	0	0
(17) MS JANICE FUKAKUSA TRUSTEE (BEG. 6/2022)	0.5 ..... 0.0	X				0	0	0

## 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/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input type="checkbox"/> Individual trustee or director	<input type="checkbox"/> Institutional Trustee;	<input type="checkbox"/> Officer	<input type="checkbox"/> Key employee Highest compensated			
(18) ms pamela warren TRUSTEE	0.5 .....0.0	X				0	0	0
(19) Darlene Dasent Executive Vice President	37.5 .....0.0		X			294,200	0	0
(20) Kevin Smith President and Chief Executive Officer	37.5 .....0.0		X			704,524	0	0
(21) Brad Wouters Executive Vice President	37.5 .....0.0		X			378,218	0	0
(22) Brian D Hodges Executive Vice President	35.0 .....0.0		X			382,156	0	0
(23) Fayez Qureshy Vice President	35.0 .....0.0		X			285,749	0	0
(24) Janet Newton Senior Vice President	37.5 .....0.0		X			210,386	0	0
(25) Kathryn J Tinckam Physician-in-Chief	37.5 .....0.0		X			318,128	0	0
(26) Marc Toppings Vice President	37.5 .....0.0		X			227,949	0	0
(27) Marnie Escaf Senior Vice President	35.0 .....0.0		X			286,667	0	0
(28) Rebecca Repa Executive Vice President	37.5 .....0.0		X			365,229	0	0
(29) Sheila OBrien Executive Vice President	37.5 .....0.0		X			383,268	0	0
(30) A Keith Stewart Vice President	35.0 .....0.0		X			364,356	0	0
(31) Carol Cheung Laboratory Physician	37.5 .....0.0		X			294,006	0	0
(32) Fei-Fei Liu Director, Radiation Medicine	35.0 .....0.0		X			340,270	0	0
(33) Robert Eric Slepian Health Info System Project Director	37.5 .....0.0		X			322,694	0	0
(34) Susy Hota Director, IPAC	37.5 .....0.0		X			300,679	0	0
(35) Joy Richards VICE PRESIDENT (END 1/2022)	35.0 .....0.0		X			241,204	0	0
<b>1b Sub-Total</b>								
<b>c Total from continuation sheets to Part VII, Section A</b>								
<b>d Total (add lines 1b and 1c)</b>						5,699,683	0	0

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 ► 461

		Yes	No
3 Did the organization list any <b>former</b> 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
----------------------------------	--------------------------------	---------------------

pcl construction canada inc ste 400-2085 hurontario st mississauga, ontario l5a4g1 ca	construction	40,554,024
plexxus ste 1700 po box 83-1 dundas west toronto, ontario m5g1z3 ca	sap and supply chain management	12,695,484
diligent construction 1438 wallace road oakville, ontario l6l2y2 ca	construction	10,198,480
chart construction 11-7681 hwy 27 woodbridge ontario l4l4m5 ca	construction	4,105,376
compass construction unit 77-2700 dufferin st toronto, ontario m6b4j3 ca	construction	2,907,980
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 67		

Form **990** (2022)

## 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 Amt Similar Amounts		<b>1a</b> Federated campaigns . . . <b>b</b> Membership dues . . . <b>c</b> Fundraising events . . . <b>d</b> Related organizations <b>e</b> Government grants (contributions) <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>g</b> Noncash contributions included in lines 1a - 1f:\$ <b>h Total.</b> Add lines 1a-1f . . . ►	<b>1a</b> <b>1b</b> <b>1c</b> <b>1d</b> 177,930,151 <b>1e</b> 59,646,414 <b>1f</b> 94,870,854 <b>1g</b> <b>h Total.</b> Add lines 1a-1f . . . ► 332,447,419			
Program Service Revenue	<b>2a</b> HOSPITAL PROGRAM REVENUE	Business Code 622110	1,265,909,297	1,265,909,297		
	<b>b</b> PATIENT SERVICES	622110	173,537,415	173,537,415		
	<b>c</b> RETAIL PHARMACY	900099	173,155,543	173,155,543		
	<b>d</b> RESEARCH	541712	67,049,011		67,049,011	
	<b>e</b>					
	<b>f</b> All other program service revenue.		158,637,061	158,637,061	0	0
	<b>g Total.</b> Add lines 2a-2f. . . .		1,838,288,327			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,566,554		17,566,554	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real 6a 5,758,156				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or	6c 5,758,156	0			
	<b>d</b> Net rental income or (loss) . . . . .		5,758,156		5,758,156	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 7a	(ii) Other ►			
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)	7c 0	0			
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . .	8a				
	<b>b</b> Less: direct expenses	8b				
	<b>c</b> Net income or (loss) from fundraising events . . .					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . .	9a					
<b>b</b> Less: direct expenses	9b					
<b>c</b> Net income or (loss) from gaming activities . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . .	10a					
<b>b</b> Less: cost of goods sold	10b					
<b>c</b> Net income or (loss) from sales of inventory . . .						
Other Revenue Misc Amt	<b>11a</b> MISCELLANEOUS REVENUE	Business Code 900099	9,080,134		9,080,134	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . .		0	0	0	
	<b>e Total.</b> Add lines 11a-11d . . . . ►		9,080,134			
	<b>12 Total revenue.</b> See instructions . . . . ►		2,203,140,590	1,771,239,316	0	99,453,855

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	60,152,683	60,152,683		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,257,002	0	4,257,002	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7 Other salaries and wages	1,140,005,800	1,008,349,385	131,656,415	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,092,409	65,703,354	3,389,055	
9 Other employee benefits	65,116,238	58,626,336	6,489,902	
10 Payroll taxes	75,298,015	72,489,349	2,808,666	
11 Fees for services (non-employees):				
a Management	10,318,460	6,360,136	3,958,324	
b Legal	2,656,085	0	2,656,085	
c Accounting	561,751	0	561,751	
d Lobbying	0	0	0	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0	0	0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,061,840	90,954,167	8,107,673	0
12 Advertising and promotion	113,995	111,389	2,606	
13 Office expenses	15,248,809	0	15,248,809	
14 Information technology	0	0	0	
15 Royalties	0	0	0	
16 Occupancy	27,191,114	27,191,114	0	
17 Travel	9,128,417	9,054,937	73,480	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19 Conferences, conventions, and meetings	546,139	541,724	4,415	
20 Interest	7,187,453	7,187,453	0	
21 Payments to affiliates	0	0	0	
22 Depreciation, depletion, and amortization	102,219,955	101,674,848	545,107	
23 Insurance	8,612,945	492,382	8,120,563	
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 AND DRUGS	366,919,879	366,919,879	0	
b PLANT AND EQUIPMENT	72,088,708	58,395,445	13,693,263	
c SUPPLIES AND OTHER	103,635,002	51,181,483	52,453,519	
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	2,239,412,699	1,985,386,064	254,026,635	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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	923,027,370	<b>2</b>	668,791,102
	<b>3</b> Pledges and grants receivable, net	52,603,233	<b>3</b>	48,613,020
	<b>4</b> Accounts receivable, net	229,916,773	<b>4</b>	216,166,408
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	1,000,320	<b>7</b>	1,182,295
	<b>8</b> Inventories for sale or use	19,672,695	<b>8</b>	22,301,781
	<b>9</b> Prepaid expenses and deferred charges	26,820,583	<b>9</b>	18,924,111
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,817,120,372		
	<b>10b</b> Less: accumulated depreciation	1,629,551,466	<b>10c</b>	1,187,568,906
	<b>11</b> Investments—publicly traded securities	25,645,807	<b>11</b>	96,318,629
	<b>12</b> Investments—other securities. See Part IV, line 11	-134,443	<b>12</b>	-56,159
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
	<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33)	2,458,175,417	<b>16</b>	2,259,810,093
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	582,579,225	<b>17</b>	519,020,173
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	1,197,418,374	<b>19</b>	1,143,878,667
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	158,877,241	<b>23</b>	152,730,363
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	42,468,790	<b>25</b>	38,756,373
	<b>26 Total liabilities:</b> Add lines 17 through 25	1,981,343,630	<b>26</b>	1,854,385,576
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	476,831,787	<b>27</b>	405,424,517
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	476,831,787	<b>32</b>	405,424,517
	<b>33</b> Total liabilities and net assets/fund balances	2,458,175,417	<b>33</b>	2,259,810,093

## Part XI

## Reconciliation of Net Assets

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

1	2,203,140,590
2	2,239,412,699
3	-36,272,109
4	476,831,787
5	604,686
6	
7	
8	
9	-35,739,847
10	405,424,517

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

## Additional Data

[Return to Form](#)

**Software ID:** 22016089

**Software Version:** 2022v5.0

## Form 990, Special Condition Description:

Special Condition Description

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection****Name of the organization**  
University Health Network**Employer identification number**  
98-6000971**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:  
10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f Enter the number of supported organizations . . . . .  
g Provide the following information about the supported organization(s).

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

**Total**For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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..						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .						<b>12</b>

**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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		►
<b>b 33 1/3% support test—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		►
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		►
<b>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		►
<b>18 Private foundation.</b> 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 in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b. .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a</b> <b>33 1/3% support tests-2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>b</b> <b>33 1/3% support tests-2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>20</b> <b>Private foundation.</b> 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**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

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

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

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

**b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

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

**10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

**Part IV Supporting Organizations (continued)****11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations****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.

	Yes	No
1		
2		

**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.**Section C. Type II Supporting Organizations****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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations****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?

	Yes	No
1		
2		

**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).

	Yes	No
1		
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

	Yes	No
3		
4		

**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
2a		
2b		

**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.

	Yes	No
2a		
2b		

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

	Yes	No
2a		
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**.

	Yes	No
3a		
3b		

**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.

	Yes	No
3a		
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)

<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

(continued)

**Section D Distributions****Current Year**

<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2022</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022: <b>a</b> From 2017. . . . . <b>b</b> From 2018. . . . . <b>c</b> From 2019. . . . . <b>d</b> From 2020. . . . . <b>e</b> From 2021. . . . .			
<b>f Total of lines 3a through e</b>			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7: <b>a</b> Excess from 2018. . . . . <b>b</b> Excess from 2019. . . . . <b>c</b> Excess from 2020. . . . . <b>d</b> Excess from 2021. . . . . <b>e</b> Excess from 2022. . . . .			

**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

Return Reference

Explanation

## Additional Data

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**Software ID:** 22016089

**Software Version:** 2022v5.0

2022

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue ServiceName of the organization  
University Health Network**Employer identification number**  
98-6000971**Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
University Health NetworkEmployer identification number  
98-6000971**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

University Health Network

Employer identification number

98-6000971

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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Name of organization

University Health Network

**Employer identification number**

98-6000971

## Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$**

Use duplicate copies of Part III if additional space is needed.

# Additional Data

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Software ID: 22016089

Software Version: 2022v5.0

**Supplemental Financial Statements****2022****Open to Public  
Inspection**► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Name of the organization**  
University Health Network**Employer identification number**

98-6000971

**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
2b

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

2c
2d

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

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  No6 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      **d**  Loan or exchange programs  
**b**  Scholarly research      **e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

**c** Beginning balance . . . . .

**d** Additions during the year . . . . .

**e** Distributions during the year . . . . .

**f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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:

**(i)** Unrelated organizations . . . . .

**(ii)** Related organizations . . . . .

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

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

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
<b>1a</b> Land . . . . .		13,724,230		13,724,230
<b>b</b> Buildings . . . . .		1,587,460,282	851,539,939	735,920,343
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		920,547,550	772,387,497	148,160,053
<b>e</b> Other . . . . .		295,388,310	5,624,030	289,764,280

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

1,187,568,906

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	38,756,373

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	2,914,755,000
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	711,614,410
e	Add lines 2a through 2d . . . . .	2e	711,614,410
3	Subtract line 2e from line 1 . . . . .	3	2,203,140,590
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	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	2,203,140,590

**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	2,962,743,000
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	723,330,301
e	Add lines 2a through 2d . . . . .	2e	723,330,301
3	Subtract line 2e from line 1 . . . . .	3	2,239,412,699
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	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	2,239,412,699

**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
Schedule D, Part XI, Line 2(d)	DESCRIPTION OF OTHER INCOME INCLUDED ON BOOKS BUT NOT ON RETURN - OTHER CAD/USD EXCHANGE @ 1 USD = 1.323 CAD. [CAD \$2,914,755,000. X (1/1.323)] = USD \$2,203,140,590. \$2,914,755,000. - \$2,203,140,590 = \$711,614,410.
Schedule D, Part XII, Line 2(d)	DESCRIPTION OF OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN - OTHER CAD/USD EXCHANGE @ 1 USD = 1.323 CAD. [CAD \$2,962,743,000. X (1/1.323)] = USD \$2,239,412,699. \$2,962,743,000. - \$2,239,412,699 = \$723,303,301.
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	OTHER REVENUES - XXX-XX-XXXX
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	OTHER EXPENSES - XXX-XX-XXXX

## Additional Data

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**Software ID:** 22016089

**Software Version:** 2022v5.0

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2022

Open to Public  
InspectionName of the organization  
University Health Network

Employer identification number

98-6000971

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America (Canada & Mexico only)	1	19,225	Program Services	PATIENT CARE, Research	2,179,260,016
(2) North America (Canada & Mexico only)	0	0	Grantmaking	n/a	60,152,683
(3) North America (Canada & Mexico only)	0	0	Investments	n/a	96,318,629
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total . . . .</b>	1	19,225			2,335,731,328
<b>b Total from continuation sheets to Part I . . . .</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	1	19,225			2,335,731,328

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1)		North America (Canada & Mexico only)	GENERAL FUND	1,229,025	CHECK		0	n/a	FMV
( 2)		North America (Canada & Mexico only)	GENERAL FUND	58,923,658	CHECK		0	n/a	fmv
( 3)									
( 4)									
( 5)									
( 6)									
( 7)									
( 8)									
( 9)									
( 10)									
( 11)									
( 12)									
( 13)									
( 14)									
( 15)									
( 16)									

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

2

3 Enter total number of other organizations or entities

0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V****Supplemental Information**

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

ReturnReference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	UHN MADE A GRANT TO UHN FOUNDATION IN THE AMOUNT OF \$58,923,658. AND TO PRINCESS MARGARET CANCER FOUNDATION IN THE AMOUNT OF \$1,229,025. SINCE THESE FOUNDATIONS ARE RELATED CHARITABLE ORGANIZATION, UHN IS NOT REQUIRED TO MONITOR THE USE OF THE GRANT.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual
Schedule F, Part II, Line 1 Method used to account for expenditures on org's financial statements	NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual

## Additional Data

Software ID: 22016089

Software Version: 2022v5.0

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2022

Open to Public  
InspectionName of the organization  
University Health Network

Employer identification number

98-6000971

## Part I Financial Assistance and Certain Other Community Benefits at Cost

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

## 7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)					0	0 %
b Medicaid (from Worksheet 3, column a)					0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	0	0	0	0 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)					0	0 %
f Health professions education (from Worksheet 5)					0	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0 %
j Total. Other Benefits	0	0	0	0	0	0 %
k Total. Add lines 7d and 7j	0	0	0	0	0	0 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
<b>1 Physical improvements and housing</b>					0
0 %					
<b>2 Economic development</b>					0
0 %					
<b>3 Community support</b>					0
0 %					
<b>4 Environmental improvements</b>					0
0 %					
<b>5 Leadership development and training for community members</b>					0
0 %					
<b>6 Coalition building</b>					0
0 %					
<b>7 Community health improvement advocacy</b>					0
0 %					
<b>8 Workforce development</b>					0
0 %					
<b>9 Other</b>					0
0 %					
<b>10 Total</b>	0	0	0	0	0
0 %					

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

Yes	No
-----	----

<b>1</b>	
<b>2</b>	
<b>3</b>	

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) **5**
- Enter Medicare allowable costs of care relating to payments on line 5 **6**
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7**
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system     Cost to charge ratio     Other

<b>5</b>	
<b>6</b>	
<b>7</b>	

**Section C. Collection Practices**

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

<b>9a</b>	
<b>9b</b>	

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

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

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

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

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

Other (describe)

Facility  
reporting group

1	none								
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--	--	--	--	--	--	--	--	--	--

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

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

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

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

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group**

	Yes	No
13	13	
14	14	
15	15	
16	16	

Did the hospital facility have in place during the tax year a written financial assistance policy that:

**13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

**a**  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of \_\_\_\_\_ %

**b**  Income level other than FPG (describe in Section C) \_\_\_\_\_ %

**c**  Asset level

**d**  Medical indigency

**e**  Insurance status

**f**  Underinsurance discount

**g**  Residency

**h**  Other (describe in Section C)

**14** Explained the basis for calculating amounts charged to patients? . . . . .

**15** Explained the method for applying for financial assistance? . . . . .

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

**a**  Described the information the hospital facility may require an individual to provide as part of his or her application

**b**  Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

**c**  Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

**d**  Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

**e**  Other (describe in Section C)

**16** Was widely publicized within the community served by the hospital facility? . . . . .

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

**a**  The FAP was widely available on a website (list url):

**b**  The FAP application form was widely available on a website (list url):

**c**  A plain language summary of the FAP was widely available on a website (list url):

**d**  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

**e**  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

**f**  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

**g**  Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or

**h**  Notified members of the community who interact with patients regarding financial assistance about availability of the FAP

**i**  The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

**j**  Other (describe in Section C)

**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group**

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

a  Reporting to credit agency(ies)  
 b  Selling an individual's debt to another party  
 c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous  
 d  Actions that were required under the hospital facility's FAP  
 e  Other similar actions (describe in Section C)  
 f  None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .  
 If "Yes," check all actions in which the hospital facility or a third party engaged:

a  Reporting to credit agency(ies)  
 b  Selling an individual's debt to another party  
 c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous  
 d  Actions that were required under the hospital facility's FAP  
 e  Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):

a  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the  
 b  Made a reasonable effort to orally notify individuals (about the FAP and SAP) mitigation process (if not, describe in Section C)  
 c  Presented or complete and complete FAP applications (if not, describe in Section C)  
 d  Made presumptive eligibility determinations (if not, describe in Section C)  
 e  Other (describe in Section C)  
 f  None of these efforts were made

**Policy Relating to Emergency Medical Care**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  
 If "No," indicate why: . . . . .

a  The hospital facility did not provide care for any emergency medical conditions  
 b  The hospital facility's policy was not in writing  
 c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
 d  Other (describe in Section C)

	Yes	No
17		
19		
21		

**Part V Facility Information (continued)****Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group****Yes** **No**

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

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


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

If "Yes," explain in Section C. . . . .


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

If "Yes," explain in Section C.


**Part V Facility Information (continued)**

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

**Part V Facility Information (continued)****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



**Part VI Supplemental Information**

Provide the following information.

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

Form and Line Reference	Explanation
Schedule H, Part I GENERAL	UNIVERSITY HEALTH NETWORK (UHN) IS A CORPORATION WITHOUT SHARE CAPITAL INCORPORATED UNDER THE UNIVERSITY HEALTH NETWORK ACT, 2002, DEVOTED TO PATIENT CARE, EDUCATION AND RESEARCH. UHN PRIMARILY FULFILS ITS OBJECTS THROUGH THE OPERATION OF FOUR HOSPITALS SEPARATELY IDENTIFIED AS THE PRINCESS MARGARET CANCER CENTRE, THE TORONTO GENERAL HOSPITAL, THE TORONTO WESTERN HOSPITAL AND THE TORONTO REHABILITATION INSTITUTE. AS A HOSPITAL LOCATED OUTSIDE THE UNITED STATES, UHN IS NOT REQUIRED TO COMPLETE SCHEDULE H, PARTS I, II, III, OR V AND HAS DISCLOSED INFORMATION CONCERNING THE HOSPITAL IN SCHEDULE H, PART VI.
Schedule H, Part VI, Line 2 Needs assessment	UHN'S FIVE YEAR PLAN IS GROUNDED IN AN ASSESSMENT OF DEMOGRAPHIC CHANGES THAT WE EXPECT WILL CHANGE OUR COMMUNITY'S HEALTH CARE NEEDS. THE PLAN IS ALSO INFORMED BY THE ADVICE OF HEALTHCARE, POLITICAL, GOVERNMENT, UNIVERSITY AND BUSINESS LEADERS ON UHN'S ROLE IN ONTARIO'S HEALTH SYSTEM AND INCORPORATES FEEDBACK FROM OUR PATIENTS, FAMILIES, STAFF, STUDENTS AND VOLUNTEERS ABOUT THE SERVICES UHN CURRENTLY PROVIDES, HOW THESE SERVICES ARE PROVIDED AND WHAT THEY EXPECT IN THE FUTURE. THE FISCAL 2019-23 STRATEGIC PLAN IS AVAILABLE ON UHN'S WEBSITE (WWW.UHN.CA) AND IS CENTERD AROUND CREATING A HEALTHIER WORLD.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	ONTARIO RESIDENTS ARE ELIGIBLE FOR PROVINCIALY FUNDED HEALTH COVERAGE (OHIP). THE MAJORITY OF ONTARIO HEALTH BENEFITS ARE COVERED ACROSS CANADA.
Schedule H, Part VI, Line 4 Community information	THERE ARE NINE KEY PROGRAMS WHICH ARE COMPRISED OF DEPARTMENTS AND ELEMENTS THAT FOCUS ON SPECIFIC PATIENT POPULATIONS. APPROXIMATELY 60.8% OF THE PATIENT POPULATION IS FROM TORONTO, 20.0% FROM THE GREATER TORONTO AREA, 16.6% IS FROM ONTARIO, WITH THE REMAINDER OUT OF THE PROVINCE OR COUNTRY.
Schedule H, Part VI, Line 5 Promotion of community health	UHN'S PATIENT AND FAMILY EDUCATION PROGRAM IS DEDICATED TO THE EDUCATION OF PATIENTS, FAMILIES, STUDENTS AND STAFF. WE HELP TO MAKE SURE THAT PATIENTS AND THEIR FAMILIES HAVE THE SKILLS AND KNOWLEDGE TO MANAGE THEIR CARE, MAKE INFORMED DECISIONS, AND LEAD HEALTHIER LIVES BY PARTNERING WITH STAFF WHO DEMONSTRATES EFFECTIVE COLLABORATIVE CARE.
Schedule H, Part VI, Line 6 Affiliated health care system	UHN IS CANADA'S LEADING RESEARCH ACADEMIC HOSPITAL. BUILDING ON THE STRENGTHS AND REPUTATION OF EACH OF ITS PROGRAMS, UHN BRINGS TOGETHER THE TALENT AND RESOURCES NEEDED TO ACHIEVE GLOBAL IMPACT AND PROVIDE EXEMPLARY PATIENT CARE, RESEARCH AND EDUCATION.

# Additional Data

[Return to Form](#)

Software ID:

22016089

Software Version:

2022v5.0

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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

	<b>Yes</b>	<b>No</b>
<b>1b</b>		

**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?

<b>2</b>	
----------	--

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .  
 If "Yes," on line 5a or 5b, describe in Part III.

<b>5a</b>		No
<b>5b</b>		No

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .  
**b** Any related organization? . . . . .  
 If "Yes," on line 6a or 6b, describe in Part III.

<b>6a</b>		No
<b>6b</b>		No

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. . . . .

<b>7</b>	Yes	
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**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . .

<b>8</b>		No
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

<b>9</b>		
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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Kevin Smith President and Chief Executive Officer	(i) 491,301 0	(ii) 147,393 0	(iii) 65,830 0	0	0	704,524	0
<b>2</b> Darlene Dasent Executive Vice President	(i) 246,211 0	(ii) 41,925 0	(iii) 6,064 0	0	0	294,200	0
<b>3</b> Sheila OBrien Executive Vice President	(i) 310,541 0	(ii) 72,091 0	(iii) 636 0	0	0	383,268	0
<b>4</b> Brian D Hodges Executive Vice President	(i) 301,994 0	(ii) 74,072 0	(iii) 6,090 0	0	0	382,156	0
<b>5</b> Brad Wouters Executive Vice President	(i) 305,046 0	(ii) 67,101 0	(iii) 6,071 0	0	0	378,218	0
<b>6</b> Rebecca Repa Executive Vice President	(i) 292,066 0	(ii) 67,083 0	(iii) 6,080 0	0	0	365,229	0
<b>7</b> Kathryn J Tinckam Physician-in-Chief	(i) 264,550 0	(ii) 52,911 0	(iii) 667 0	0	0	318,128	0
<b>8</b> Marnie Escaf Senior Vice President	(i) 242,753 0	(ii) 43,299 0	(iii) 615 0	0	0	286,667	0
<b>9</b> Fayez Qureshy Vice President	(i) 238,840 0	(ii) 40,816 0	(iii) 6,093 0	0	0	285,749	0
<b>10</b> Marc Toppings Vice President	(i) 187,221 0	(ii) 34,770 0	(iii) 5,958 0	0	0	227,949	0
<b>11</b> Janet Newton Senior Vice President	(i) 170,445 0	(ii) 34,089 0	(iii) 5,852 0	0	0	210,386	0
<b>12</b> A Keith Stewart Vice President	(i) 298,562 0	(ii) 59,713 0	(iii) 6,081 0	0	0	364,356	0
<b>13</b> Fei-Fei Liu Director, Radiation Medicine	(i) 340,215 0	(ii) 0 0	(iii) 55 0	0	0	340,270	0
<b>14</b> Robert Eric Slepin Health Info System Project Director	(i) 322,694 0	(ii) 0 0	(iii) 0 0	0	0	322,694	0
<b>15</b> Susy Hota Director, IPAC	(i) 300,069 0	(ii) 0 0	(iii) 610 0	0	0	300,679	0
<b>16</b> Carol Cheung Laboratory Physician	(i) 293,536 0	(ii) 0 0	(iii) 470 0	0	0	294,006	0
<b>17</b> Joy Richards VICE PRESIDENT (END 1/2022)	(i) 198,451 0	(ii) 36,856 0	(iii) 5,897 0	0	0	241,204	0

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	SUPPLEMENTAL PENSION ARRANGEMENTS SPONSORED BY UHN SERP. UHN'S SERP IS MADE UP OF A NUMBER OF INDIVIDUAL AGREEMENTS WITH CERTAIN EMPLOYEES. PARTICIPANTS RECEIVE PENSION PAYMENTS FROM THE SERP FOLLOWING EITHER THEIR RETIREMENT FROM UHN, OR AGE 65, WHICHEVER IS LATER. MOST PARTICIPANTS RECEIVE THESE PAYMENTS FOR LIFE WITH A PROVISION FOR SPOUSAL BENEFITS UPON THE DEATH OF THE PARTICIPANT. EACH PARTICIPANT'S PENSION IS INDEXED AT THE RATE OF 7.5% OF THE INCREASE OF THE CONSUMER PRICE INDEX. UHN DID NOT MAKE SERP PAYMENTS TO ANY INDIVIDUAL LISTED IN PART VII IN 2022.
Schedule J, Part I, Line 7 Non-fixed payments	THE ORGANIZATION PROVIDED SOME OF THE PERSONS LISTED ON PART VII, SECTION A, LINE 1A NON-FIXED PAYMENTS BASED ON DELIVERABLES.

# Additional Data

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**Software Version:** 2022v5.0

**SCHEDULE O**  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.Department of the Treasury  
Internal Revenue ServiceName of the organization  
University Health Network

Employer identification number

98-6000971

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 44,361,300 including grants of \$ 0)(Revenue \$ 50,629,630) OTHER SERVICE PROGRAMS INCLUDE ALTUM HEALTH. ALTUM HEALTH OPERATES THROUGH A NETWORK OF HIGHLY EXPERIENCED AND TRAINED HEALTH CARE PROFESSIONALS AND PHYSICIANS IN 12 REGIONAL SITES ACROSS ONTARIO IN ADDITION TO THE Headquaters AT TORONTO WESTERN HOSPITAL AND PROVIDES A RANGE OF HEALTHCARE SERVICES TO CLIENTS OR PATIENTS WITH THIRD PARTY HEALTH CARE COVERAGE AND EXTENDED HEALTH COVERAGE.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO HAS THE POWER TO APPOINT TWO HOSPITAL TRUSTEES.
Form 990, Part VI, Line 11b Review of form 990 by governing body	BOTH THE FINANCE DIRECTOR AND DEPUTY CFO WILL REVIEW FORM 990 IN DETAIL BEFORE IT IS SIGNED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER AND SUBMITTED TO IRS.
Form 990, Part VI, Line 12c Conflict of interest policy	AT UHN, EMPLOYEES, MEDICAL STAFF AND INDEPENDENT CONTRACTORS WHO ARE AUTHORIZED TO MAKE DECISIONS MUST DISCLOSE ANY PERCEIVED OR ACTUAL CONFLICT OF INTEREST. DISCIPLINE, INCLUDING TERMINATION, MAY RESULT IF ANY OF THE ABOVE WERE FOUND TO BE IN BREACH OF THIS CONDITION. TO ENSURE COMPLIANCE, UHN HAS SET UP A 'WHISTLE-BLOWER' LINE IN WHICH A PERSON, WHO COULD REMAIN ANONYMOUS, WOULD LET MANAGEMENT KNOW OF A POSSIBLE BREACH OF THIS POLICY. ALSO, MATERIAL CONTRACTS MUST GO THROUGH A FORMAL BIDDING PROCESS AND MUST ABIDE BY THE PROCUREMENT POLICY. USING PRIVILEGED OR PERSONAL INFORMATION FOR PERSONAL GAIN IS A CRITICAL CONCERN FOR UHN AND THEREFORE ONLY EMPLOYEES WHO REQUIRE ACCESS TO SUCH INFORMATION WILL BE ABLE TO RETRIEVE IT, AND THEIR ACCESS WILL BE LOGGED. IF THE FACTS WARRANT A REVIEW OF A POTENTIAL CONFLICT OF INTEREST, OR STAFF COMES FORWARD TO MANAGEMENT WITH CONCERNS, THEN UHN WILL UNDERTAKE A REVIEW TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF IT IS INDEED DETERMINED THAT A CONFLICT OF INTEREST EXISTS THEN UHN WILL TAKE STEPS TO DETERMINE WHETHER THIS IS RESOLVABLE AND WHAT THE OUTCOME SHOULD BE.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE GOVERNANCE AND NOMINATING COMMITTEE IS AN ADVISORY COMMITTEE TO THE UHN BOARD OF TRUSTEES. DUTIES INCLUDE: 1. TO REVIEW ON AN ANNUAL BASIS THE PERFORMANCE OF THE PRESIDENT & CEO AND TO MAKE A RECOMMENDATION TO THE BOARD ABOUT HIS/HER COMPENSATION AND BENEFITS. 2. TO ESTABLISH POLICIES AND PROCEDURES WITH RESPECT TO COMPENSATION AND BENEFITS FOR SENIOR MANAGEMENT.
Form 990, Part VI, Line 19 Required documents available to the public	UHN'S GOVERNING DOCUMENTS AS WELL AS THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON THE UHN WEBSITE (WWW.UHN.CA).
Form 990, Part VIII, Line 1h Contributions compared to Schedule B contributions	There is a difference between the total amount in Schedule B contributions received and the amount reported as revenue in form 990 VIII. Schedule B includes contributions received during the year for the purchase of capital assets that are reported under deferred capital contributions, the contributions are reported to income in line with the amortization of the asset in form 990 VIII. There were no non-cash contributions.
Form 990, Part VIII, Line 2f Other Program Service Revenue	other - Total Revenue: XXX-XX-XXXX, Related or Exempt Function Revenue: XXX-XX-XXXX, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	DIFFERENCE DUE TO EXCHANGE RATE - 798583; TRANSLATION DIFFERENCE - -36538430;
Schedule F, Part IV, Line 3	ALTHOUGH UHN HAD AN OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, AS A FOREIGN ORGANIZATION ITSELF, UHN IS NOT REQUIRED TO FILE A FORM 5471.

## Additional Data

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**Software ID:** 22016089

**Software Version:** 2022v5.0

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
University Health Network**Employer identification number**

98-6000971

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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
(1)UHN FOUNDATION	PUBLIC FDN	CA			NA	No
(2)PRINCESS MARGARET CANCER FOUNDATION	PUBLIC FDN	CA			NA	No
(3)THE TORONTO HOSPITAL RESEARCH CORP	PUBLIC FDN	CA			NA	No
(4)DE SOUZA INSTITUTE FOUNDATION	PUBLIC FDN	CA			NA	No
(5)MICHENER INSTITUTE OF EDUCATION	EDUCATION	CA			UHN	Yes
(6)OZMOSIS RESEARCH INC	RESEARCH	CA			UHN	Yes

**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.

**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.

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PRINCESS MARGARET CANCER FOUNDATION	C	93,082,892	FMV
(2)PRINCESS MARGARET CANCER FOUNDATION	J	3,591,014	FMV
(3)UHN FOUNDATION	C	67,583,094	FMV
(4)PRINCESS MARGARET CANCER FOUNDATION	B	1,229,025	FMV
(5)UHN FOUNDATION	B	58,923,658	FMV
(6)MICHENER INSTITUTE OF EDUCATION	Q	579,743	FMV

**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.

**Part VII Supplemental Information**

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

**Return Reference****Explanation****Schedule R (Form 990) 2021****Additional Data****Return to Form****Software ID:** 22016089**Software Version:** 2022v5.0